

3942

McAVOY FUNERAL HOME

VOLUME 5

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS

1939 - 1942

...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

See Rules on "Funeral Ethics" on Next Page

Published and for Sale by
F. J. FEINEMAN
3644 Shaw Blvd.
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 judgement 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 and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the customer if he or she had investigated the promoter's financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But, you would best investigate yourself what "if's" might be in those promoters' contracts; also whether they are not racketeers outright. (See resolution adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.)

If you are offered as security for funeral expenses an insurance policy of a company you are not familiar with, you can make inquiry at the Better Business Bureau or at the insurance commissioner's office of your state.

Take correct note of all arrangements for the funeral. 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 immediate relatives take last view of the remains prior to arrival of friends for the funeral.

Avoid all delay, hitch or misunderstanding with your helpers. Instruct bearers, drivers and others beforehand.

Use Badge with delicate flowers or 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. Where both, the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Automobile with pallbearers—hearse—minister's and chief mourners' autos—autos of friends. If lodge members conduct the rites, the lodge members lead the procession.

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 processions 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 an 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. Where death resulted from a contagious disease, follow State Regulations.

Let the entire funeral be conducted in a dignified and well-ordered 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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Gawasky John

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RECORD OF FUNERAL

Total No. 1198 Yearly No. 50 Date July 7 1939
 Name of Deceased Anna C. Coles (Single — Married — Divorced) (What Race) (Where Born)
 Residence of Deceased 1013 N. Franklin Husband — Wife — Widow — } Thomas
 Charge to Mrs. Helen Meister or..... of }

Address same
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death July 7 - 39 (Date) (Hour)
 Date of Birth Jan 11 1861 (Date) (Hour)
 Age 78 5 26 (Years) (Months) (Days)
 Date of Funeral July 11 2 P.M. (Date) (Day of Week) (Hour)
 Services at 1013 N. Franklin
 Clergyman Rev. Cawing
 His Address 3550 Brighton Rd. 3531
 Religion of the Deceased Prot.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death 1013 N. Franklin St.
 Cause of Death Septicemia
 Contributory Causes Gangrene of foot
 Certifying Physician Carl Wirts (or Coroner)
 His Address 812 Cedar Ave
 Name of Father Jacob McHain
 His Birthplace Pgh Pa
 Maiden Name of Mother Anna Elizabeth
 Her Birthplace Philadelphia
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by National Casket
 Interment at Allegheny Memorial Cemetery Crematory

Complete Funeral	\$ 446.50
Casket	31.00
Outside Box	20.
Burial Vault (State Kind)	
Embalming Body (State Kind)	25.
Lady Attendant (Name of Embalmer)	
Barber, \$	2.
Dressing Body, \$	16.
Suit or Dress \$ (State Color)	16.
Folding Chairs, \$	12.
Candelabrum, \$	3.
Door Spray, \$	14.
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Blanket</u>	10.
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	14.52
Flowers, \$ (Names of Newspapers)	15.
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	25.
Lining Grave, \$ Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advances	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 466.52
Less <u>Per J. J. Samples</u>	
Balance	\$

Friends invited.
 COLES—On Friday, July 7, 1939, Anna E. Coles, widow of the late Thomas Coles, Funeral from her late residence, 1013 Franklin St., N. S., on Tuesday at 2 p. m. She is survived by three sons, Steven R., Calvin B., David S.; one daughter, Mrs. Helen Meister, and the late Mrs. Ida M. Etzel, and two grandchildren, Mrs. Louis A. Lane and Charles Meister; also two brothers, Steven McKain and Kyle Simpson.

Lot No. 2007
 Grave No. 1
 Section No. Block 9
 Owner Anna Coles

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.
 Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1199 Yearly No. 51 Date July 12 1939
 Name of Deceased Catherine M^cDermott (Single - Married - Divorced) Wife (What Race) Irish (Where Born) Wheeling W. Va.
 Residence of Deceased 828 Newblack Husband—Wife—Widow— Charles
 Charge to Mr. Charles or of {
 Address Ms. Bridget Martin

Order given by (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death July 12 - 1939 (Date) (Hour)
 Date of Birth July 3 (Date) (Hour)
 Age 72 (Year) (Months) (Days)
 Date of Funeral July 15 1939 9A (Date) (Day of Week) (Hour)
 Services at St. Mary'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 Mayview
 Cause of Death Carcinoma of Cervix
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address
 Name of Father Patrick Daugherty
 His Birthplace Ireland
 Maiden Name of Mother Bridget M^cSee
 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		2.00
Outside Box		15
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	2
Suit or Dress \$	Slippers \$	15
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery	3 @ \$ 10.50	31.50
Autos to R. R. Station	@ \$	
Getting Remains from	Mayview	10
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to	Blanket	8
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
7 line Death Notices in	1 Papers	4.65
	Press	
Flowers, \$	Palms, \$	15
	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		15
Lining Grave, \$	Lowering Device, \$	3
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10
	Organist, \$	
Railroad } Tickets, \$	Aero-	
or Motor }	plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	374.15
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 10	To Above Balance	300.80		To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1200 Yearly No. 52 Date July 12 1939
 Name of Deceased Joseph Tortorelli (Single — Married — Divorced) (What Race) (Where Born) Pa. Caly Pa. France
 Residence of Deceased 1601 Trustin Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased W.P.A.
 Name of Employer.....
 Address.....
 Date of Death July 12 - 39 (Date) (Hour)
 Date of Birth April 23 1918 (Date) (Hour)
 Age 21 (Years) (Months) (Days)
 Date of Funeral July 15 10:15 A. (Date) (Day of Week) (Hour)
 Services at St. Peter
 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 Lobar pneumonia
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address.....
 Name of Father Rosario Tortorelli
 His Birthplace Italy
 Maiden Name of Mother Campisi Phillipis
 Her Birthplace Italy
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$ 200.00
Casket	122
Outside Box	15
Burial Vault	25
Embalming Body	25
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	Blanket 8
Delivering Box to <u>Trip to Mayview</u>	10
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
___ Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad Tickets, \$	or Motor plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 200.00
Less	\$
Balance	\$

Diagram of Lot or Vault
Removed from free grave Aug 17 - 39
 Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1201 Yearly No. 53 Date July 16 1939
 Name of Deceased Margaret Dean (Single — Married — Divorced) (What Race) Irish (Where Born) Ireland
 Residence of Deceased 1028 Morrison Ave Husband—Wife—Widow— } Peter Dean
 Charge to Peter Dean (Son) or of
 Address same
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death July 16 - 39 (Date) (Hour)
 Date of Birth Oct 1 47 (Years) (Months) (Days)
 Date of Funeral July 19 - 39 (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 1028 Morrison N-S
 Cause of Death Cancer of uterus
 Contributory Causes
 Certifying Physician J. R. Stutz (or Coroner)
 His Address 1745 Fifth Ave
 Name of Father Peter Kelly
 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 }
 Lot No.
 Grave No.
 Section No. single
 Owner

Complete Funeral	\$	
Casket		125
Outside Box		15
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	7.00
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		53.00
Cremation		
... line Death Notices in	Papers	
	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	255
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1202 Yearly No. 54 Date July 21 1939
 Name of Deceased Lena Delevin (Single — Married — Divorced) W. J. Italy (What Race) (Where Born)
 Residence of Deceased 1614 Watson St. Husband—Wife—Widow—Joseph
 Charge to Joseph Delevin or..... of

Address same
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death July 21-39 (Date) (Hour)
 Date of Birth Dec 8 1901 (Date) (Hour)
 Age 37 (Years) 6 (Months) 13 (Days)
 Date of Funeral July 24-39 9A.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 Mercy Hosp
 Cause of Death acute Broncho pneumonia
 Contributory Causes Abscess of Lung Liver. Splen.
 Certifying Physician E. J. O'Connell (or Coroner)
 His Address Mercy Hosp
 Name of Father Anthony Delevin
 His Birthplace Italy
 Maiden Name of Mother Maria Staglianovo
 Her Birthplace Italy
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket		3 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	1 00
Embalming Body	(Name of Embalmer)	25
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to	<u>Blanket</u>	12 00
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	1 41
Outlay for Lot		
Cremation		
line Death Notices in	<u>2</u> Papers <u>2</u> TIMES	11 88
(Names of Newspapers)		15
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		624 88
Less	<u>Cash</u>	6 02
Balance	\$	

DELEVIN—On Friday, July 21, 1939, Lena Sesto, beloved wife of Joseph Delevin and mother of Mrs. Alexander Malatesto, William and Anthony Delevin. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8 o'clock. Solemn requiem high mass at St. Peter's Church, Fernando St., at 9 o'clock.

Diagram of Lot or Vault

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



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum. Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1203 Yearly No. 55 Date July 23 1939

Name of Deceased Patrick J. Herron (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased _____ Husband - Wife - Widow - } or _____ of }

Charge to _____ Complete Funeral \$ 245.00

Address _____ Casket _____

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

How Secured _____ Burial Vault _____ (State Kind)

Occupation of Deceased Retired Embalming Body _____ (Name of Embalmer)

Name of Employer _____ Lady Attendant _____

Address _____ Barber, \$ _____ Hair Dressing, \$ _____

Date of Death July 23 - 39 (Date) (Hour) Dressing Body, \$ _____ Underwear, \$ _____

Date of Birth _____ Suit or Dress \$ _____ Slippers \$ _____ Hose \$ _____

Age 54 (Years) (Months) (Days) Folding Chairs, \$ _____ Tarpaulin, \$ _____

Date of Funeral July 26 - 39 9 A. M. (Date) (Day of Week) (Hour) Candelabrum, \$ _____ Candles, \$ _____

Services at St. Peter's N.S. Door Spray, \$ _____ Gloves, \$ _____

Clergyman _____ Funeral Car, \$ _____ Ambulance, \$ _____

His Address _____ Limousines to Cemetery 2 @ \$ 10.50

Religion of the Deceased Catholic Autos to R. R. Station _____ @ \$ _____

Resided in the State _____ Getting Remains from Mayview

Place of Death Mayview Taking Remains to _____

Cause of Death Arterio Sclerotic Heart Disease Trip to Coroner's Inquest _____

Contributory Causes Stroke Delivering Box to Blanket

Certifying Physician _____ Deliver 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, \$ _____ Use of Chapel, \$ _____

Her Birthplace _____ Personal Service _____

Motor } Remains to _____ Gross Total for Sales Tax \$ _____

Ship } Size and Style of Casket _____ (State Color) Outlay for Lot \$ 57

Manufactured by _____ Cremation _____

Interment at Calvary Cemetery } Crematory } _____

Lot No. _____ line Death Notices in 2 Papers 2T

Grave No. _____

Section No. _____

Owner _____

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad } Tickets, \$ _____ Aero- } plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Sales Tax _____ Total Footing of Bill \$ 302.00

Less _____ Balance \$ _____

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1204 Yearly No. 56 Date July 28 1939 Pg. 15

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

Residence of Deceased 2220 Forks St Husband—Wife—Widow—
Charge to Dominick Aveni or..... of }

Address same

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

How Secured.....

Occupation of Deceased Infant

Name of Employer.....

Address.....

Date of Death July 28-39 (Date) (Hour)

Date of Birth July 28-39 (Date) (Hour)

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

Date of Funeral July 29-39 (Date) (Day of Week) (Hour) M.

Services at same

Clergyman.....

His Address.....

Religion of the Deceased Cath.

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

Place of Death 2220 Forks St

Cause of Death Still born

Contributory Causes.....

Certifying Physician Dr J. Woods (or Coroner)

His Address 5th Ave

Name of Father Dominick Aveni

His Birthplace Italy

Maiden Name of Mother Mary Annommi

Her Birthplace Italy

Motor } Remains to.....
Ship }

Size and Style of Casket Banco (nick name) (State Color)

480 Boundary St former address

Manufactured by.....

Interment at Calvary { Cemetery
Crematory

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral.....	\$	15
Casket.....		
Outside Box..... (State Kind)		
Burial Vault..... (State Kind)		
Embalming Body..... (Name of Embalmer)		
Lady Attendant.....		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$.....		
Suit or Dress \$..... Slippers \$..... Hose \$..... (State Color)		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$.....		
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver 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, \$..... Use of Chapel, \$.....		
Personal Service.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		10
Cremation.....		
..... line Death Notices in..... Papers		
Flowers, \$..... (Names of Newspapers) Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Lowering Device, \$.....		
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.....		
Sales Tax.....		
Total Footing of Bill Per <u>J. J. Saunders</u> <u>25.00</u>		
Less <u>Cash</u>	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.		

EDWARD J. MCAVOY
PAID
7-29-39

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$		To Balance Forward.....	\$
	By Payment.....	\$		By Payment.....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1205 Yearly No. 57 Date Aug 1 19 39

Name of Deceased Joseph Dascola (Single - Married - Divorced) W. of Italy (What Race) (Where Born)

Residence of Deceased 1307 Gibbons St Husband—Wife—Widow—Agnes of

Charge to Frank Dascola

Address same

Order given by (or informant)

How Secured

Occupation of Deceased Unemployed

Name of Employer

Address

Date of Death Aug 1 - 1939 (Date) (Hour)

Date of Birth April 15 1876 (Date) (Hour)

Age 63 3 16 (Years) (Months) (Days)

Date of Funeral Aug 5 - 39 9 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 Mercy Hosp

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician John E. Shaner (or Coroner)

His Address Mercy Hosp

Name of Father John Dascola

His Birthplace Italy

Maiden Name of Mother Mary Lapini

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. 53

Section No. 13

Owner Frank Dascola

Entered into Ledger, page or below.

Sales Tax

Total Footing of Bill 265.00

Less

Balance

Complete Funeral \$

Casket 155.00

Outside Box 15

Burial Vault (State Kind)

Embalming Body (State Kind)

Lady Attendant (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress \$ Slippers \$ Hose \$ 15

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 33

Door Spray, \$ Gloves, \$ 14

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest Blanket 8

Delivering Box to Door Buzzer 6

Deliver 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, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

line Death Notices in 2 Papers 3T 6.00

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 15

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$ full

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

DASCOLA—On Tuesday, August 1, 1939, Joseph, brother of Frank Dascola, Funeral from his home, 1307 Gibbons St., on Saturday morning at 8:15. Splendid requiem high mass at St. Peter's Church, Fernando St., at 9 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 5-39	To Above Balance	265.00		To Balance Forward	\$
May 18	By Payment	50.00		By Payment	\$
Dec 28, 40	"	50.00		"	\$
"	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$
"	"	\$		"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

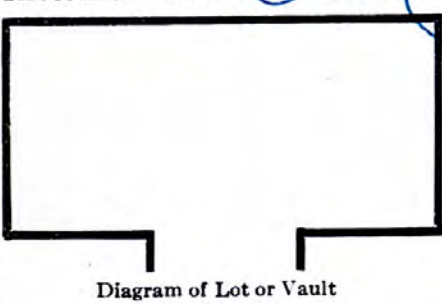
Witness

RECORD OF FUNERAL

Total No. 1206 Yearly No. 58 Date Aug 14 1939
 Name of Deceased Infant Michael (Single - Married - Divorced) (What Race) W (Where Born) Pgh Pa
 Residence of Deceased 916 Bedford ave Husband—Wife—Widow—
 Charge to Public Assistance or of }

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer
 Address
 Date of Death Aug 13 - 39 (Date) (Hour)
 Date of Birth
 Age Still born (Years) (Months) (Days)
 Date of Funeral Aug 14 - 39 (Date) (Day of Week) (Hour) 3 PM
 Services at Home
 Clergyman Rev Basil
 His Address St Ann
 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 Still born
 Contributory Causes
 Certifying Physician Dr Gillis (or Coroner)
 His Address Mercy Hosp
 Name of Father Charles Michael
 His Birthplace Pgh Pa
 Maiden Name of Mother Edith Mader
 Her Birthplace Cincinnati Ohio
 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. Shelton
 Owner



Complete Funeral	\$ <u>15</u>
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>10</u>
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
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	
Sales Tax	
Total Footing of Bill	\$ <u>25.00</u>
Less <u>Per check</u>	\$
Balance	\$
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1207 Yearly No. 59 Date Aug 16 1939
 Name of Deceased Margaret Bradley (Single - Married - Divorced) W.P. Kettanning (What Race) (Where Born)
 Residence of Deceased St. Joseph Home St. Louis St 55 (Husband - Wife - Widow -)
 Charge to Order of Mercy
 Address Dr. Mary Paul (sister)
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Retired
 Name of Employer _____
 Address _____
 Date of Death Aug 16 - 39 (Date) (Hour)
 Date of Birth _____
 Age _____ (Years) (Months) (Days)
 Date of Funeral Aug 18 - 39 (Date) (Day of Week) (Hour) 9 A.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 Mercy Hosp
 Cause of Death Carcinoma of Ovary
 Contributory Causes _____
 Certifying Physician N. J. Gorkost (or Coroner)
 His Address Mercy Hosp
 Name of Father Wm. Kennedy
 His Birthplace Ireland
 Maiden Name of Mother Bridget
 Her Birthplace Ireland
 Motor } Remains to _____
 Ship }

Complete Funeral	\$	
Casket		85
Outside Box		15
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	2
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		10.50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers _____		6.93
	(Names of Newspapers)	
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		18.00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	10
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		192.43
Less		
Balance		
Entered into Ledger, page _____ or below.		

Address _____
 Date of Death Aug 16 - 39 (Date) (Hour)
 Date of Birth _____
 Age _____ (Years) (Months) (Days)
 Date of Funeral Aug 18 - 39 (Date) (Day of Week) (Hour) 9 A.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 Mercy Hosp
 Cause of Death Carcinoma of Ovary
 Contributory Causes _____
 Certifying Physician N. J. Gorkost (or Coroner)
 His Address Mercy Hosp
 Name of Father Wm. Kennedy
 His Birthplace Ireland
 Maiden Name of Mother Bridget
 Her Birthplace Ireland
 Motor } Remains to _____
 Ship }

Diagram of Lot or Vault

Lot No.	
Grave No.	
Section No.	
Owner	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1208 Yearly No. 60 Date Aug 24, 1939
 Name of Deceased Anna Mc Glennon - Single - White - Ireland
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 4629 Chance Street (Husband - Wife - Widow - Single)
 Charge to Mrs. Hoebough or 480 of Single

Address 285 Service Way
 Order given by Ella Mae Bonnberger (or informant)
 How Secured _____
 Occupation of Deceased Retired
 Name of Employer _____
 Address _____
 Date of Death Aug 24, 1939 (Date) 6:40 AM. EST (Hour)
 Date of Birth Not known
 Age about 62 (Years) (Months) (Days)
 Date of Funeral Aug 26 (Date) 10 A. (Hour) M.
 Services at Epiphany 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 Manongahela River
 Cause of Death Drowned
 Contributory Causes _____
 Certifying Physician Dr. P. J. Henney (or Coroner)
 His Address _____
 Name of Father Patrick Mc Glennon
 His Birthplace Ireland
 Maiden Name of Mother Harriet Daugherty
 Her Birthplace Ireland
 Motor } Remains to _____
 Ship } _____
 Size and Style of Casket _____ (State Color)

Complete Funeral	\$		
Casket		330	00
Outside Box		15	00
Burial Vault	<small>(State Kind)</small>		
Embalming Body	<small>(State Kind)</small>	25	00
Lady Attendant	<small>(Name of Embalmer)</small>		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$	1	50
Suit or Dress \$ <u>12.50</u>	Slippers \$ <u>1.00</u> Hose \$ <u>1.50</u>	12	50
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Spray, \$	Gloves, \$	3	00
Funeral Car, \$	Ambulance, \$	14	00
Limousines to Cemetery @ \$		10	50
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to <u>Blanket</u>		10	
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
9. line Death Notices in <u>4</u> Papers		11	88
Flowers, \$ <small>(Names of Newspapers)</small>	Palms, \$	15	00
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb		31	00
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	25	00
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor } _____			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			
Total Footing of Bill	\$	507	38
Less	\$		
Balance	\$		
Entered into Ledger page _____ or Below.			

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

McGLENNON—On Thursday, August 24, 1939, Anna, daughter of the late Patrick and Harriet McGlennon, formerly of 122 Washington St., Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 9:15. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock. Friends invited.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1209 Yearly No. 61 Date August 24 1939
 Name of Deceased Ellen Dunn (Single - Married - Divorced) White (What Race) Pa. (Where Born)
 Residence of Deceased 1715 Forbes St Husband - Wife - Widow Patrick Dunn
 Charge to Francis Dunn or of

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Miss
 Name of Employer West Penn System
 Address 1000 Street Exp
 Date of Death August 24, 1939 (Date) (Hour)
 Date of Birth.....
 Age 66 10 1
 (Years) (Months) (Days)
 Date of Funeral Sept 28, 39 Mon 9:00 A.M.
 (Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman.....
 His Address Epiphany Street
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Pittsburgh Pa (Home)
 Cause of Death Cerebral Hemorrhage
 Contributory Causes Atherosclerosis
 Certifying Physician J. J. Barnett (or Coroner)
 His Address 743 1/2 Ave. E
 Name of Father John Lindsay
 His Birthplace Scotland
 Maiden Name of Mother Mary Carey
 Her Birthplace Ireland
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Mary's { Cemetery Crematory

Complete Funeral	\$	6.35
Casket		4.90
Outside Box		2.0
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	2.5
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	2.1
Suit or Dress \$	Slippers \$	
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		1.0
Autos to R. R. Station @ \$		50
Getting Remains from		
Taking Remains to <u>Blanket</u>		8
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	16.83
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		31
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	2.5
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	667.33
Less	\$	
Balance	\$	



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1210 Yearly No. 62 Date Sept 3, 1939

Name of Deceased Daniel Mc Grath (Single - Married - Divorced) (What Race) W (Where Born) Igh

Residence of Deceased 2432 Fifth Ave Husband—Wife—Widow—
Charge to Helen Mc Grath or..... of (Helen Mc Grath) Garthland

Address same

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

How Secured.....

Occupation of Deceased Truck Driver

Name of Employer.....

Address.....

Date of Death Sept 3, 1939 - 4:45 PM (Date) (Hour)

Date of Birth.....

Age 36 1 17 (Years) (Months) (Days)

Date of Funeral Sept 7, 1939 - 10 A. M. (Date) (Day of Week) (Hour)

Services at St Agnes 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 Mercy Hospital

Cause of Death Broncho Pneumonia

Contributory Causes Pyonephrosis

Certifying Physician E. J. Mc Cague M.D. (or Coroner)

His Address Mercy Hospital

Name of Father Michael Mc Grath

His Birthplace Ireland

Maiden Name of Mother Julia Garity

Her Birthplace Ireland

Motor } Remains to.....
Ship }

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

Manufactured by.....

Interment at Calvary Cemetery Cemetery
Crematory

Lot No. 199

Grave No. 6

Section No. K

Owner Bath Garthland

Complete Funeral \$ 300

Casket 3804 \$ 185

Outside Box..... (State Kind) \$ 20

Burial Vault..... (State Kind)

Embalming Body..... (Name of Embalmer) \$ 25

Lady Attendant.....

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress \$..... Slippers \$..... Hose \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$..... \$ 3

Door Spray, \$..... Gloves, \$..... \$ 3

Funeral Car, \$..... Ambulance, \$..... \$ 14

Limousines to Cemetery @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from.....

Taking Remains to Blanket \$ 8

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver 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, \$..... Use of Chapel, \$.....

Personal Service.....

Gross Total for Sales Tax..... \$

Outlay for Lot.....

Cremation.....

..... line Death Notices in 2 Papers 5 \$ 14.85

Flowers, \$..... (Names of Newspapers) Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb Extra Deep \$ 36

Lining Grave, \$..... Lowering Device, \$.....

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.....

Sales Tax Paid Oct 17, 1939

Total Footing of Bill \$ 318.85

Less..... \$

Balance..... \$

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

McGRATH—On Sunday, Sept. 3, 1939, at 4:10 p. m., at Mercy Hospital, Daniel M., beloved husband of Helen Garthland of 2432 Fifth Ave., son of Julia and the late Michael McGrath. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8 o'clock. Requiem high mass at St. Agnes Church at 9 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1211 Yearly No. 63 Date Sept 11 1939

Name of Deceased Assad Corry (Single - Married - Divorced) (What Race) W (Where Born) Syria

Residence of Deceased 1320 Webster Husband - Wife - Widow W or W of W

Charge to Thomas Corry Address 738 Gallion

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

Name of Employer Address Date of Death Sept 11 1939 (Date) (Hour)

Date of Birth Jan 19 1884 (Date) (Hour) ~~Oct 60~~ 55-5-22 (Years) (Months) (Days)

Date of Funeral Sept - 39 (Date) (Day of Week) (Hour) 9A M. Services at St Annas

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 Coronary Occlusion Contributory Causes Certifying Physician J. Henry (or Coroner)

His Address Name of Father Geo B Wakin His Birthplace Syria

Maiden Name of Mother Abu-sunam 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. Single Owner

Diagram of Lot or Vault

Complete Funeral \$ 300 Casket Outside Box Burial Vault Embalming Body Lady Attendant

Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress \$ Slippers \$ Hose \$ 12

Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$ Autos to R. R. Station @ \$ Getting Remains from Taking Remains to D.B. Trip to Coroner's Inquest

Delivering Box to Deliver 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, \$ Use of Chapel, \$ Personal Service Gross Total for Sales Tax Outlay for Lot Cremation

line Death Notices in Papers (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ EDW. Aero or Motor } plane Service, \$ Telegr., Phone, Cable or Radio Charges Cash Advanced

Out of town Undertaker's Charges Sales Tax Total Footing of Bill \$ 330 Less Balance \$

Entered into Ledger, page or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address Witness

RECORD OF FUNERAL

Total No. 1212 Yearly No. 64 Date Sept 12 1939
 Name of Deceased Margaret Boyce (Single — Married — Divorced) (What Race) (Where Born)
 Residence of Deceased 1417 5th Ave Husband—Wife—Widow—
 Charge to Mary Boyce or..... of }
 Address 141 Washington Pl
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Seamstress
 Name of Employer.....
 Address.....
 Date of Death Sept 12-39 (Date) (Hour)
 Date of Birth Jan 1st 1905 (Date) (Hour)
 Age 34 8 11 (Years) (Months) (Days)
 Date of Funeral Sept 16-39 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 Mercy Hosp
 Cause of Death Fractured Skull
 Contributory Causes Fall 15th to 10 floor Peoples Bank Bldg
 Certifying Physician J. Henney (or Coroner)
 His Address.....
 Name of Father Robert Boyce
 His Birthplace.....
 Maiden Name of Mother Rose Carson
 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.....

Complete Funeral	\$ 595
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	36
Cremation	
line Death Notices in	Papers <u>10.56</u>
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Organist, \$
or Motor } EDW. J. MCGAVOK	
Telegr., Phone Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	Per <u>E. J. Mc</u>
Total Footing of Bill	\$ 653
Less	\$
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

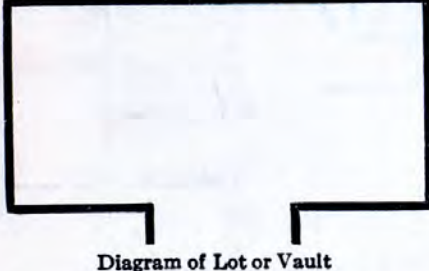
Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1213 Yearly No. 65 Date Sept. 23 1939
 Name of Deceased Thomas J. Lynch (Single Married Divorced (What Race) W. (Where Born) Pgh. Pa.
 Residence of Deceased 1100 Gibbons St. Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Infant
 Name of Employer.....
 Address.....
 Date of Death Sept - 39 (Date) (Hour)
 Date of Birth.....
 Age..... (Years) (Months) (Days)
 Date of Funeral Sept 25 - 39 11:4 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 Acidosis
 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	\$	50
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>9-25 Pgh Cemetery</u>		
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	50
Less	\$	10
Balance	\$	
Entered into Ledger, page		or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1214 Yearly No. 66 Date Sept 22 1939

Name of Deceased Anna M. Gillingham (Single - Married - Divorced) W. (What Race) Pa. (Where Born)

Residence of Deceased 211 Cornistown St Husband - Wife - Widow - } Albert
or of }

Charge to Mrs Elizabeth Blayck

Address

Order given by (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Sept 22 - 39 (Date) (Hour)

Date of Birth Jan 12 1856 (Date) (Hour)

Age 83 (Years) (Months) (Days)

Date of Funeral Sept 25 - 39 1:30 M. (Date) (Day of Week) (Hour)

Services at Home

Clergyman Rev. Davidson

His Address 111 Orchard

Religion of the Deceased Prot.

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

Place of Death 211 Cornistown

Cause of Death Chronic Cholelithiasis

Contributory Causes

Certifying Physician E. Jew (or Coroner)

His Address

Name of Father Wm. Landerbank

His Birthplace

Maiden Name of Mother Mary Landerbach

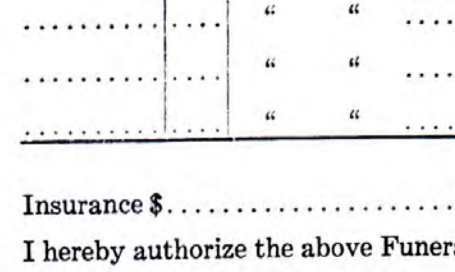
Her Birthplace

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Monongeholis { Cemetery Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 265
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	5.94
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	Aero-plane Service, \$
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 265
Less <u>Cash on acct</u>	\$ 150
Balance	\$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1215 Yearly No. 67 Date Sept 24 1939

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

Residence of Deceased 1901 Hobbs St Husband—Wife—Widow—Anthony or of

Charge to
Address
Order given by Leshie Ingo
How Secured 1901 Hobbs St
Occupation of Deceased Housewife
Name of Employer

Date of Death Sept 24 1939
Date of Birth June 6 1891
Age 48
Date of Funeral Sept 28 1939 9A.M.
Services at Epiphany
Clergyman

His Address
Religion of the Deceased Cath.
Resided in the State
Place of Death Mercy Hosp
Cause of Death Carcinoma of Breast
Contributory Causes

Certifying Physician L.D. O'Donnell
His Address Mercy Hosp
Name of Father Wm. Martin
His Birthplace Ireland
Maiden Name of Mother Catherine Dunlop
Her Birthplace Ireland

Motor Ship } Remains to
Size and Style of Casket
Manufactured by
Interment at Calvary Cemetery

Lot No. single
Grave No. Extra Deep
Section No. 14
Owner

Complete Funeral	\$ 375
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	58
Cremation	
line Death Notices in	8
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 465
Less	\$ 300
Balance	\$ 165
Entered into Ledger, page	of heldw.

EDW. J. MCAVOY
PAID
Balance

Date	Amount Paid	Balance
To Above Balance		\$
By Payment	\$	\$
Oct 26 1939	\$ 20.00	\$ 145.00
Nov 3 1941	\$ 10.00	\$ 135.00
Aug 10 1945	\$ 25.00	\$ 110.00
Nov 1 1945	\$ 30.00	\$ 80.00
Dec 28 1946	\$ 30.00	\$ 50.00
May 4 1952	\$ 25.00	\$ 25.00

Date	Amount Paid	Balance
To Balance Forward		\$
By Payment	\$	\$
"	\$	\$
"	\$	\$
"	\$	\$
"	\$	\$
"	\$	\$
"	\$	\$
"	\$	\$
"	\$	\$

Insurance \$
I hereby authorize the above Funeral and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
Witness _____
Signed _____
Address _____
Compiled by F. J. FEINEMAN, St. Louis, Mo.

N^o 11418

Date

9/25/34

Mr.

E. J. McAvoy
Szygo

You and your client, Mr. _____ made the following selection from our Display Rooms, today:

CASKET and
INTERIOR

complete — 375.00

OUTSIDE CASE
GARMENT and
SLIPPERS

_____ 14.00

SUNDRIES _____

TOTAL _____



RECORD OF FUNERAL

Total No. 1216 Yearly No. 68 Date Oct 5 1939
 Name of Deceased Susan Dariano (Single Married Divorced
 Residence of Deceased 1633 Torrey St. Reo #1 (What Race) W. (Where Born) Pa.
 Charge to Peter Dariano (Husband Wife Widow
 Address or of

Order given by (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Address
 Date of Death Oct 5 1939 (Date) (Hour)
 Date of Birth Aug 3 1939 (Date) (Hour)
 Age 2 (Years) 2 (Months) 2 (Days)
 Date of Funeral Oct 6-39 3PM (Date) (Day of Week) (Hour)
 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 Mercy Hosp
 Cause of Death Acute Gastritis
 Contributory Causes
 Certifying Physician P. J. Henry (or Coroner)
 His Address
 Name of Father Peter Dariano
 His Birthplace Italy
 Maiden Name of Mother Mary Puels
 Her Birthplace N. J. City
 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	\$ 25.00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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)	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 10.00
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 95.00
Less	
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
9-7-40	By Payment	\$ 15.00		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1217 Yearly No. 69 Date Oct 4 1939

Name of Deceased Mary J. Flannigan (Single - Married - Divorced) W. (What Race) (Where Born)

Residence of Deceased 3907 13th St. N.E. Husband - Wife - Widow Thomas or of

Charge to Mrs. Wm. Keiviny

Address 3907 13th St. N.E.

Order given by Washington D.C. (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Oct 4 - 39 (Date) (Hour)

Date of Birth

Age 79 (Years) (Months) (Days)

Date of Funeral Oct 7 - 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 Providence Hosp. Wash. D.C.

Cause of Death Acute appendicitis

Contributory Causes

Certifying Physician James P. Cullen (or Coroner)

His Address Wash. D.C.

Name of Father

His Birthplace

Maiden Name of Mother

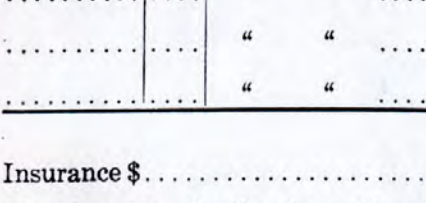
Her Birthplace

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		
Outside Box		
Burial Vault	<u>Wilton</u>	<u>100 00</u>
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		<u>14 00</u>
Ambulance, \$		<u>10 50</u>
Limousines to Cemetery @ \$		<u>10 00</u>
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service <u>charges</u>		<u>50 00</u>
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Cem. chgs</u>		<u>36 00</u>
Cremation		
line Death Notices in Papers		<u>16 50</u>
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman \$		
Singer \$		
Organist, \$		
Railroad } Tickets, \$		
or Motor } Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	<u>262 00</u>
Less	\$	
Balance	\$	

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1218 Yearly No. 70 Date Oct 6 1939

Name of Deceased Baby Girl Rumble (Single - Married - Divorced) W. (What Race) W. Va. (Where Born)

Residence of Deceased 819 Ridge ave Husband—Wife—Widow—
or..... of }

Charge to Willis Rumble
Address 819 Ridge av

Order given by 606 Hill St. Wheeling
(or informant)

How Secured.....
Occupation of Deceased Infant

Name of Employer.....
Address.....

Date of Death Oct 6 - 39 (Date) (Hour)

Date of Birth Oct 6 - 39 (Date) (Hour)

Age Stillborn (Years) (Months) (Days)

Date of Funeral Oct 9 1939 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 Allegheny General

Cause of Death Stillborn

Contributory Causes.....
Certifying Physician Beall (or Coroner)

His Address Allegheny Gen Hosp

Name of Father Willis Rumble

His Birthplace W. Va

Maiden Name of Mother Anna M. Cornwell

Her Birthplace.....
Motor } Remains to.....
Ship }

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

Manufactured by.....
Interment at Wm Penn Mem { Cemetery
Crematory

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

Diagram of Lot or Vault

Complete Funeral	\$ 335.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
	22.00
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removing Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	65.00
Cremation	
..... line Death Notices in..... Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	3.00
<u>affidavits</u>	
EDW. J. MCAVOY	
Sales Tax	
Total Footing of Bill	\$ 425.00
Less <u>cash rec'd</u>	\$ 18.00
Balance	\$ 407.00
Entered into Ledger page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

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

No 11422

Date

Oct. 7, 1939

Mr.

W. Yuhle

You and your client, Mr. _____ made the

following selection from our Display Rooms, today:

CASKET and
INTERIOR

335 00

OUTSIDE CASE
GARMENT and
SLIPPERS

22 00

SUNDRIES

TOTAL

357 00



RECORD OF FUNERAL

Total No. 1219X Yearly No. 71 Date Oct 6 1939
 Name of Deceased Anna Umble (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 819 Ridge ave Husband—Wife—Widow— } Willis
 Charge to Willis Umble or..... of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death Oct 6 - 39 (Date) (Hour)
 Date of Birth 5 - 30 - 07 (Date) (Hour)
 Age..... (Years) (Months) (Days)
 Date of Funeral Oct 9 - 39 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman Rev. Dodson
 His Address James St. Methodist Ch. Wilkesburg, Pa.
 Religion of the Deceased.....
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Allegheny Gen Hosp
 Cause of Death regulatory delivery
 Contributory Causes premature separation of placenta
 Certifying Physician Beall (or Coroner)
 His Address Allegheny Gen Hosp
 Name of Father John McConach
 His Birthplace Ireland
 Maiden Name of Mother Anna Sweney
 Her Birthplace England
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$

Manufactured by Lillian Amelia...
 UMBLE—On Friday, Oct. 6, 1939, at 6:30 p. m., Anna, wife of Willis Umble, of 819 Ridge Ave. Funeral from McAvoy's Funeral Home, 1700 Forbes St., on Monday, Oct. 9, at 2:30 p. m. Friends invited. Interment Wm. Penn Memorial Cemetery.
 WATKINS—On Saturday, October 7, 1939, William C., beloved husband of Gertrude Ann Breuer; father of Mrs. Gertrude Woodman, Mrs. Olive Brittner and LeRoy Watkins. Final home, 430 Olive St. or Vault

Wm. Penn Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1220 Yearly No. 72 Date Oct 9 1939
 Name of Deceased Jessie Coleman (Single — Married — Divorced) W. (What Race) Pgh. (Where Born)
 Residence of Deceased 812 5th Ave Husband — Wife — Widow — Maurice 320
 Charge to James M Coleman or Widow of 320

Address same
 Order given by (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death Oct 9 - 39 (Date) (Hour)
 Date of Birth
 Age 86 (Years) (Months) (Days)
 Date of Funeral Oct 11 - 39 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 812 5th Ave
 Cause of Death
 Contributory Causes
 Certifying Physician Dr. M. M. ... (or Coroner)
 His Address
 Name of Father Schenley
 His Birthplace New York
 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 2
 Grave No. 9
 Section No. 14
 Owner

Complete Funeral	\$ 250.00
Casket	
Outside Box	
Burial Vault	
Embaling Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from Auto Service	10.00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	58.00
Cremation	
line Death Notices in	4.00
Papers	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 320.00
Less	\$
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1221 Yearly No. 73 Date Oct 20 1939
 Name of Deceased Mary Rose Barontini W. (Single - Married - Divorced) (What Race) (Where Born) Pgh.
 Residence of Deceased 285 Lelia St. Husband—Wife—Widow—Deans
 or wife of

Charge to
 Address
 Order given by
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death Oct 20 - 39 (Date) (Hour)
 Date of Birth Aug 1 1903 (Date) (Hour)
 Age 36 2 14 (Years) (Months) (Days)
 Date of Funeral Oct 23 - 39 10AM (Date) (Day of Week) (Hour)
 Services at St. Peter's
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State
 Place of Death South Side Hosp.
 Cause of Death Acute Intestinal obstruction
 Contributory Causes from adhesions
 Certifying Physician Dr. M. P. Bradford (or Coroner)
 His Address 12
 Name of Father Jacob Sadini
 His Birthplace Italy
 Maiden Name of Mother Prudence Cicero
 Her Birthplace Italy
 Motor } Remains to
 Ship }

BARONTINI—Friday, Oct. 20, 1939, Mary Sodini, wife of Dino L. Barontini. Funeral from the home of her parents, Mr. Jacob Sodini, 671 Boggs Ave., Mt. Wash., Monday morning at 9 o'clock. Solemn requiem high mass at St. Peter's Italian Church at 10 o'clock. Friends invited.

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		490
Outside Box		22
Burial Vault		
Embalming Body		25
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	27 50
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	33
Door Spray, \$	Gloves, \$	14
Funeral Car, \$	Ambulance, \$	21 00
Limousines to Cemetery	2 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to	2 Cars	21 00
Removal Charges		
Procuring Burial Permit	Don. Time	15 00
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	25 00
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		36
Cremation		
line Death Notices in	2 Papers 3	15 84
Flowers, \$	Palms, \$	15 00
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		733 34
Less		
Balance		680
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

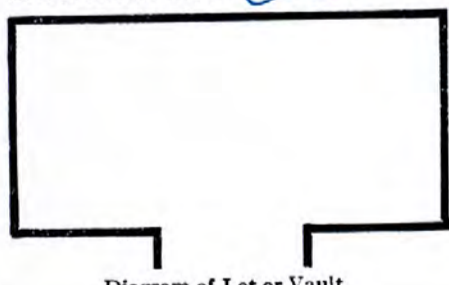
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1222 Yearly No. 74 Date Oct 23 1939
 Name of Deceased Bessie George (Single - Married - Divorced) W. Syria (What Race) (Where Born)
 Residence of Deceased 1106 Wylie Husband—Wife—Widow—Therese or..... of

Charge to.....
 Address.....
 Order given by Adele George (or informant)
 How Secured 1106 Wylie
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death Oct 23-39 (Date) (Hour)
 Date of Birth May 1 1890 (Date) (Hour)
 Age 49 (Years) 5 (Months) 22 (Days)
 Date of Funeral Oct 25-39 (Date) (Day of Week) (Hour) 9A.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 1106 Wylie
 Cause of Death Carcinoma of cervix
 Contributory Causes.....
 Certifying Physician Albert Goldblum (or Coroner)
 His Address 1710 Bedford
 Name of Father Ignatius Pasca
 His Birthplace Syria
 Maiden Name of Mother.....
 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	\$	385.00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	2.50
Suit or Dress \$	Slippers \$	Hose \$
	(State Color)	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		58
Cremation		
..... line Death Notices in	Papers	
	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax	<u>Billed</u>	335
Total Footing of Bill		\$ 445.50
Less <u>paid Nov 8, 1939</u>		\$ 335
Balance		\$ 100



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1223 Yearly No. 76 Date Oct 25 1939

Name of Deceased Charles Hart (Single - Married - Divorced) W. (What Race) Pgh Pa (Where Born)

Residence of Deceased 221 Atwood Husband - Wife - Widow - Widow of Catherine

Charge to James Molloy
Address 3333 Terrace

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Retired

Name of Employer _____
Address _____

Date of Death Oct 25 - 39 (Date) _____ (Hour)

Date of Birth May 1 1871 (Date) _____ (Hour)

Age 68 (Years) 5 (Months) 24 (Days)

Date of Funeral Oct 27 - 38 (Date) 10 A.M. (Hour)

Services at St Pauls Chh. (Day of Week)

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 Hosp.

Cause of Death Lobar Pneumonia

Contributory Causes _____

Certifying Physician Franklin Baxter (or Coroner)

His Address Shadyside Hosp.

Name of Father Thomas Hart

His Birthplace Ireland

Maiden Name of Mother Mary Barrett

Her Birthplace England

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

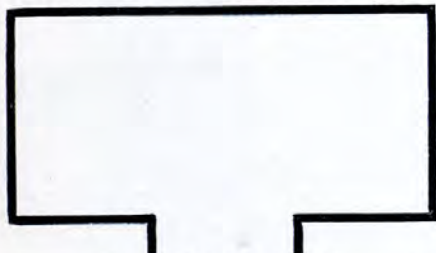
Interment at St Marys { Cemetery Crematory

Lot No. 276

Grave No. 3

Section No. H.

Owner _____

Diagram of Lot or Vault 

Complete Funeral	\$	<u>178</u>
Casket		
Outside Box		
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		<u>2.31</u>
Flowers, \$	(Names of Newspapers)	
Rental of Tent, \$	Palms, \$	Matting, \$
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		<u>185.31</u>
Less _____		
Per _____ Balance		
Entered into Ledger, page _____ or below.		

EDW. J. MCAVOY
PAID
Oct 1-39

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1224 Yearly No. 76 Date Oct 31 1939
 Name of Deceased Elias G. Saba (Single - Married - Divorced) W. Syria (What Race) (Where Born)
 Residence of Deceased 410 Logan Husband—Wife—Widow—
 Charge to George Elias Saba or..... of Rocking 460
 Address.....
 Order given by Frank Saba (or informant)
 How Secured 228 Collins ave
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death Oct 31-39 (Date) (Hour)
 Date of Birth June 2 1876 (Date) (Hour)
 Age 63 (Years) 4 (Months) 28 (Days)
 Date of Funeral Nov 2 - 39 2 P.M. (Date) (Day of Week) (Hour)
 Services at St Georges from Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Orth
 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 Dr
 Certifying Physician Dr (or Coroner)
 His Address Mercy Hosp
 Name of Father George Saba
 His Birthplace Polistine
 Maiden Name of Mother Sitaba
 Her Birthplace Polistine
 Motor } Remains to
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Peters { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 450.
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	10.50
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
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	
Sales Tax	
Total Footing of Bill <u>Nov 15, 1939</u>	\$ 487.00
Less	
Balance	
Per.....	
Entered into Ledger, page..... or below.	

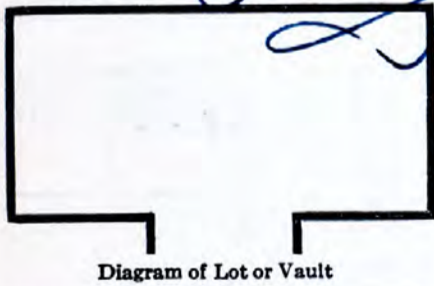
Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1225 Yearly No. 77 Date Nov 2 1939
 Name of Deceased Barbara Yimin (Single - Married - Divorced) (What Race) W. Syria (Where Born)
 Residence of Deceased 1810 Bedford Husband—Wife—Widow—Thomas
 Charge to Hornett Monoury or..... of 510
 Address 516 Chartiers St
 Order given by Washington Pa (or informant)
 How Secured 816 Chartiers St
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death Nov 2 - 39 (Date) (Hour)
 Date of Birth Sept 4 1872
 Age 67 (Years) 1 (Months) 28 (Days)
 Date of Funeral Nov 5 - 1939 20 (Date) (Day of Week) (Hour) M.
 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 1810 Bedford
 Cause of Death Brain Tumor
 Contributory Causes Disease
 Certifying Physician Dr. H. Rosenbaum (or Coroner)
 His Address 1538 Centre ave
 Name of Father Anton Wasy
 His Birthplace Syria
 Maiden Name of Mother Asia
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary's { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 475
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 564 00
Less	
Balance	\$



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1226 Yearly No. 72 Date Nov 18 1939

Name of Deceased Mellie Sutter (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Husband - Wife - Widow - } or of }

Charge to Mrs. Mary Monahan

Address St. Joseph Home

Order given by Blouis St. Pgh. Pa. (or informant)

How Secured Retired

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Nov 18 - 39 (Date) (Hour)

Date of Birth

Age 65 (Years) (Months) (Days)

Date of Funeral Nov 21 - 39 (Date) (Day of Week) (Hour) 10A 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 Myocardial Degeneration

Contributory Causes

Certifying Physician (or 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 Calvary

Interment at Calvary Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 2.65 00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery <u>ET</u> @ \$	20 00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Full Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	8 40
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	31 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 336 90
Less	
Per Balance	
Entered into Ledger, page or below.	

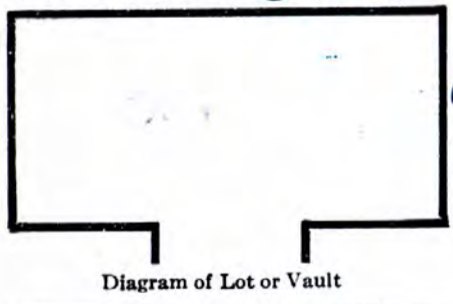


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address Witness

RECORD OF FUNERAL

Total No. 1227 Yearly No. 73 Date Nov 20, 1939
 Name of Deceased James Bray (plus Gray) (Single - Married - Divorced) (What Race) W (Where Born) Pgh Pa.
 Residence of Deceased 74 Marion St. Husband - Wife - Widow - } Single
 Charge to Remanville Dept or of }
 Address Jacobs Ave 5247
 Order given by (or informant)
 How Secured
 Occupation of Deceased Lab
 Name of Employer
 Address 74
 Date of Death Nov 20, 1939 (Date) (Hour)
 Date of Birth not known
 Age abt 50 (Years) (Months) (Days)
 Date of Funeral Nov 25, 1939 (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 74 Marion St
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes
 Certifying Physician Coroner (or Coroner)
 His Address
 Name of Father John Bray
 His Birthplace Pa.
 Maiden Name of Mother Mary Ellen Jamison
 Her Birthplace Pa.
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St Marys { Cemetery }
 Lot No. 628 Crematory
 Grave No.
 Section No. W
 Owner John Bray
 Diagram of Lot or Vault

Complete Funeral	\$	<u>75</u>
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates	No. (State Physician's or Coroner's)	
Ball Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	<u>93</u>
Less	<u>Per Checks</u>	
	<u>Put Asset</u>	
	Balance	\$
Entered into Ledger, page	.....	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1228 Yearly No. 74 Date Nov 22 1939
 Name of Deceased Mary Grace Kennedy (Single — Married — Divorced) (What Race) (Where Born) Pg. Wilmington Pa.
 Residence of Deceased Mercy Hosp Husband—Wife—Widow— }
 Charge to John C. Kennedy or of }

Address John C. Kennedy
 Order given by S. Maria Supt (or informant)
 How Secured
 Occupation of Deceased Order of Mercy
 Name of Employer

Address

Date of Death Nov 22 - 39 (Date) (Hour)
 Date of Birth May 20 1905 (Date) (Hour)
 Age 34 6 2 (Years) (Months) (Days)
 Date of Funeral Nov 24 - 39 9 M. (Date) (Day of Week) (Hour)
 Services at Mercy 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 Mercy
 Cause of Death Pul T. B.

Contributory Causes

Certifying Physician J. C. Shaw (or Coroner)
 His Address Mercy
 Name of Father John C. Kennedy
 His Birthplace Ire
 Maiden Name of Mother Hyran Boyle
 Her Birthplace Ire

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
Outside Box		
Burial Vault	(State Kind)	15
Embalming Body	(State Kind)	15
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1 50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	35.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		

Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in <u>3</u> Papers / TIME		7.92
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	134.42
Less	\$	
Entered into Ledger, page or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1229 Yearly No. 75 Date Nov 20 1939

Name of Deceased Virginia Dippa (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1828 Bedford Husband—Wife—Widow— or of W. P. G. P. G. P. G. 450

Charge to Clarence Riston

Address 153 Burrows St

Order given by (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Nov 20 - 39 (Date) (Hour)

Date of Birth

Age 39 (Years) (Months) (Days)

Date of Funeral Nov 22 2:30 M. (Date) (Day of Week) (Hour)

Services at St. George

Clergyman

His Address

Religion of the Deceased Orth.

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

Place of Death Allegheny Hosp

Cause of Death Vascular Syphilis

Contributory Causes

Certifying Physician W. Goldston (or Coroner)

His Address Allegheny Hosp

Name of Father Armin Riston

His Birthplace Syria

Maiden Name of Mother Shephra Elliot

Her Birthplace Syria

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

Complete Funeral	\$ 4.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
(State Color)	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
___ Certif. Copies of Death Certificates No. ___	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
No. line Death Notices in ___ Papers	1
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 455.28
Less	
Balance	
Entered into Ledger, page ___ or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$ 450
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1230 Yearly No. 76 Date Nov 30 1939

Name of Deceased Ella M. Cormick (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 211 Courtland St. Husband—Wife—Widow—James or of

Charge to James Address same Order given by (or informant)

How Secured Occupation of Deceased Housewife Name of Employer Address

Date of Death Nov 30 1939 (Date) (Hour) Date of Birth Age 49 (Years) (Months) (Days)

Date of Funeral Dec 4 1939 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 Mayview Cause of Death Spinal tumor & brain Contributory Causes Certifying Physician (or Coroner)

His Address Mayview 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

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		295
Outside Box		20
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	3.50
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	14
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery	\$ @ \$ 10.30	3.10
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to <u>Mayview</u>		10
Trip to Coroner's Inquest		
Delivering Box to <u>Blanket</u>		10
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		53
Cremation		
..... line Death Notices in <u>2</u> Papers <u>2</u>		14
Flowers, \$	Palms, \$	
	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
	Organist, \$	10
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		
Sales Tax		
Total Footing of Bill	\$	505.50
Less <u>Per</u>	\$	48.50
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ 132 + 386 Names of Lodges 30.65 Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

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

RECORD OF FUNERAL

Total No. 1231 Yearly No. 77 Date Dec 10 1939
 Name of Deceased Rose Maria Lorengo (Single - Married - Divorced) W. (What Race) Pgh. (Where Born)
 Residence of Deceased 72 Logan Blvd. Husband—Wife—Widow—
 Charge to Mich. Lorengo or..... of

Address same
 Order given by " (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Address
 Date of Death Dec 10 - 39 (Date) (Hour)
 Date of Birth July 14 - 39 (Date) (Hour)
 Age 4 (Years) 20 (Months) (Days)
 Date of Funeral Dec 11 - 39 (Date) (Day of Week) 3P (Hour) M.
 Services at None 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 Mary
 Cause of Death Heart Disease
 Contributory Causes
 Certifying Physician N. C. Miller (or Coroner)
 His Address Mary St. Mich. Lorengo
 Name of Father Mich. Lorengo
 His Birthplace Pgh. Pa.
 Maiden Name of Mother Mary Albert
 Her Birthplace New Kensington
 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		15 50
Outside Box		
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		10
Gross Total for Sales Tax	\$	
Outlay for Lot		20
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	45 50
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Jan 11 1940</u>	By Payment	\$ 15 00		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... (Firm Name of Funeral Directors.)
 maturity at the rate of.....% per annum..... days from date. Interest to accrue from
 Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1232 Yearly No. 78 Date Dec 14 1939
 Name of Deceased Elizabeth Beckw. (Single - Married - Divorced) W. (What Race) Pa. (Where Born)
 Residence of Deceased 110 Mittenberger Husband—Wife—Widow— Albert
 Charge to Albert A. or of
 Address Alberta Franst.
 Order given by 110 Mittenberger (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer Housewife
 Address
 Date of Death Dec 14-39 (Date) (Hour)
 Date of Birth Jan 16 1883 (Date) (Hour)
 Age 56 10 28 (Years) (Months) (Days)
 Date of Funeral Dec 18-39 (Date) (Day of Week) (Hour) M.
 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 110 Mittenberger
 Cause of Death 110 Mittenberger
 Contributory Causes Secondary Anemia
Acute Nephritis
 Certifying Physician Barnett (or Coroner)
 His Address 2004 5th ave
 Name of Father Joseph Vogler
 His Birthplace Germany
 Maiden Name of Mother Margaret Messner
 Her Birthplace Buffalo N.Y.
 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	\$	410
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	3 50
Suit or Dress \$	Slippers \$	16
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	2 @ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in	Papers	10 14.52
Flowers, \$	Palms, \$	
	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	31
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
	Organist, \$	15
Railroad } Tickets, \$	Aero-	
or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		485.50
Less		
Balance		
Entered into Ledger, page	Per or below	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1233 Yearly No. 79 Date Dec 20 1939
 Name of Deceased John M Cappin (Single - Married - Divorced) W. (What Race) Not known (Where Born)
 Residence of Deceased Mercy Hosp Husband—Wife—Widow—
 Charge to or of

Address.....
 Order given by Sr Anna Maria (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death Dec 20 - 39 (Date) (Hour)
 Date of Birth not known
 Age att 74 (Years) (Months) (Days)
 Date of Funeral Dec 22 - 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 Mercy Hosp
 Cause of Death Carcinoma of sigmoid colon
 Contributory Causes.....
 Certifying Physician John W. Johnston (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..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 160
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	53
Cremation	
line Death Notices in	Papers
	(Names of Newspapers)
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 238
Less	
Balance	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1234 Yearly No. 80 Date Dec 25 1939
 Name of Deceased Catherine Sullivan (Single — Married — Divorced) W (What Race) Pgh Pa (Where Born)
 Residence of Deceased 4761 Baum Blvd Husband—Wife—Widow—
 Charge to Mrs Melba Hoarty or..... of } 385

Address 4761 Baum Blvd
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Clerk
 Name of Employer.....
 Address.....
 Date of Death Dec 25 - 39 (Date) (Hour)
 Date of Birth Aug 26 - 1896 (Date) (Hour)
 Age 43 - 3 - 29 (Years) (Months) (Days)
 Date of Funeral Dec 28 - 39 (Date) (Day of Week) (Hour) 10A M
 Services at St Pauls 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 4761 Baum Blvd
 Cause of Death Phenetic Heart Disease
 Contributory Causes.....
 Certifying Physician J.P. Heagerty (or Coroner)
 His Address Medical Arts
 Name of Father James Sullivan
 His Birthplace Pgh Pa
 Maiden Name of Mother Catherine Sullivan
 Her Birthplace Pgh Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket	2.50	
Outside Box	20	
Burial Vault	(State Kind)	
Embalming Body	25	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	33
Door Spray, \$	Gloves, \$	14
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to	Blanket	15
Deliver Flowers to	D. B. Edge	10
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot	36.00	
Cremation		
6 or 7 line Death Notices in	3 Papers	2
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	15.00
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	401.26
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

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

Diagram of Lot or Vault

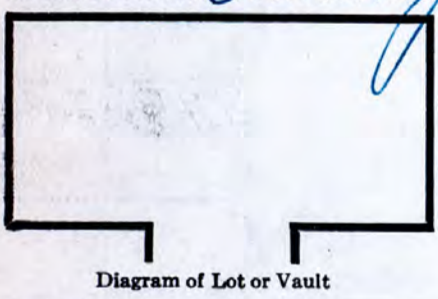
Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1235 Yearly No. 91 Date Dec 26 1939
 Name of Deceased Mora O'Donnell (Single - Married - Divorced) (What Race) W. P. Ireland (Where Born)
 Residence of Deceased 1004 Seitz St Husband—Wife—Widow—
 Charge to John J. O'Donnell or..... of John J.
 Address 1004 Seitz St
 Order given by Patrick J. (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death Dec 26 - 39 (Date) (Hour)
 Date of Birth.....
 Age 47 (Years) (Months) (Days)
 Date of Funeral Dec 29 - 39 (Date) (Day of Week) (Hour) 9 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 Mercy Hosp.
 Cause of Death Diabetic Mellitus
 Contributory Causes Diabetic Coma
 Certifying Physician D.M. Frost (or Coroner)
 His Address Mercy Hosp.
 Name of Father Michael Coyne
 His Birthplace Ireland
 Maiden Name of Mother Catherine Foley
 Her Birthplace Ireland
 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	\$ 265.00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 58.00
Outlay for Lot	
Cremation	
..... line Death Notices in..... Papers	9.25
Flowers, \$ (Names of Newspapers)	15.00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 385.75
Less	
Balance	
Entered into Ledger, page..... or below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$ 300.00
	By Payment	\$	2/10/40	By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Witness..... Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1236 Yearly No. 82 Date Dec 29 1939
 Name of Deceased St. M. Juliana (Margaret) Kattan - W. Katoke Pa
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 521 Chestnut St. Katoke Pa
 Charge to St Marys Convent
 Address St. M. Gerard (sister)
 Order given by Mary Shop
(or informant)
 How Secured
 Occupation of Deceased Sister Mary
 Name of Employer

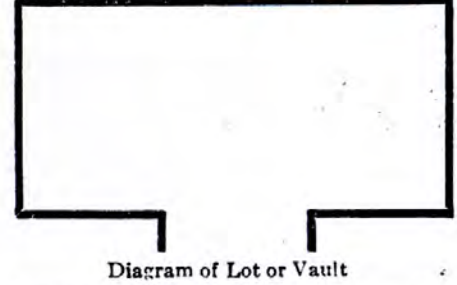
Date of Death Dec 29 7:45 PM 1939
(Date) (Hour)
 Date of Birth Feb 21 - 1889
(Date) (Hour)
 Age
 Date of Funeral Jan 2 - 1940 9:30 A.M.
(Date) (Day of Week) (Hour)
 Services at St. Xaviers Pa

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 Shop

Cause of Death Carcinoma of Breast with metastasis of spine
 Contributory Causes hemiplegia
 Certifying Physician John Griffith
(or Coroner)
 His Address
 Name of Father Prusht Kattan

His Birthplace Germany
 Maiden Name of Mother Mary Little
 Her Birthplace Derby 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	\$	
Casket		60
Outside Box		15
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(State Kind)</small>	15
Lady Attendant	<small>(Name of Embalmer)</small>	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
<small>(State Color)</small>		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1.50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	40.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
10 line Death Notices in 2 Papers		6.72
Flowers, \$	<small>(Names of Newspapers)</small>	
Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		138.22
Less		
Per Balance		
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1237 Yearly No. 1 Date 1-3 1940

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

Residence of Deceased 1012 Burtchick Way Husband—Wife—Widow—Oliver or of

Charge to Anthony Joseph
Address 1012 Burtchick Way

Order given by (or informant)

How Secured

Occupation of Deceased Unemployed

Name of Employer

Address

Date of Death 1-3-40 (Date) (Hour)

Date of Birth Apr 10 1885 (Date) (Hour)

Age 54 8 23 (Years) (Months) (Days)

Date of Funeral 1-5-40 (Date) (Day of Week) (Hour) 9 AM

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 Magee

Cause of Death Massive Atelectosis

Contributory Causes

Certifying Physician Paul Rife (or Coroner)

His Address Magee

Name of Father Joseph

His Birthplace Syria

Maiden Name of Mother Mary

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	\$ 250.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 250
Less <u>Cash on acct</u>	\$ 80
Balance	\$ 170

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 80.00		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. 1238 Yearly No. 2 Date 1-4-40 1940

Name of Deceased Joseph A. Blazek
(Single - Married - Divorced)

Residence of Deceased 211 Cornmission Ave Husband—Wife—Widow—Wife (What Race) Polish (Where Born)

Charge to Mrs Elizabeth Blazek or..... of } Elizabeth Lytle

Address.....

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

How Secured.....

Occupation of Deceased Elevator Constructor

Name of Employer.....

Address.....

Date of Death 1-4-40
(Date) (Hour)

Date of Birth Oct 18 1893
(Date) (Hour)

Age 46 2 16
(Years) (Months) (Days)

Date of Funeral 1-8-40 9A. M.
(Date) (Day of Week) (Hour)

Services at St Canice 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 211 Cornmission Ave

Cause of Death Coronary occlusion

Contributory Causes Coronary sclerosis

Certifying Physician Edward Jew
(or Coroner)

His Address 2306 Arlington

Name of Father Anthony Blazek

His Birthplace Germany

Maiden Name of Mother Rosalia Chat

Her Birthplace Germany

Motor } Remains to.....
 Ship }

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

Manufactured by.....

Interment at St. Joseph's W. View Cemetery

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral.....	\$ 425
Casket.....	
Outside Box.....	
Burial Vault.....	<small>(State Kind)</small>
Embalsming Body.....	<small>(State Kind)</small>
Lady Attendant.....	<small>(Name of Embalmer)</small>
Barber, \$.....	Hair Dressing, \$.....
Dressing Body, \$.....	Underwear, \$.....
Suit or Dress \$.....	Slippers \$..... Hose \$.....
Folding Chairs, \$.....	Tarpaulin, \$.....
Candelabrum, \$.....	Candles, \$.....
Door Spray, \$.....	Gloves, \$.....
Funeral Car, \$.....	Ambulance, \$.....
Limousines to Cemetery.....	@ \$.....
Autos to R. R. Station.....	@ \$.....
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver 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, \$.....	Use of Chapel, \$.....
Personal Service.....	
Gross Total for Sales Tax.....	\$
Outlay for Lot.....	
Cremation.....	
6 line Death Notices in.. 2 Papers 6.....	11.88
Flowers, \$.....	<small>(Names of Newspapers)</small>
Rental of Tent, \$.....	Palms, \$..... Matting, \$.....
Opening of Grave or Tomb.....	of Temporary Vault, \$.....
Lining Grave, \$.....	Lowering Device, \$.....
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.....	
Sales Tax.....	
Total Footing of Bill.....	\$ 436.88
Less <u>Certified Copy</u>	\$ 1.00
Balance.....	\$ 437.88

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$		To Balance Forward.....	\$
	By Payment.....	\$		By Payment.....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1239 Yearly No. 3 Date Jan 11 1940

Name of Deceased Catherine De Marco (Single - Married - Divorced) (What Race) W. Va (Where Born)

Residence of Deceased 1626 Forbes St. Husband—Wife—Widow—James De Marco or..... of..... W. Va

Charge to..... Complete Funeral..... \$ 395

Address..... Casket.....

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

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

Occupation of Deceased Housewife Embalming Body..... (Name of Embalmer)

Name of Employer..... Lady Attendant.....

Address..... Barber, \$..... Hair Dressing, \$.....

Date of Death Jan 11 - 1940 (Date) (Hour) Dressing Body, \$..... Underwear, \$.....

Date of Birth July 6 1911 (Date) (Hour) Suit or Dress \$..... Slippers \$..... Hose \$.....

Age 28 (Years) 6 (Months) 5 (Days) Folding Chairs, \$..... Tarpaulin, \$.....

Date of Funeral Jan 13 1940 (Date) (Day of Week) (Hour) Candelabrum, \$..... Candles, \$.....

Services at Epiphany Door Spray, \$..... Gloves, \$.....

Clergyman..... Funeral Car, \$..... Ambulance, \$.....

His Address..... Limousines to Cemetery @ \$.....

Religion of the Deceased Catholic Autos to R. R. Station @ \$.....

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

Place of Death Mary Hosp. Taking Remains to.....

Cause of Death Chronic myocarditis Trip to Coroner's Inquest.....

Contributory Causes..... Delivering Box to.....

Certifying Physician J. J. McCarthy (or Coroner) Deliver Flowers to.....

His Address 2016 5th Ave Removal Charges.....

Name of Father James Malen Procuring Burial Permit..... (State Number and District)

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

Maiden Name of Mother Catherine Pessler Pall Bearer Service, \$..... Use of Chapel, \$.....

Her Birthplace Ohio Personal Service.....

Motor } Remains to..... Gross Total for Sales Tax..... \$

Ship } Size and Style of Casket..... (State Color) Outlay for Lot..... \$

Manufactured by..... Cremation.....

Interment at Galvey Cemetery } Crematory } line Death Notices in..... Papers

Grave No. 55 Flowers, \$..... Palms, \$..... Matting, \$.....

Section No. 14 Rental of Tent, \$..... of Temporary Vault, \$.....

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

Diagram of Lot or Vault..... Lining Grave, \$..... Lowering Device, \$.....

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.....

Sales Tax.....

Total Footing of Bill..... \$ 468 00

Less.....

Balance..... \$

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$	<u>Jan 13</u>	To Balance Forward	\$
	By Payment	\$		By Payment	\$ <u>60 00</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

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

Address.....

RECORD OF FUNERAL

Total No. 1240 Yearly No. 4 Date Jan 11 1940
 Name of Deceased Arthur Erickson Sr. (Single Married Divorced) (What Race) (Where Born)
 Residence of Deceased 3430 Porter St. Husband—Wife—Widow— }
 Charge to Mrs Snow or..... of }

Address.....
 Order given by Mrs Nellie Rothrock (or informant)
 How Secured 3430 Porter St.
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death Jan 11 1940 (Date) (Hour)
 Date of Birth Dec 15 1871 (Date) (Hour)
 Age 68 0 27 (Years) (Months) (Days)
 Date of Funeral Jan 14 1940 (Date) (Day of Week) (Hour) M.
 Services at.....
 Clergyman Wayne R Woods
 His Address.....
 Religion of the Deceased Prot.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 3430 Porter St.
 Cause of Death Ch. on yrenditis
 Contributory Causes.....
 Certifying Physician H. J. Barnett (or Coroner)
 His Address 2004 5th Ave.
 Name of Father Armat Eklof
 His Birthplace Sweden
 Maiden Name of Mother Vira
 Her Birthplace Sweden
 Motor } Remains to.....
 Ship }

Complete Funeral	\$ <u>245.00</u>
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	\$ <u>25.00</u>
Sales Tax	
Total Footing of Bill	\$ <u>282.00</u>
Less	\$ <u>1</u>
Balance	\$
Entered into Ledger, page..... or below.	

Manufactured by Glenn Piskey Co.
 Interment at Glenn Piskey Co. Cemetery Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$ <u>260.82</u>
	By Payment	\$		By Payment	\$ <u>15.00</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1241 Yearly No. 5 Date Jan 13 1940

Name of Deceased Paul Demora (Single - Married - Divorced) (What Race) (Where Born) Italy

Residence of Deceased 66 Elm Husband - Wife - Widow - }
or of }

Charge to Public Asst.

Address

Order given by Giuseppe Mangell

How Secured 66 Elm St

Occupation of Deceased Mod. Carrier

Name of Employer

Address

Date of Death Jan 13 - 40 (Date) (Hour)

Date of Birth

Age 67 (Years) (Months) (Days)

Date of Funeral Jan 17 - 40 2 ³⁰ M. (Date) (Day of Week) (Hour)

Services at St Peter

Clergyman Blessing Serwie

His Address Cath.

Religion of the Deceased

Resided in the State

Place of Death Mary Hosp (or U. S. or City or County) (Years) (Months)

Cause of Death lung abscess

Contributory Causes

Certifying Physician W. W. MacLachlan (or Coroner)

His Address Mary Hosp

Name of Father

His Birthplace Italy

Maiden Name of Mother

Her Birthplace Italy

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Cabony Cemetery Crematory

Lot No. Row 8

Grave No. 5

Section No. 14

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		50
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	25
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
(State Color)		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	25
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing	\$	100
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1242 Yearly No. 6 Date Jan 23 1940
 Name of Deceased Letha McBride (Single - Married - Divorced) W. (What Race) (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow—Wm P.
 Charge to Wm P McBride (Jr) or _____ of _____
 Address James A. " 566 Greenfield Ave
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Address _____
 Date of Death Jan 23-40 (Date) (Hour)
 Date of Birth Oct 27, 1892
 Age 47 (Years) (Months) (Days)
 Date of Funeral Jan 26-40 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 Mayview
 Cause of Death Carcinoma of side of neck & shoulder
 Contributory Causes _____
 Certifying Physician _____ (or Coroner)
 His Address Mayview
 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
 Crematory
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 320 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	10 50
Autos to R. R. Station @ \$	
Getting Remains from <u>Mayview</u>	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Services \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
line Death Notices in <u>2</u> Papers <u>2</u>	9 24
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	33 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill <u>E.P.M.</u>	\$ 392 24
Less <u>Church</u>	\$ 124 00
Balance	\$ 404 24

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum. Signed _____

RECORD OF FUNERAL

Total No. 1243 Yearly No. 7 Date Jan 24 1940
 Name of Deceased Catherine Shaughnessy (Single - Married - Divorced) W. (What Race) Ireland (Where Born)
 Residence of Deceased 1920 Tushin Husband—Wife—Widow—Michael or..... of

Charge to W
 Address.....
 Order given by Wm J Hannan (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death Jan 24 1940 (Date) (Hour)
 Date of Birth May 23 1876 (Date) (Hour)
 Age 63 (Years) 8 (Months) 2 (Days)
 Date of Funeral Jan 29 1940 9A 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 Passavant Hosp
 Cause of Death Cerebral Hemorrhage
 Contributory Causes.....
 Certifying Physician A. H. Black (Coroner)
 His Address 1231 5th ave
 Name of Father Thomas Jennings
 His Birthplace Ireland
 Maiden Name of Mother Ellen Black
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$ 325 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in	<u>2</u> Papers <u>3</u>
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	
Less	
Per	Balance
Entered into Ledger, page	or below.



Plot No. 3
 Grave No. 63
 Section No. 14
 Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1244 Yearly No. 8 Date Jan 29 1940
 Name of Deceased Mary Simon (Single — Married — Divorced)
 Residence of Deceased 1916 Bedford Husband—Wife—Widow—Nicholas (What Race) Syria (Where Born) 425
 Charge to _____ or _____ of _____

Address _____
 Order given by J. H. Simon (or informant)
 How Secured _____
 Occupation of Deceased Retired
 Name of Employer _____
 Address _____
 Date of Death Jan 29-40 (Date) _____ (Hour)
 Date of Birth _____ (Month) _____ (Days)
 Age Att 73 (Years) _____ (Months) _____ (Days)
 Date of Funeral Feb 1-40 (Date) _____ (Day of Week) _____ (Hour) P. M.
 Services at St Georges
 Clergyman _____
 His Address _____
 Religion of the Deceased Orth. dot.
 Resided in the State _____ (or U. S. or City or County) _____ (Years) _____ (Months)
 Place of Death 1916 Bedford ave
 Cause of Death _____
 Contributory Causes _____
 Certifying Physician Soldblom (or Coroner)
 His Address Bedford ave
 Name of Father Elias Thomas
 His Birthplace Syria
 Maiden Name of Mother Not known
 Her Birthplace Syria
 Motor } Remains to _____
 Ship } _____
 Size and Style of Casket _____ (State Color)

Complete Funeral	\$ 395
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 44.00
Outlay for Lot	
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
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	
Sales Tax	
Total Footing of Bill	\$ 451.50
Less	
Per _____ Balance	
Entered into Ledger, page _____ or below.	

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

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

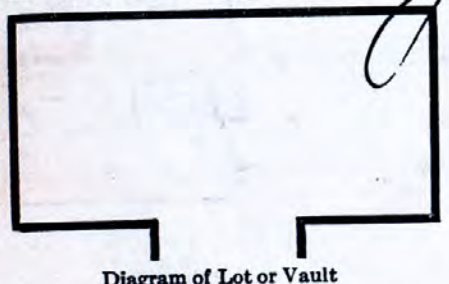
Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Witness _____ Signed _____
 Address _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1245 Yearly No. 9 Date Jan 29 1940
 Name of Deceased Alexander Koerner (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1616 Edna St. Husband - Wife - Widow - of Sarah Owens 35

Charge to
 Address
 Order given by Jean Koerner (Informant)
 How Secured 1616 Edna St.
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death Jan 29 - 40 (Date) (Hour)
 Date of Birth 2 - 24 ? (Date) (Hour)
 Age alt 68 (Years) (Months) (Days)
 Date of Funeral 2 - 2 - 40 (Date) (Day of Week) (Hour) 9A: 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 Passavant
 Cause of Death Strangled Inguinal
 Contributory Causes Nervous system disturbance
 Certifying Physician Walter Gehring (or Coroner)
 His Address Passavant
 Name of Father Friedrich Koerner
 His Birthplace Germany
 Maiden Name of Mother Mary Hamline
 Her Birthplace Germany
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)

Complete Funeral	\$	<u>265</u>
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	<u>16 50</u>
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	<u>10 50</u>
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		<u>58</u>
Cremation		
..... line Death Notices in	<u>2</u> Papers <u>2</u>	<u>10 56</u>
	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	<u>10</u>
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax	<u>2-13-40</u>	<u>370 56</u>
Total Footing of Bill		<u>380 56</u>
Less	<u>Per E. J. M.</u>	
Balance		
Entered into Ledger, page	..... or below.	



Interment at Calvary Cemetery
 Plot No. 3
 Grave No. 66
 Section No. 14
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1246 Yearly No. 10 Date Feb 4 1940

Name of Deceased Grover C. Parker (Single - Married - Divorced) W. (What Race) Marion Tenn (Where Born)

Residence of Deceased 1203 Fifth Ave Husband—Wife—Widow—Mary Parker or..... of

Charge to Gracey W Parker

Address Chattanooga Tenn

Order given by Bryan Funeral Home (Informant)

How Secured 2203 20th (Home address) (State Kind)

Occupation of Deceased Mechanic (Name of Embalmer)

Name of Employer.....

Address.....

Date of Death 2-4-40 (Date) (Hour)

Date of Birth Oct 6 1884 (Date) (Hour)

Age 56 (Years) (Months) (Days)

Date of Funeral Feb 5 - 40 (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 Mercy Hosp

Cause of Death Influenza & Pneumonia

Contributory Causes.....

Certifying Physician W W Machloden (or Coroner)

His Address Mercy Hosp

Name of Father Bert F Parker

His Birthplace.....

Maiden Name of Mother Amanda Thomas

Her Birthplace.....

Motor } Remains to.....
Ship }

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

Manufactured by Shellbunt City

Interment at Chattanooga Tenn Cemetery Crematory

Lot No. Marion Ct.

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		50.00
Outside Box	(State Kind)	
..... Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	25.00
Lady Attendant		
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body, \$.....	Underwear, \$.....	
Suit or Dress \$.....	Slippers \$.....	Hose \$.....
(State Color)		
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Spray, \$.....	Gloves, \$.....	
Funeral Car, \$.....	Ambulance, \$.....	
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		10.00
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver 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, \$.....	Use of Chapel, \$.....	
Personal Service.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		
Cremation.....		
..... line Death Notices in..... Papers		
(Names of Newspapers)		
Flowers, \$.....	Palms, \$.....	Matting, \$.....
Rental of Tent, \$.....	of Temporary Vault, \$.....	
Opening of Grave or Tomb.....		
Lining Grave, \$.....	Lowering Device, \$.....	
Outlay for Shipping Charges.....		
Clergyman, \$.....	Singers, \$.....	Organist, \$.....
Railroad } Tickets, \$.....	Aero-plane Service, \$.....	40.00
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Sales Tax.....		
Total Footing of Bill.....	\$	125.00
Less.....	\$	
Per.....		
Balance.....	\$	

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

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

Address.....

RECORD OF FUNERAL

Total No. 1247 Yearly No. 11 Date Feb 14 1940
 Name of Deceased Samuel Roberts (Single - Married - Divorced) (What Race) W (Where Born) Scotland
 Residence of Deceased 1317 5th ave Husband—Wife—Widow— or of Agnes
 Charge to
 Address
 Order given by Agnes Sullivan R (or informant)
 How Secured
 Occupation of Deceased Hotel Employee
 Name of Employer
 Address
 Date of Death Feb 14 - 1940 (Date) (Hour)
 Date of Birth Oct 20 1882 (Date) (Hour)
 Age 57 3 24 (Years) (Months) (Days)
 Date of Funeral 2-17-40 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 H. W. MacLachlan (or Coroner)
 His Address Mercy Hosp
 Name of Father
 His Birthplace Scotland
 Maiden Name of Mother
 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	\$ 265.36
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	10.50
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	58
Cremation	5
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	3 10
Cash Advanced	
Out of town Undertaker's Charges	25
Sales Tax	376.60
Total Footing of Bill	
Less	
Per	Balance
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

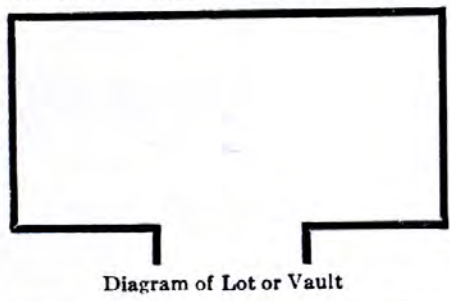
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. 1248 Yearly No. 12 Date Feb 18 1940
 Name of Deceased Mrs. Klatick (Single - Married - Divorced) W. (What Race) Austria N. (Where Born)
 Residence of Deceased 122 Suta Way Husband—Wife—Widow—Widow
 Charge to Self or of Self 275

Address
 Order given by Nelen Klatick (or informant)
 How Secured
 Occupation of Deceased Dish Washer
 Name of Employer Wm Penn Hotel
 Address
 Date of Death 2-18-40 (Date) (Hour)
 Date of Birth Oct 12 1896 (Date) (Hour)
 Age 43 (Years) 4 (Months) 6 (Days)
 Date of Funeral 2-21-40 (Date) (Day of Week) (Hour) 10 M.
 Services at Greek-Catholic St. Aligippe
 Clergyman Rev.
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. of City or County) (Years) (Months)
 Place of Death 122 Suta W.
 Cause of Death Acute Myocarditis
 Contributory Causes
 Certifying Physician P. J. Henney (or Coroner)
 His Address
 Name of Father Andrew Klatick
 His Birthplace Austria N.
 Maiden Name of Mother Anna
 Her Birthplace Austria N.
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Mt Olive { Cemetery
 Lot No. Aligippe Crematory
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ <u>275</u>
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero- plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$
Total Footing of Bill	\$ <u>291</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

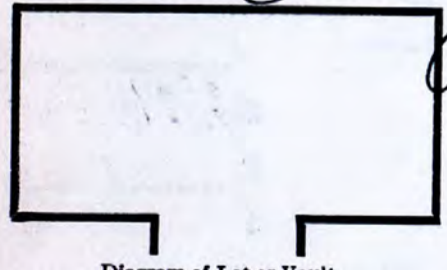
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

RECORD OF FUNERAL

Total No. 1249 Yearly No. 13 Date Feb 18 1940
 Name of Deceased Rose Portman Reilly (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 912 Vickroy St Husband—Wife—Widow—
 Charge to James T. Reilly or of James T. Reilly 510

Address James T. Reilly
 Order given by (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death 2-18-40 (Date) (Hour)
 Date of Birth Dec 21 1868 (Date) (Hour)
 Age 71 1 27 (Years) (Months) (Days)
 Date of Funeral 2-21-40 (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 912 Vickroy St
 Cause of Death Lobar Pneumonia
 Contributory Causes
 Certifying Physician J.P. Negarty (or Coroner)
 His Address Med Arts
 Name of Father Portman
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }

Complete Funeral \$ 4.95
 Casket
 Outside Box (State Kind)
 Burial Vault (State Kind)
 Embalming Body (Name of Embalmer)
 Lady Attendant
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$ Slippers \$ Hose \$ (State Color)
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver 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, \$ Use of Chapel, \$
 Personal Service
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 line Death Notices in Papers 9.24
 (Names of Newspapers)
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 31.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Electr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of Town Undertaker's Charges
 Sales Tax 3-13-40
 Total Footing of Bill \$ 535.24
 Less Per E. J. MCAVOY
 Balance \$
 Entered into Ledger, page or below.



Lot No. 83
 Grave No. 2
 Section No. A
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

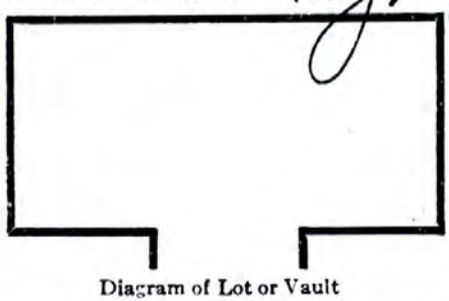
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1250 Yearly No. 14 Date Feb 20 1940
 Name of Deceased John R. Traut (Single Married Divorced) W. Pgh. (What Race) (Where Born)
 Residence of Deceased 1628 Trustin Husband—Wife—Widow—Sydia Ack 380
 or..... of

Charge to.....
 Address.....
 Order given by Catherine Traut (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death 2-20-40 (Date) (Hour)
 Date of Birth June 6 1870 (Date) (Hour)
 Age 69 (Years) 7 (Months) 14 (Days)
 Date of Funeral 2-22-40 (Date) (Day of Week) (Hour) 2P.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 1628 Trustin
 Cause of Death Chronic alcoholism
 Contributory Causes.....
 Certifying Physician Barnett (or Coroner)
 His Address.....
 Name of Father Charles Traut
 His Birthplace Germany
 Maiden Name of Mother Mary Gaus
 Her Birthplace Switzerland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Allegheny { Cemetery Crematory
 Lot No. A 74
 Grave No. 87
 Section No.....
 Owner.....

Complete Funeral	\$ 320
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	65.00
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 400.00
Less	\$
Balance	\$



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$	<u>2-28-40</u>	To Balance Forward	400.00
	By Payment	\$		By Payment	300.00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Witness..... Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1251 Yearly No. 15 Date Mar 1 1940
 Name of Deceased Arthur E Johnson (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow— }
 Charge to _____ or _____ of }

Address _____
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased _____
 Name of Employer _____
 Address _____
 Date of Death Mayview 3-1-40 (Date) (Hour)
 Date of Birth _____
 Age 69 (Years) (Months) (Days)
 Date of Funeral 3-4-40 2 P M (Date) (Day of Week) (Hour)
 Services at Chapel Johnson
 Clergyman Rev Johnson
 His Address 613 W Diamond
 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 Congestive Heart failure
 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 Woodlawn { Cemetery
 Crematory
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$	80 00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ (State Color)	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		20 00
Cremation		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	100 00
Less	\$	
Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$ 76 00
	By Payment	\$		By Payment	\$ 2 00
	" "	\$		" "	\$ 58 00
	" "	\$		" "	\$ 25 00
	" "	\$		" "	\$ 4 00
	" "	\$		" "	\$ 13 00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

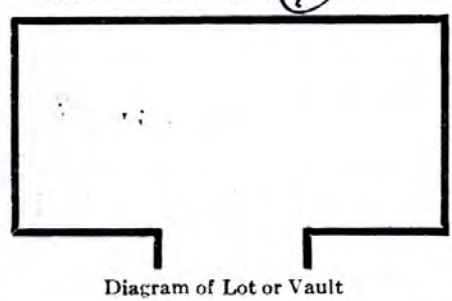
Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors.)
 maturity at the rate of _____ % per annum. _____ days from date. Interest to accrue from _____
 Signed _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1252 Yearly No. 76 Date Mar 2 1940
 Name of Deceased Edward J. Callahan (Single — Married — Divorced) W. Pgh Pa (What Place) (Where Born)
 Residence of Deceased 1001 Forge St. Husband—Wife—Widow—Elizabeth DeVane
 or of

Charge to
 Address
 Order given by Richard Callahan (or informant)
 How Secured H. 25th Brandon Rd.
 Occupation of Deceased Retired Machinist
 Name of Employer Steel Mill
 Address
 Date of Death 3-2-40 (Date) (Hour)
 Date of Birth 11-19-1862 (Date) (Hour)
 Age 77 3 12 (Years) (Months) (Days)
 Date of Funeral 3-6-40 10 A. (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 Auricular fibulation
 Contributory Causes Atherosclerosis & Myocard
 Certifying Physician P. J. Neumy (or Coroner)
 His Address
 Name of Father John Callahan
 His Birthplace Ireland
 Maiden Name of Mother Annora M. Laughlin
 Her Birthplace Pgh Pa
 Motor Ship } Remains to
 Size and Style of Casket (State Color)

Complete Funeral	\$	381
Casket	270	
Outside Box		
Burial Vault (State Kind)		
Embalming Body (State Kind)	25	
Lady Attendant (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ (State Color)	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		10
Autos to R. R. Station @ \$		50
Getting Remains from		
Taking Remains to <u>D.O.B.</u>		12
Trip to Coroner's Inquest		
Delivering Box to <u>Blanket</u>		8
Deliver Flowers to		50
Removal Charges		
Procuring Burial Permit (State Number and District)		
— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in Papers ?		
Flowers, \$ (Names of Newspapers)	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	15.00
Opening of Grave or Tomb		36.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	397.00
Less	\$	
Balance	\$	
<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> EDW. J. MCAVOY PAID <u>4-5-40</u> PAID Per <u>E. J. M.</u> </div>		
Entered into Ledger, page or below.		



Interment at Calvary { Cemetery }
 Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

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

RECORD OF FUNERAL

Total No. 1253 Yearly No. 17 Date May 5 1940
 Name of Deceased Rose Satona (Single Married Divorced) (What Race) (Where Born) W. Italy
 Residence of Deceased 1510 Colwell Husband—Wife—Widow Widow of Italy 3.12

Charge to
 Address
 Order given by Leo Satona (or informant)
 How Secured 7 months
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death 3-5-40 (Date) (Hour)
 Date of Birth May (Date) (Hour)
 Age 53 (1939) (Years) (Months) (Days)
 Date of Funeral 3-8-40 (Date) (Day of Week) (Hour) M.
 Services at St. Peter
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State (or U. S. or City of County) (Years) (Months)
 Place of Death 1510 Colwell
 Cause of Death acute coronary heart D.
 Contributory Causes
 Certifying Physician J. M. Carthy (or Coroner)
 His Address 2016 5th ave
 Name of Father Ross Mitchell
 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	\$ 265.00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	58.00
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 336.00
Less	
Balance	
Entered into Ledger, page or below.	

Manufactured by Galvany
 Interment at Galvany { Cemetery Crematory
 Lot No. 3
 Grave No. 80
 Section No. 14
 Owner



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed
 Witness Address

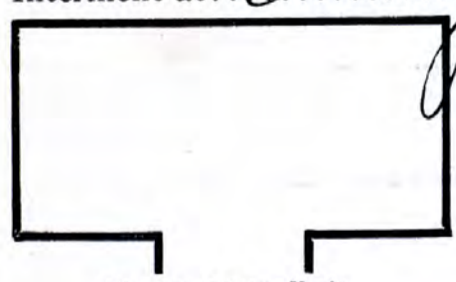
RECORD OF FUNERAL

Total No. 1254 Yearly No. 18 Date Mar 6 1940
 Name of Deceased Annie Killestone (Single — Married — Divorced) W. Germany (What Race) (Where Born)
 Residence of Deceased 3333 5th Ave Husband—Wife—Widow— } 200
 Charge to Sister M. Franais or..... of }

Address St. Pauls Cathedral
 Order given by Sister M. Adelaide (or informant)
 How Secured Mercy Hosp.
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death 3-6-40 (Date) (Hour)
 Date of Birth.....
 Age att. 74 (Years) (Months) (Days)
 Date of Funeral 3-9-40 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 arterial sclerosis
 Contributory Causes.....
 Certifying Physician W.W. McClachlan (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..... (State Color)

Complete Funeral	\$ <u>150 00</u>
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
— Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in..... Papers	<u>2 40</u>
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ <u>205 40</u>
Less..... Per.....	
Balance	\$

EDW. J. MCAVOY
2-19-40
EJM



Interment at Calvary { Cemetery }
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1255 Yearly No. 19 Date Mar 7 1940

Name of Deceased Steven Macken (Single Married - Divorced) W (What Race) Ireland (Where Born)

Residence of Deceased 1311 Watson Husband—Wife—Widow— }
or of }

Charge to Heinlock 1945
Address John P Macken
Order given by John P Macken
How Secured 45 W. Williams St.
Occupation of Deceased Retired gh #10

Name of Employer
Address
Date of Death Mar 7 - 40 (Date) (Hour)

Date of Birth
Age 65 (Years) (Months) (Days)
Date of Funeral Mar 11 (Date) (Day of Week) 9 A.M. (Hour)

Services at Epiphany
Clergyman
His Address Cath
Religion of the Deceased Cath

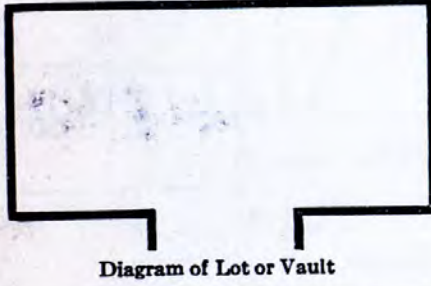
Resided in the State (or U. S. or City or County) (Years) (Months)
Place of Death Mayview
Cause of Death Cerebral Thrombosis

Contributory Causes
Certifying Physician (or Coroner)
His Address Mayview Hosp
Name of Father Ireland

His Birthplace Ireland
Maiden Name of Mother
Her Birthplace Ireland
Motor } Remains to
Ship }

Size and Style of Casket (State Color)
Manufactured by Galway
Interment at Galway { Cemetery
Crematory

Lot No.
Grave No.
Section No.
Owner



Complete Funeral	\$ 150.00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	12.00
Suit or Dress \$ (State Color)	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery <u>2</u> @ \$ <u>?</u>	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	53.00
Cremation	
line Death Notices in Papers	
(Names of Newspapers)	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 225.00
Less	
Balance	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1256 Yearly No. 20 Date Mar 13 1940
 Name of Deceased Louis J. Panella (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1999 Broadway Husband—Wife—Widow— or..... of Elizabeth

Charge to.....
 Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Musician
 Name of Employer.....
 Address.....
 Date of Death Mar 13-40 (Date) (Hour)
 Date of Birth Aug 28 1882 (Date) (Hour)
 Age 57 (Years) 6 (Months) 15 (Days)
 Date of Funeral 3-16-40 (Date) (Day of Week) 10A. (Hour) M.
 Services at St Catherine's
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (Years) (Months)
 Place of Death 1999 Broadway (City or County)
 Cause of Death Coronary Occlusion
 Contributory Causes.....
 Certifying Physician Dr. Bartlett (or Coroner)
 His Address.....
 Name of Father Joseph Panella
 His Birthplace Italy
 Maiden Name of Mother Mary Louise
 Her Birthplace N.Y. California
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery Crematory

Complete Funeral	\$ 1080 00 ✓
Casket	850 00
Outside Box	
Burial Vault	75 00
Embalming Body	25 00
Lady Attendant	
Barber, \$	5 50
Hair Dressing, \$	
Dressing Body, \$	
Shirt Underwear, \$	
Suit or Dress \$	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	14 00
Ambulance, \$	
Limousines to Cemetery <u>3</u> @ \$	42 00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Matting at</u>	
Trip to Coroner's Inquest <u>Expense</u>	
Delivering Box to	
Deliver Flowers to <u>1 cart</u>	
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, \$	
Use of Chapel, \$	
Personal Service <u>Chap</u>	25 00
Gross Total for Sales Tax	
Outlay for Lot <u>Blanket</u>	10 50
Cremation	
_____ line Death Notices in <u>3</u> Papers	18 53
<u>Door badge</u> (Names of Newspapers)	12 00
Flowers, \$	20 00
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb <u>Com ch</u>	46 00
Lining Grave, \$	
Lowering Device, \$	
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	
Sales Tax <u>April 4, 1940</u>	
Total Footing of Bill	\$ 1139 53
Less <u>Per E. J. M.</u>	
Balance	



Diagram of Lot or Vault Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1257 Yearly No. 71 Date May 22 1940

Name of Deceased Sadie C. Gannon (Single - Married - Divorced) (What Race) (When Born)

Residence of Deceased 116 Milttenbeyer Husband - Wife - Widow John or of

Charge to Complete Funeral \$ 530

Address Casket

Order given by Margaret Gannon (or informant) Outside Box (State Kind) 100

How Secured Burial Vault (State Kind)

Occupation of Deceased Housewife Embalming Body (Name of Embalmer)

Name of Employer Lady Attendant

Address Barber, \$ Hair Dressing, \$ 21.75

Date of Death 3-22-40 (Date) (Hour) Dressing Body, \$ Underwear, \$

Date of Birth 12-27-1888 (Date) (Hour) Suit or Dress \$ Slippers \$ Hose \$

Age 51-2-25 (Years) (Months) (Days) Folding Chairs, \$ Tarpaulin, \$

Date of Funeral 3-26-40 10 M. (Date) (Day of Week) (Hour) Candelabrum, \$ Candles, \$

Services at Eggenhang Door Spray, \$ Gloves, \$

Clergyman Eggenhang Funeral Car, \$ Ambulance, \$

His Address Limousines to Cemetery @ \$

Religion of the Deceased Cath. Autos to R. R. Station @ \$

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

Place of Death 116 Milttenbeyer Trip to Coroner's Inquest

Cause of Death Delivering Box to

Contributory Causes Deliver Flowers to

Certifying Physician Barnett (or Coroner) Removal Charges

His Address 5th ave Procuring Burial Permit (State Number and District)

Name of Father John Splane Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

His Birthplace Ireland Pall Bearer Service, \$ Use of Chapel, \$

Maiden Name of Mother Sarah Tethering Personal Service

Her Birthplace England Gross Total for Sales Tax \$

Motor Ship } Remains to Cremation 168-594 Outlay for Lot

Size and Style of Casket (State Color) line Death Notices in Papers 13 56

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

Interment at Calvary { Cemetery Crematory Rental of Tent, \$ of Temporary Vault, \$

Lot No. Opening of Grave or Tomb 36 00

Grave No. Lining Grave, \$ Lowering Device, \$

Section No. Outlay for Shipping Charges

Owner Clergyman, \$ Singers, \$ Organist, \$ 25

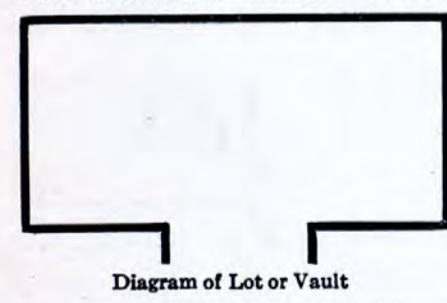
Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Complete Funeral	\$ 530
Casket	
Outside Box	
Burial Vault	100
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	168-594
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	4-11-40
Total Footing of Bill	\$ 726 31
Less	
Balance	\$ 694



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

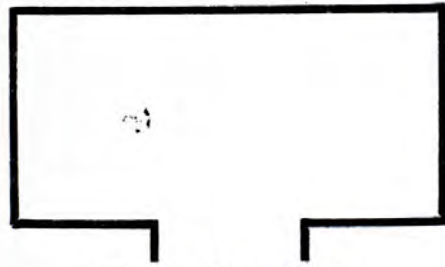
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1258 Yearly No. 22 Date May 26 1940
 Name of Deceased James Griffin (Single - Married - Divorced) (What Race) (Where Born) Pgh.
 Residence of Deceased 2113 Franklin Husband—Wife—Widow— }
 Charge to or of }

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Clerk
 Name of Employer
 Address
 Date of Death May 26 - 40 (Date) (Hour)
 Date of Birth
 Age (Years) (Months) (Days)
 Date of Funeral May 29 - 40 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 Mayview
 Cause of Death T.B. of Lungs
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address
 Name of Father John Griffin
 His Birthplace
 Maiden Name of Mother Catherine Bradley
 Her Birthplace
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by Calvary
 Interment at { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 375.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
	12.00
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	2 Papers 4
	9.24
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
	36.00
Lining Grave, \$	Lowering Device, \$
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 Undertakers Charges	
Sales Tax	
Total Footing of Bill	\$ 432.24
Less	\$ 40.00
Per <u>Edw. J. McAvoy</u> Balance	\$
Entered into Ledger, page	..... or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address


RECORD OF FUNERAL

Total No. 1259 Yearly No. 23 Date April 1 1940
 Name of Deceased Maria A Baughamer (Single - Married - Divorced) W. (What Race) Pa (Where Born)
 Residence of Deceased 537 Arnewood Ave Husband - Wife - Widow - Henry
 Charge to Walter A Moloney or..... of

Address same
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death April - 40 (Date) (Hour)
 Date of Birth Jan 3 1856 (Date) (Hour)
 Age 84 2 28 (Years) (Months) (Days)
 Date of Funeral 4 - 5 - 40 (Date) (Day of Week) (Hour) A.M.
 Services at Altma Pa

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 Chr. Myocarditis
 Contributory Causes Fracture of hip falling from chair
 Certifying Physician D. Henry (or Coroner)
 His Address.....
 Name of Father George Mc Guinness
 His Birthplace.....
 Maiden Name of Mother Unknown
 Her Birthplace.....
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)
 Manufactured by P. R. R.
 Interment at Altma Pa { Cemetery
 Crematory

Complete Funeral	\$ <u>200</u>
Casket <u>J. Case</u>	<u>180</u>
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... (Name of Embalmer)	<u>25 00</u>
Lady Attendant.....	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	<u>4 00</u>
Suit or Dress \$..... Slippers \$..... Hose \$.....	<u>9 50</u>
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	<u>10 00</u>
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver 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, \$..... Use of Chapel, \$.....	
Personal Service.....	
Gross Total for Sales Tax..... \$	
Outlay for Lot.....	
Cremation.....	
..... line Death Notices in..... Papers	
..... (Names of Newspapers)	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Lowering Device, \$.....	
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.....	
Sales Tax.....	
Total Footing of Bill.....	<u>228 50</u>
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....	<u>AP 13</u>	By Payment.....	\$ <u>35 00</u>
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1260 Yearly No. 24 Date April 3 1940
 Name of Deceased Alison Aronick (Single Married Divorced) Poland (What Race) (Where Born)
 Residence of Deceased 1308 Gibbons St. Husband—Wife—Widow—Single
 Charge to Public Assistance or..... of

Address.....
 Order given by Lucretia D. Suggallo (or informant)
 How Secured.....
 Occupation of Deceased Labr.
 Name of Employer.....
 Address.....
 Date of Death April 3-40 (Date) (Hour)
 Date of Birth.....
 Age Att 48 (Years) (Months) (Days)
 Date of Funeral April 6-40 (Date) (Day of Week) 10A. M. (Hour)
 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 1308 Gibbons
 Cause of Death Hanging (Strangulation)
 Contributory Causes.....
 Certifying Physician P. J. Henney (or Coroner)
 His Address Mague
 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

Complete Funeral	\$	
Casket		40 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	15 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	10 00
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
.....line Death Notices in	Papers	
Flowers, \$	Palms, \$	
	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		20 00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		\$ 95 00
Less		
Ch# 635624	Balance	
Entered into Ledger, page..... or below.		

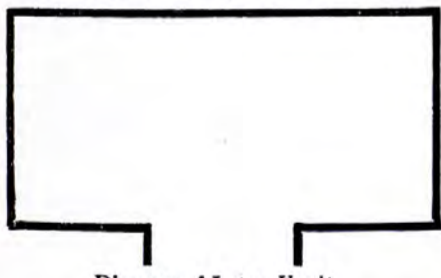


Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....

RECORD OF FUNERAL

Total No. 1261 Yearly No. 25 Date April 3 1940
 Name of Deceased Margaret Conant (Single—Married—Divorced) W (What Race) Statenville (Where Born)
 Residence of Deceased 110 East St Husband—Wife—Widow—James W. 450.
 Charge to Mrs L. Macpherson or..... of.....
 Address 2000 Broadway
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death April 3-40 (Date) (Hour)
 Date of Birth.....
 Age 89 (Years) (Months) (Days)
 Date of Funeral April 6-40 (Date) (Day of Week) 2:30 (Hour) 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 Mercy Hosp
 Cause of Death Hypertensive Heart Disease of General Arterio Sclerosis
 Contributory Causes.....
 Certifying Physician J. P. Larrison (or Coroner)
 His Address Mercy Hosp
 Name of Father Morris Larrison
 His Birthplace Ireland
 Maiden Name of Mother Mary Howard
 Her Birthplace Ireland
 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	\$ 265 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind) 100 00
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$ 20 00
(State Color)	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation <u>Blanket</u>	12 00
line Death Notices in	9 90
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	32 00
Lining Grave, \$	Lowering Device, \$
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>Pall Bearers</u>	24 00
Sales Tax	
Total Printing of Bill 1941	\$ 472 90
Less <u>May 31, 1941</u>	\$
Balance	\$
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

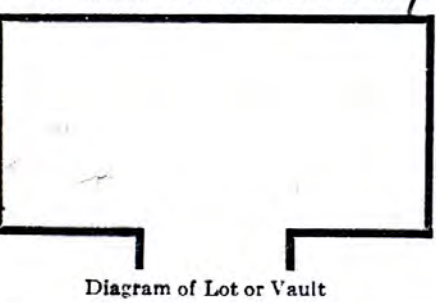
RECORD OF FUNERAL

Total No. 1262 Yearly No. 26 Date April 7 1940
 Name of Deceased Eva Abdulla (Single - Married - Divorced) (What Race) Syria (Where Born)
 Residence of Deceased 8 Gilmore Husband—Wife—Widow—Widow
 Charge to David of 605
 Address 8 Gilmore

Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Address _____
 Date of Death Apr. 7-40
 Date of Birth July 15 1900 April 5 1901
 Age 39 (Years) 0 (Months) 2 (Days)
 Date of Funeral H - 40 (Date) (Day of Week) (Hour) M.
 Services at St Anna
 Clergyman _____
 His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (Years) (Months)
 Place of Death St Francis
 Cause of Death Cardio Vasular collapse

Contributory Causes _____
 Certifying Physician Dr. Baedon (or Coroner)
 His Address St Francis
 Name of Father John Coury
 His Birthplace Syria
 Maiden Name of Mother Rose
 Her Birthplace Syria
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____ (State Color)

Manufactured by _____
 Interment at St Marys Cemetery
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____



Complete Funeral	\$ 570.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation <u>Blanket</u>	10.00
line Death Notices in _____ Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	46.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 629.00
Less	
Balance	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1263 Yearly No. 27 Date April 9 1940
 Name of Deceased Jessie Sandorbeck (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 808 2nd ave Husband—Wife—Widow—
 Charge to Mrs. Helen Canroy or..... of

Address 808 2nd ave
 Order given by.....
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....

Date of Death 4-9-40 (Date) (Hour)
 Date of Birth.....
 Age 69 (Years) (Months) (Days)
 Date of Funeral 4-12-40 (Date) (Day of Week) (Hour) 9 AM
 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 Cerebral Hemorrhage

Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Mayview
 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
 Diagram of Lot or Vault
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 265.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	58.00
Cremation	
line Death Notices in	2.40
Papers	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 347.40
Less	
Per Balance	
Entered into Ledger, page	

EDW. J. MCAVOY
PAID
 April 26, 1940

Date	Amount Paid	Balance	Date	Amount Paid	Balance
5-23-40	To Above Balance \$ 250.00			To Balance Forward	
2-25-43	By Payment \$ 4.00		Sept 8	By Payment \$ 3.00	
March	" " \$ 7.00		" 20	" " \$ 4.00	
April	" " \$ 7.00		Oct 5	" " \$ 3.00	
May	" " \$ 7.00		Nov 8	" " \$ 4.00	
June	" " \$ 7.00		Nov 30	" " \$ 7.00	
July	" " \$ 7.00		Dec 20	" " \$ 4.00	
Aug	" " \$ 7.00				

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1264 Yearly No. 28 Date April 21 1940
 Name of Deceased Augustina Arigo (Single - Married - Divorced) W. Italy (What Race) (Where Born)
 Residence of Deceased 1903 Forbes St. Husband—Wife—Widow—Thomas or..... of 610.

Charge to Thomas Arigo
 Address.....
 Order given by Samuel Arigo (or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death April 21-40 (Date) (Hour)
 Date of Birth Aug 6- (Year) (Month) (Day)
 Age 53 (Years) (Months) (Days)
 Date of Funeral April 24-40 10:15 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 Mercy Hosp.
 Cause of Death Cerebral Hemorrhage
 Contributory Causes.....
 Certifying Physician Dr. M. Linnick (or Coroner)
 His Address Mercy Hosp.
 Name of Father Salvatore Celase
 His Birthplace Italy
 Maiden Name of Mother Salvatore Carlotto
 Her Birthplace Italy
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Complete Funeral	\$ 530.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Shoe or Dress \$	Slippers \$
Folding Chairs, \$	Tarps, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	\$
Total Footing of Bill	\$ 638.00
Less	\$
Balance	\$

Manufactured by Calvary
 Interment at Calvary Cemetery Crematory
 Lot No. 104
 Row No. 3
 Section No. 14
 Owned by Thomas Arigo



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1265 Yearly No. 29 Date Apr 22 1940
 Name of Deceased George Cooke (Single - Married - Divorced) (What Race) W. (Where Born) U.S.A.
 Residence of Deceased 214 Blvd Allie Husband—Wife—Widow—Single
 Charge to Public Assistance or of
 Address
 Order given by Harold Weyant (or Informant)
 How Secured 214 Blvd Allie
 Occupation of Deceased
 Name of Employer
 Address
 Date of Death Apr 22 - 40 (Date) (Hour)
 Date of Birth Oct 63 (Years) (Months) (Days)
 Age
 Date of Funeral 4 - 26 - 40 (Date) (Day of Week) (Hour) M.
 Services at
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State
 Place of Death Allegheny Gen Hosp (U. S. or City or County) (Years) (Months)
 Cause of Death Pneumonia T. D.
 Contributory Causes
 Certifying Physician W. E. Goodpastor (or Coroner)
 His Address Allegheny Gen Hosp
 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		40.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	15.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	10.00
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		25.00
Cremation		
line Death Notices in	Papers	
	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	100.00
Less <u>636.598</u>	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. 1266 Yearly No. 30 Date April 26 1940

Name of Deceased Helen D'essipri (Single - Married - Divorced) (What Race) White (Where Born) Turkey

Residence of Deceased 1150 Brownsville Rd. Husband—Wife—Widow— }
 Charge to Michael D'essipri or of }

Address (Daughter)

Order given by Mrs. Elli D. Gregory (Informant)

How Secured 1105 Brownsville Rd.

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Apr. 26 - 40 (Date) (Hour)

Date of Birth Apr. 10 1865 (Date) (Hour)

Age 75 - 16 (Years) (Months) (Days)

Date of Funeral Apr. 40 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman

His Address

Religion of the Deceased Greek - Orth.

Resided in the State

Place of Death 1150 Brownsville Rd. (or U.S. or City or County) (Years) (Months)

Cause of Death Cardio - Renal Vascular Disease

Contributory Causes

Certifying Physician R. J. Hervey (or Coroner)

His Address Morgan

Name of Father John D'essipri

His Birthplace Turkey

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size and Style of Casket

Manufactured by

Interment at St. Nicholas Cemetery
Wilkinsburg Pa. Crematory

Lot No.
 Grave No.
 Section No.
 Owner

Diagram of Lot or Vault

Complete Funeral	\$ <u>130.</u>
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in	Papers
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ <u>130 00</u>
Less	\$
Balance	\$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. 1267 Yearly No. 31 Date April 29 19 40

Name of Deceased Louis Melcher (Single - Married - Divorced) W.P. (What Race) Pa (Where Born)

Residence of Deceased 7228 Travella Blvd. Husband - Wife - Widow - }
Charge to Estate of Louis Melcher Trust Co. of Md. of }

Address Wellsburg W Va

Order given by Frank Melcher (or informant)

How Secured St George Home

Occupation of Deceased Retired Painter

Name of Employer P.R.R.

Address

Date of Death Apr 29 - 40 (Date) (Hour)

Date of Birth Mar 12 1874 (Date) (Hour)

Age 65 (Years) 5 (Months) 17 (Days)

Date of Funeral 5 - 3 - 40 (Date) (Day of Week) (Hour) 9A M.

Services at Boys Christie

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State

Place of Death Pittsburgh Pa. (City or County) (Years) (Months)

Cause of Death Chr Myocarditis

Contributory Causes Chr Nephritis Pulm. Edema

Certifying Physician A.P. D. Imura (Physician)

His Address Pittsburgh Wasp

Name of Father Leopold Melcher

His Birthplace Germany

Maiden Name of Mother Veronica Schwartz

Her Birthplace Germany

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at St. Carmel Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket		<u>200 00</u>
Outside Box		
Burial Vault		
Embalming Body		<u>25 00</u>
Lady Attendant		
Barber, \$		
Dressing Body, \$		
Suit or Dress \$		<u>22 50</u>
Folding Chairs, \$		<u>3 50</u>
Candelabrum, \$		<u>3 00</u>
Door Spray, \$		<u>3 00</u>
Funeral Car, \$		<u>14 00</u>
Limousines to Cemetery		<u>21 00</u>
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		<u>33 00</u>
Cremation		<u>11 88</u>
line Death Notices in		
Flowers, \$		<u>15 00</u>
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		<u>10 00</u>
Railroad or Motor } Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	<u>361 88</u>
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

RECORD OF FUNERAL

Total No. 1268 Yearly No. 32 Date May 10 1940
 Name of Deceased Annie Wabby (Single - Married - Divorced) W. Lebannon Syria (What Race) (Where Born)
 Residence of Deceased 1600 Cliff St. Husband—Wife—Widow— Chas or..... of }
 Charge to Base Burgundy
 Address Bedford Millings
 Order given by Mary Jacob (Daughter)
 How Secured 21 Street St.
 Occupation of Deceased Ret.
 Name of Employer.....
 Address.....
 Date of Death May 10 - 40 (Date) (Hour)
 Date of Birth July 15 1861 (Date) (Hour)
 Age 78 (Years) 9 (Months) 25 (Days)
 Date of Funeral May 13 - 40 (Date) (Day of Week) (Hour) 9 A. M.
 Services at St. Anna
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 1600 Cliff St.
 Cause of Death Cerebral Hemorrhage
 Contributory Causes.....
 Certifying Physician P. J. Henry (or Coroner)
 His Address St. Morgan
 Name of Father.....
 His Birthplace Lebanon Syria
 Maiden Name of Mother Betroul Antonise
 Her Birthplace Lebanon Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by Calvary
 Interment at Calvary { Cemetery }
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 370
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$	
Rental of Tent, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 401 50
Less	
Balance	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	80 00		To Balance Forward	
<u>Sept 21, 40</u>	By Payment	277 50		By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Witness..... Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1269 Yearly No. 33 Date May 15 1940
 Name of Deceased Adele DeLuca (Single Married Divorced) (What Race) (Where Born) W. J. Italy
 Residence of Deceased 929 Bedford Husband—Wife—Widow—Widow or of Cesar 420

Charge to
 Address
 Order given by Salvatore DeLuca (or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death May 15-40 (Date) (Hour)
 Date of Birth Aug 10 1875 (Date) (Hour)
 Age 64 8 5 (Years) (Months) (Days)
 Date of Funeral 5-18-40 (Date) (Day of Week) (Hour) 10AM
 Services at St. Petrus
 Clergyman

His Address
 Religion of the Deceased Cath.
 Resided in the State (or H. S. or City or County) (Years) (Months)
 Place of Death 929 Bedford
 Cause of Death Chr. myocarditis
 Contributory Causes
 Certifying Physician P. J. Henney (or Coroner)
 His Address Morgan
 Name of Father Fred Galli
 His Birthplace Italy
 Maiden Name of Mother Styulia Genes
 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	\$	415.00
Casket		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body (Name of Embalmer)		
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	4.00
Suit or Dress \$ (State Color)	Slippers \$	13.00
Hose \$		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
... line Death Notices in ... Papers (Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		18.00
Lining Grave, \$	Lowering Device, \$	
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>C. Transcript</u>		1.50
Sales Tax		
Total Footing of Bill	\$	451.50
Less <u>6/8/40 Paid</u>	\$	
Balance	\$	
Entered into Ledger page ... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from
 maturity at the rate of ... % per annum.
 Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1270 Yearly No. 34 Date May 17 1940
 Name of Deceased Phillip Muscarella (Single - Married - Divorced) (What Race) (Where Born) Italy
 Residence of Deceased 60 Van Braam Husband—Wife—Widow—Catherine 500
 Charge to of Langello

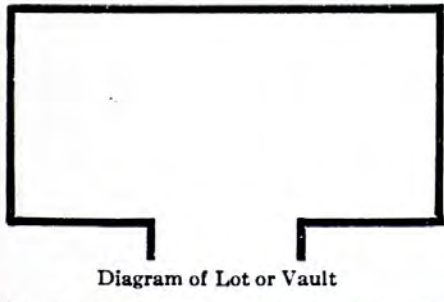
Address
 Order given Catherine Muscarella (or informant)
 How Secured 60 Van Braam
 Occupation of Deceased Student
 Name of Employer

Address
 Date of Death May 17 - 40 (Date) (Hour)
 Date of Birth May 5 1883 (Date) (Hour)
 Age 57 0 12 (Years) (Months) (Days)
 Date of Funeral May 20 - 40 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 Mercy Hosp
 Cause of Death L. Pneumonia

Contributory Causes
 Certifying Physician W. W. Mackshaw (or Coroner)
 His Address Mercy
 Name of Father Vincent Muscarella
 His Birthplace Italy
 Maiden Name of Mother Carmella Aelli
 Her Birthplace Italy
 Motor } Remains to
 Ship }

Size and Style of Casket (State Color)
 Manufactured by Calway
 Interment at Calway { Cemetery
 Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral \$ 450.00
 Casket
 Outside Box
 Burial Vault (State Kind)
 Embalming Body (State Kind)
 Lady Attendant (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$ Slippers \$ Hose \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver 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, \$ Use of Chapel, \$
 Personal Service

Gross Total for Sales Tax \$
 Outlay for Lot \$ 58.00
 Cremation
 line Death Notices in Papers
 (Names of Newspapers)
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 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

Sales Tax Certified 1940 \$ 3.00
 Total Posting of Bill \$ 530
 Less \$
 Balance \$
 Entered into Ledger, page of below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1271 Yearly No. 35 Date May 25 1940
 Name of Deceased Marys (Gis) Constantine (Single - Married - Divorced) W. J. Constantine (What Race) Syria (Where Born)
 Residence of Deceased Chicago, Ill. Husband—Wife—Widow—Ann or..... of

Charge to.....
 Address.....
 Order given by C. J. Constantine (for Informant)
 How Secured 2161 Webster
 Occupation of Deceased Paper Hanger
 Name of Employer.....
 Address.....
 Date of Death May 25-40 (Date) (Hour)
 Date of Birth 6-17-1899 (Date) (Hour)
 Age 40 (Years) 11 (Months) 8 (Days)
 Date of Funeral 5-28-40 (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 Mayview
 Cause of Death Multi Myeloma
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Mayview
 Name of Father James
 His Birthplace Syria
 Maiden Name of Mother Latifa
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by Calway
 Interment at Calway { Cemetery Crematory

Complete Funeral	\$ 2.45 ⁰⁰
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	1.00
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$



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

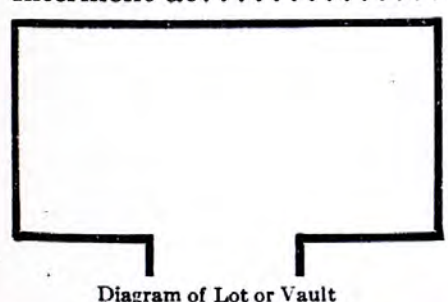
Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>July 12/40</u>	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$ 250 00	By Payment	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1272 Yearly No. 36 Date May 29 1940
 Name of Deceased John S. Bennet (Single - Married - Divorced) W. Pa. (What Race) (Where Born)
 Residence of Deceased 309 Collins ave Husband - Wife - Widow Divorced Ella Henry
 Charge to Paperhanger Union
 Address Local 282 Pgh Pa
 Order given by C. B. Britcher (or Informant)
 How Secured 222 Federal St.
 Occupation of Deceased Paper Hanger
 Name of Employer
 Address
 Date of Death May 29 - 40 (Date) (Hour)
 Date of Birth Oct 13 - 1875 (Date) (Hour)
 Age 64 (Years) 7 (Months) 16 (Days)
 Date of Funeral 6-1-40 (Date) (Day of Week) (Hour) M.
 Services at Newtown Pa
 Clergyman
 His Address
 Religion of the Deceased Prot.
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death 309 Collins ave
 Cause of Death Coronary occlusion
 Contributory Causes
 Certifying Physician J. Henry (or Coroner)
 His Address My Ave
 Name of Father John Bennet
 His Birthplace Pa
 Maiden Name of Mother Barbara Snyder
 Her Birthplace Pa
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at { Cemetery } Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$
Casket	370 00
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	2 70
Flowers, \$ (Names of Newspapers)	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	11 80
Cash Advanced	
Out of town Undertaker's Charges	
<u>Claw & Stuck</u>	
<u>McCallisterville Pa</u>	
Sales Tax	
Total Footing of Bill	\$ 384 50
Less	\$
Balance	\$
Entered into Ledger page or below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$	Aug 19, 1940		\$
	By Payment	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of % per annum.

Signed Address

Witness

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

RECORD OF FUNERAL

Total No. 1273 Yearly No. 37 Date June 20 1940

Name of Deceased Eva Veronica Bird (Single - Married - Divorced) W. (What Race) New Jersey (Where Born)

Residence of Deceased 24 Vine St. Husband - Wife - Widow - Joseph J. or of 400

Charge to Joseph J.

Address Joseph J.

Order given by Joseph J. (or informant)

How Secured Housewife

Occupation of Deceased Housewife

Name of Employer Housewife

Address Housewife

Date of Death June 20 40 (Date) (Hour)

Date of Birth Jan 4 1898 (Date) (Hour)

Age 42 5 16 (Years) (Months) (Days)

Date of Funeral June 24 9 30 (Date) (Day of Week) (Hour)

Services at St. Peter's

Clergyman St. Peter's

His Address St. Peter's

Religion of the Deceased Catholic

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

Place of Death Mary Hop

Cause of Death Cerebral Hemorrhage

Contributory Causes Cerebral Hemorrhage

Certifying Physician W. J. Pether (or Coroner)

His Address Mary Hop

Name of Father Mary Hop

His Birthplace Mary Hop

Maiden Name of Mother Mary Hop

Her Birthplace Mary Hop

Motor } Remains to Mary Hop
Ship }

Size and Style of Casket Mary Hop (State Color)

Manufactured by Calvary

Interment at Calvary { Cemetery Crematory

Lot No. Calvary

Grave No. Calvary

Section No. Calvary

Owner Calvary

Diagram of Lot or Vault Calvary

Complete Funeral	\$	
Casket		275
Outside Box	(State Kind)	
Burial Vault	(State Kind)	20
Embalming Body	(Name of Embalmer)	25
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin	3.50
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14.50
Limousines to Cemetery	@ \$	10.50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	8.00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to	<u>1</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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		36.24
Cremation	<u>2 P X - T 2 (21+23)</u>	
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		30
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		432.24
Less		
Balance		
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Calvary Names of Lodges Calvary Insurance Companies Calvary

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to Calvary (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within Calvary days from date. Interest to accrue from maturity at the rate of Calvary % per annum.

Witness Calvary Signed Calvary Address Calvary

RECORD OF FUNERAL

Total No. 1274 Yearly No. 38 Date June 23 1940
 Name of Deceased Michael T. Byrne (Single - Married - Divorced) W. (What Race) Pa (Where Born)
 Residence of Deceased H 3 Duwiddie Husband—Wife—Widow—Single or..... of.....

Charge to.....
 Address.....
 Order given by W. R. Ahern
 How Secured H 716 Ellsworth Ave
 Occupation of Deceased Unemployed
 Name of Employer.....

Date of Death June 23 - 40 (Date) (Hour)
 Date of Birth Oct 6 5 (Years) (Months) (Days)
 Date of Funeral 6-26-40 (Date) (Day of Week) (Hour) 9 A.M.
 Services at St. Mary's
 Clergyman.....

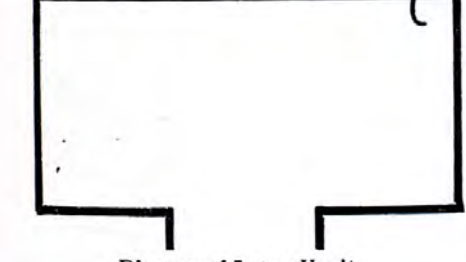
His Address.....
 Religion of the Deceased Cath.
 Resided in the State..... (or U. S., or City or County) (Years) (Months)

Place of Death On arrival at Passavant
 Cause of Death Shock & hemorrhage following fracture of base of skull
 Contributory Causes.....
 Certifying Physician A. J. Tierney (or Coroner)

His Address.....
 Name of Father Edward Byrne
 His Birthplace Ireland
 Maiden Name of Mother Catherine Murphy
 Her Birthplace Ireland

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	\$ 480
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 3 Papers 1 Time	6.93
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	31.00
Lining Grave, \$	Lowering Device, \$
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	

Sales Tax	\$
Total Footing of Bill	\$ 556.93
Less	\$
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....

RECORD OF FUNERAL

Total No. 1275 Yearly No. 39 Date July 1 1940

Name of Deceased Lydia M. Graw (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1827 5th Ave Husband - Wife - Widow - Anthony or of

Charge to Catherine Complete Funeral \$ 285 00

Address 211 2nd St. Casket Outside Box (State Kind)

Order given by Mrs George Fischer Jr. Burial Vault (State Kind)

How Secured S. W. B. P. D. 29 Embalming Body (Name of Embalmer)

Occupation of Deceased Housewife Lady Attendant

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

Address Date of Death July 1 - 40 (Date) (Hour) Suit or Dress \$ Slippers \$ Hose \$

Date of Birth Jan 7 - 1861 (Date) (Hour) Folding Chairs, \$ Tarpaulin, \$

Age 79 (Years) 5 (Months) 24 (Days) Door Spray, \$ Gloves, \$

Date of Funeral July 3 (Date) 20 (Day of Week) (Hour) M. Funeral Car, \$ Ambulance, \$

Services at St. Joseph's Limousines to Cemetery @ \$ Autos to R. R. Station @ \$

Clergyman Rev. Kaufman Getting Remains from Taking Remains to

His Address 5721 Linden St Trip to Coroner's Inquest Delivering Box to

Religion of the Deceased Prot. Deliver Flowers to Removal Charges

Resided in the State (or U. S. or City or County) (Years) (Months) Procuring Burial Permit (State Number and District)

Place of Death Pasadena Ariz. Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Cause of Death Arterio Sclerosis Pall Bearer Service, \$ Use of Chapel, \$

Contributory Causes Arterio Sclerosis Personal Service

Certifying Physician J. H. Alexander Gross Total for Sales Tax \$

His Address Pasadena Ariz. Outlay for Lot \$ 65 00

Name of Father M. Graw Cremation 2 Papers 1 X Post-Press \$ 5 28

His Birthplace Ill. Flowers, \$ Palms, \$ Matting, \$ 10 00

Maiden Name of Mother M. Graw Rental of Tent, \$ of Temporary Vault, \$

Her Birthplace Ill. Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$

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

Manufactured by Cash Advanced EDW. J. MCAYOY

Interment at Allegheny Cemetery Crematory Out of town Undertaker's Charges

Lot No. Grave No. Section No. Owner

Diagram of Lot or Vault Sales Tax Total Footing of Bill \$ 379 03 Less \$ 1 00 Balance \$ 380 03

Entered into Ledger, page 14 or below 94 20

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>July 20</u>	By Payment <u>Mrs. M. Graw - Check</u>	\$ <u>290.09</u>		By Payment	\$
	<u>Country Com.</u>	\$ <u>75.00</u>		" "	\$
	" "	\$ <u>365.09</u>		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

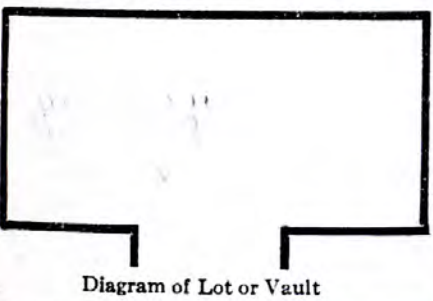
RECORD OF FUNERAL

Total No. 1276 Yearly No. 40 Date July 6 1940
 Name of Deceased Edward Costello (Single - Married - Divorced)
 Residence of Deceased 814 Watson St. (What Race) (Where Born)
 Charge to Walter Costello Husband—Wife—Widow—
 or..... of }

Address.....
 Order given by Walter Costello
 How Secured 3141 Terrace
 Occupation of Deceased laborer
 Name of Employer.....
 Address.....
 Date of Death July 6 1940
 Date of Birth June 21 1880
 Age 58 6 15
 (Years) (Months) (Days)
 Date of Funeral July 9-40 9 A.M.
 (Date) (Day of Week) (Hour)
 Services at St. Paphy
 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 Cardiac Stenosis
 Contributory Causes.....

Certifying Physician.....
 (or Coroner)
 His Address Mayview
 Name of Father Martin Costello
 His Birthplace Ireland
 Maiden Name of Mother Madeleine
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
 (State Color)

Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No. 404
 Grave No. 5
 Section No. M
 Owner William Costello



Complete Funeral	\$ 125
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress \$ (State Color)	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from <u>Mayview</u>	10.00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removing Charges	
Procuring Burial Permit	
____ Certif. Copies of Death Certificates No. (State Number and District)	
____ (State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in..... Papers	
(Names of Newspapers)	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	18
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	10
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 173.00
Less	
Balance	
Entered into Ledger, page..... or below	

EDW. J. MCAVOY
PAID
7-26-40
 Balance

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1277 Yearly No. 41 Date July 16 1940

Name of Deceased Anna Trainor Montague (Single Married Divorced) (What Race) (Where Born)

Residence of Deceased 1030 Gibbs St Husband—Wife—Widow—James P or of

Charge to Anna Thomas

Address

Order given by Anna C Thomas (or informant)

How Secured 1211 Fulton St

Occupation of Deceased Housewife

Name of Employer Sheridan

Address 1211 Fulton St

Date of Death July 16 40 (Date) (Hour)

Date of Birth Aug 15 1899 (Date) (Hour)

Age 40 (Years) 11 (Months) 1 (Days)

Date of Funeral July 20 40 9 M. (Date) (Day of Week) (Hour)

Services at Holy Innocents

Clergyman Sheridan

His Address Fr Ocker

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 T.B. Meningitis

Contributory Causes

Certifying Physician Edmont (or Coroner)

His Address Mercy Hosp

Name of Father James Trainor

His Birthplace Ireland

Maiden Name of Mother Mary Mitchell

Her Birthplace Pgh Pa

Motor } Remains to Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at St Martin Cemetery Crematory

MONTAGUE—On Tuesday, July 16, 1940. Anna Trainor Montague. Funeral from McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 7:45. Requiem high mass at Holy Innocents Church, Sheridan, at 9 o'clock.

Diagram of Lot or Vault

Lot No. 698
Grave No. 2
Section No. E
Owner

Complete Funeral	\$	
Casket		275
Outside Box		20
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	25
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	21.00
Suit or Dress \$	Slippers \$	
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery	@ \$	10.50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to	<u>Blanket</u>	10.00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to	<u>Car</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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
Line Death Notices in	<u>2</u> Papers	7.92
	(Names of Newspapers)	
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		28
Lining Grave, \$	Lowering Device, \$	
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		50
Notary Fee		
Sales Tax		
Total Footing of Bill	\$	441.92
Less	\$	
Balance	\$	
Entered into Ledger, page		or below

EDWARD J. MCAVOY
Funeral Director
Sept 19 1940

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>Aug 1 40</u>	" "	<u>330.00</u>		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

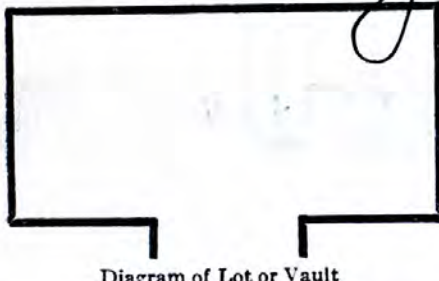
Witness Signed James P Montague
Address 308 Manton St
Pgh Pa

RECORD OF FUNERAL

Total No. 1278 Yearly No. 42 Date July 29 1940
 Name of Deceased Anna A. Bray (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 3803 5th Ave Husband—Wife—Widow—John Bray
 Charge to

Address
 Order given by Mary Lagnese (or informant)
 How Secured M.B. L. Faust St.
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death July 29 - 40 (Date) (Hour)
 Date of Birth
 Age 42 (Years) (Months) (Days)
 Date of Funeral July 31 - 40 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman Rev. Wayne Woods
 His Address Nickson St
 Religion of the Deceased Lutheran
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Passovant
 Cause of Death Stenosis of Mitral Valve
 Contributory Causes
 Certifying Physician Dr. Scherwin (or Coroner) (Signature)
 His Address Passovant
 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 Allegheny { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 175.
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress \$ Slippers \$ Hose \$	14.50
(State Color)	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$ Gloves, \$	
Funeral Car, \$ Ambulance, \$	10.50
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$ Use of Chapel, \$	25
Personal Service	
Gross Total for Sales Tax	\$ 65.00
Outlay for Lot	3.30
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers) Palms, \$ Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Lowering Device, \$	
Outlay for Shipping Charges	5.00
Clergyman, \$ Singers, \$ Organist, \$	
Railroad or Motor } Tickets, \$ Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	50
Sales Tax	198.80
Total Footing of Bill	248.80
Less	240.55
Also 1 sept. Per Balance	8.75
Entered into Ledger, page or below	8.75



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	3180
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

RECORD OF FUNERAL

Total No. 1279 Yearly No. 43 Date Aug 1 1940
 Name of Deceased Guy W. Lohman (Single - Married - Divorced) (What Race) W. (Where Born) Wheeling W. Va.
 Residence of Deceased 1109 Swanhoe Husband—Wife—Widow Mary E. Murray
 Charge to Mrs. Mary Lohman or of

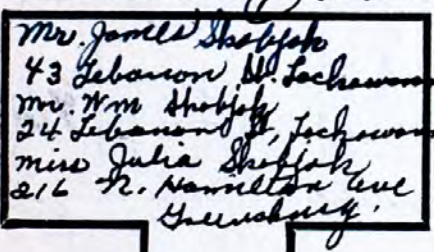
Address 1109 Swanhoe
 Order given by William J. Lohman (or informant)
 How Secured same
 Occupation of Deceased Cabinet maker
 Name of Employer Keystone Lumber Co.
 Address

Date of Death Aug 1 - 40 (Date) (Hour)
 Date of Birth June 24 1886 (Date) (Hour)
 Age 54 (Years) (Months) (Days)
 Date of Funeral Aug 3 - 40 (Date) (Day of Week) (Hour) 9A 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 1109 Swanhoe
 Cause of Death Hemorrhage of throat
 Contributory Causes due to cancer
 Certifying Physician P. J. Henney (or Coroner)
 His Address Madison
 Name of Father James Lohman
 His Birthplace W. Va.
 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. Sec 14
 Grave No. 2008
 Section No. 19
 Owner



Complete Funeral	\$	
Casket		330
Outside Box		20
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blanket</u>		10.00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		

Gross Total for Sales Tax	\$	
Outlay for Lot		71.00
Cremation		
line Death Notices in <u>2</u> Papers <u>#27</u>		9.24
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		50
Sales Tax		50
Total Footing of Bill		496.24
Less		20.25
Balance	\$	475.99

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1280 Yearly No. 44 Date July 31 1940

Name of Deceased Steven Soffab (Single - Married - Divorced) W. Hungary (What Race) (Where Born)

Residence of Deceased 1712 Locust St. Husband—Wife—Widow— }
 Charge to Mrs Elizabeth Reed or..... of }

Address 1712 Locust

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

How Secured.....

Occupation of Deceased Laborer

Name of Employer.....

Address.....

Date of Death July 31 - 40 (Date) (Hour)

Date of Birth.....

Age att 65 (Years) (Months) (Days)

Date of Funeral Aug 3 - 40 10 A (Date) (Day of Week) (Hour) M.

Services at St. Anthony

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 Pneumonia

Contributory Causes.....

Certifying Physician..... (or Coroner)

His Address Mayview

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. Clair Cemetery Greenburg, Pa Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral.....	\$	3.00
Casket.....		1.85
Outside Box.....		2.00
Burial Vault..... (State Kind)		
Embalming Body..... (State Kind)		2.50
Lady Attendant..... (Name of Embalmer)		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$.....		
Suit or Dress \$..... Slippers \$..... Hose \$.....		10.
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		9
Door Spray, \$..... Gloves, \$.....		35
Funeral Car, \$..... Ambulance, \$.....		
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from.....		
Taking Remains to <u>Blauvelt</u>		10
Trip to Coroner's Inquest		
Delivering Box to <u>Mayview</u>		10
Deliver 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, \$..... Use of Chapel, \$.....		
Personal Service.....		
Gross Total for Sales Tax..... \$		
Outlay for Lot.....		
Cremation.....		
..... line Death Notices in <u>2</u> Papers <u>IT</u>		3.96
Flowers, \$..... Palms, \$..... Matting, \$..... (Names of Newspapers)		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Lowering Device, \$.....		
Outlay for Shipping Charges.....		
Clergyman, \$..... Singers, \$..... Organist, \$.....		10
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		2.00
Sales Tax.....		
Total Footing of Bill.....	\$	316.96
Less.....	\$	
Balance.....	\$	

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 281 Yearly No. 45 Date Aug 10 19 40

Name of Deceased George Albert (Single - Married - Divorced) W. J. (What Race) Ohio (Where Born)

Residence of Deceased 16 W Bedford ave Husband - Wife - Widow - } 4.75
or of }

Charge to Andy Albert

Address 16 W Bedford

Order given by (informant)

How Secured

Occupation of Deceased Truck Driver

Name of Employer

Address

Date of Death Aug 10 - 40

Date of Birth July 30 1918 (Hour)

Age 22 (Years) (Months) (Days)

Date of Funeral Aug 13 - 40 12M. (Date) (Day of Week) (Hour)

Services at St. Georges

Clergyman

His Address

Religion of the Deceased Orth. dot.

Resided in the State

Place of Death M. Columbus Pa (for U. S. or City or County) (Years) (Months)

Cause of Death Broken neck from truck wrecking

Contributory Causes

Certifying Physician Edgar W. Macklenlay (or Coroner)

His Address Gov. Fulton Co.

Name of Father Andy Albert

His Birthplace Spain

Maiden Name of Mother Fusie Salem

Her Birthplace Spain

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Minersville { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 445.
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	1 00
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot <u>Minersville</u>	49.
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	35.
Sales Tax	
Total Footing of Bill	495.
Less	
Per <u>EDW. J. ...</u>	
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness Boikarth Signed..... Address.....

RECORD OF FUNERAL

Total No. 1282 Yearly No. 46 Date Aug 9 1940

Name of Deceased Alice M. Bude (Single — Married — Divorced) W. Pa (What Race) (Where Born)

Residence of Deceased 1721 1/2 Colewell St. Husband—Wife—Widow— } Daniel or..... of }

Charge to Mr. J. J. Cook

Address 404 Walter

Order given by Ellen G. Brown (or informant)

How Secured 1503 Locust St.

Occupation of Deceased Janitress

Name of Employer

Address

Date of Death Aug 9-40 (Date) (Hour)

Date of Birth

Age 41 (Years) (Months) (Days)

Date of Funeral Aug 13-40 9 M. (Date) (Day of Week) (Hour)

Services at St. Pius

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State

Place of Death 1721 1/2 Colewell St. (or U. S. or City or County) (Years) (Months)

Cause of Death Coronary Sclerosis

Contributory Causes

Certifying Physician J. Henney (or Coroner)

His Address

Name of Father John M. Bude

His Birthplace Pa

Maiden Name of Mother Mary Farrell

Her Birthplace Pa

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	\$ <u>300</u>
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
<input checked="" type="checkbox"/> Certif. Copies of Death Certificates No.	1 00
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 31.00
Outlay for Lot	
Cremation	
.....line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 554.00
Less	
Balance	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

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

RECORD OF FUNERAL

Total No. 283 Yearly No. 47 Date Aug 10 1940

Name of Deceased Annie Poulos (What Race) W.C. (Where Born) Syria

Residence of Deceased 615 Elm St. Husband—Wife—Widow—
Charge to Widow or _____ of _____

Address 615 Elm St.

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Sales Lady

Name of Employer Dry Goods

Address _____

Date of Death Aug 10 - 40 8:30 (Date) (Hour)

Date of Birth Jan 1 1887 (Date) (Day of Week) (Hour)

Age 53 7 9 (Years) (Months) (Days)

Date of Funeral Aug 13 - 40 10 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. City or County) (Years) (Months)

Place of Death 615 Elm

Cause of Death Carcinoma of Breast

Contributory Causes Diabetes

Certifying Physician Dr. Herdet (or Coroner)

His Address Mercy Hosp.

Name of Father Bradway Poulos

His Birthplace Syria

Maiden Name of Mother Mary Mary

Her Birthplace Syria

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Salvatory { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$ 550
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$ 21 50
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 123 00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 694 50
Less	
Balance	
Entered into Ledger, page	or below.

PAID
Aug 27, 1940
E.J.M.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1284 Yearly No. 78 Date Aug 13 1940
 Name of Deceased George Berlich (Berlich) W Croatan
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 7 Marion St
 Charge to Public assistance
 Address 7 Marion St
 Order given by Mrs Anthony Kugneski
(or informant)
 How Secured 7 Marion St
 Occupation of Deceased Retired
 Name of Employer

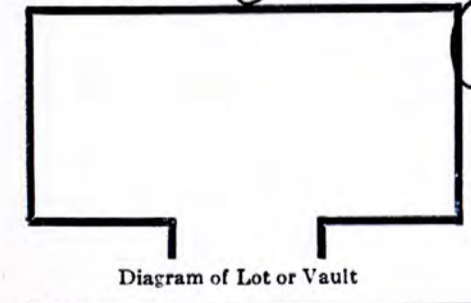
Date of Death Aug 13 - 40
(Date) (Hour)
 Date of Birth Att 75
 Age 75
 Date of Funeral Aug 16 - 40 9 M.
(Date) (Day of Week) (Hour)
 Services at none
 Clergyman

His Address Mayview
 Religion of the Deceased Cath
 Resided in the State Mo
(or U. S. or City or County) (Years) (Months)
 Place of Death Mayview
 Cause of Death Cerebral Hemorrhage
 Contributory Causes

Certifying Physician Mayview
(or Coroner)
 His Address Mayview
 Name of Father Mayview
 His Birthplace Mayview
 Maiden Name of Mother Mayview
 Her Birthplace Mayview

Motor } Remains to Mayview
 Ship }
 Size and Style of Casket Mayview
(State Color)
 Manufactured by Mayview
 Interment at Calvary { Cemetery
 Crematory

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



Complete Funeral	\$	
Casket		50
Outside Box		
Burial Vault		
Embalming Body		10
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		5
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		10
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		25
Cremation		
line Death Notices in		
Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		\$1.00
Total Footing of Bill	\$	
Less	\$	
Balance	\$	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Mayview Names of Lodges Mayview Insurance Companies Mayview
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to Mayview
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within Mayview days from date. Interest to accrue from
 maturity at the rate of Mayview % per annum.
 Signed Mayview Address Mayview
 Witness Mayview

RECORD OF FUNERAL

Total No. 1285 Yearly No. 49 Date Aug 27 1940

Name of Deceased Sr. M. Adelfone-Donnelly (Single - Married - Divorced) W. McKeepot (What Race) (Where Born)

Residence of Deceased Mary Hospital Husband - Wife - Widow - Single or..... of

Charge to.....
Address.....
Order given by..... (or informant)
How Secured.....
Occupation of Deceased In religion
Name of Employer.....

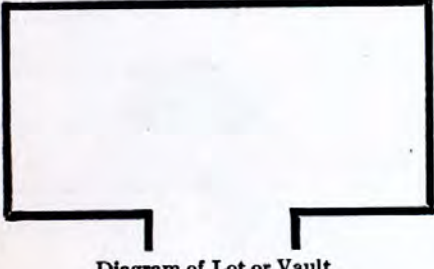
Date of Death Aug 27-40 (Date) (Hour)
Date of Birth June 1, 1885 (Date) (Hour)
Age 55 2 21 (Years) (Months) (Days)
Date of Funeral Aug 24-40 9 A. M. (Date) (Day of Week) (Hour)
Services at Mercy Hosp Chapel
Clergyman.....

His Address.....
Religion of the Deceased Cath.
Resided in the State..... (or U. S. or City or County) (Years) (Months)
Place of Death Mercy Hospital
Cause of Death Cancer of Transverse Colon

Contributory Causes.....
Certifying Physician John P. Griffith (or Coroner)
His Address Mercy Hosp.
Name of Father Bernard Donnelly
His Birthplace Scotland
Maiden Name of Mother Catherine McKeepot
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
Outside Box		15
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	15
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1 50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	35.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in <u>3</u> Papers <u>17</u>		5.04
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		
Less		
Balance		131.54
Entered into Ledger on page <u>5</u> for below		



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum. Signed.....
Witness..... Address.....

RECORD OF FUNERAL

Total No. 1286..... Yearly No. 50..... Date Aug. 31..... 1940

Name of Deceased Mrs. Rose Rightwiesner
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1824 Webster Ave Husband—Wife—Widow—Married
or..... of 365

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

Order given by John Hominich
(or informant)

How Secured.....
 Occupation of Deceased Housewife

Name of Employer.....
 Address.....

Date of Death Aug 31 - 1940
(Date) (Hour)

Date of Birth.....
 Age 33
(Years) (Months) (Days)

Date of Funeral Sept 2nd M.
(Date) (Day of Week) (Hour)

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 Mercy Hospital
 Cause of Death Duodenal ulcer with hemorrhage

Contributory Causes Hypertensive Heart Disease
 Certifying Physician N. N. Bracken
(or Coroner)

His Address Mercy Hospital
 Name of Father Adam Hominich

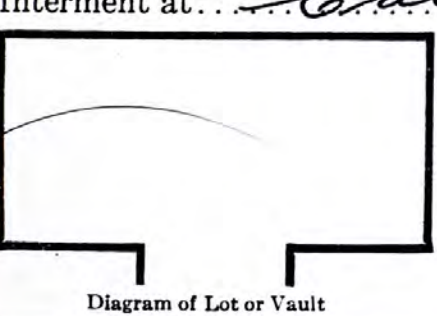
His Birthplace Syria
 Maiden Name of Mother Mary Berrick

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.....	\$ 325
Casket.....	
Outside Box.....	
Burial Vault.....	
Embalming Body.....	
Lady Attendant.....	
Barber, \$.....	Hair Dressing, \$.....
Dressing Body, \$.....	Underwear, \$.....
Suit or Dress \$.....	Slippers \$.....
Folding Chairs, \$.....	Tarpaulin, \$.....
Candelabrum, \$.....	Candles, \$.....
Door Spray, \$.....	Gloves, \$.....
Funeral Car, \$.....	Ambulance, \$.....
Limousines to Cemetery.....	@ \$.....
Autos to R. R. Station.....	@ \$.....
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver Flowers to.....	
Removal Charges.....	
Procuring Burial Permit.....	
___ Certif. Copies of Death Certificates No.....	
___ Pall Bearer Service, \$.....	Use of Chapel, \$.....
Personal Service.....	
Gross Total for Sales Tax.....	\$ 58
Outlay for Lot.....	
Cremation.....	
..... line Death Notices in..... Papers	
Flowers, \$.....	Palms, \$.....
Rental of Tent, \$.....	of Temporary Vault, \$.....
Opening of Grave or Tomb.....	
Lining Grave, \$.....	Lowering Device, \$.....
Outlay for Shipping Charges.....	
Clergyman, \$.....	Singers, \$.....
Railroad } Tickets, \$.....	Aero-plane Service, \$.....
or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Sales Tax.....	
Total Footing of Bill.....	\$ 383
Less.....	
Per <u>E. J. M.</u> Balance.....	
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1287 Yearly No. 51 Date Sept. 4 1940
 Name of Deceased Dometrias A. Pyras (What Race) W. Icarus Greece
 Residence of Deceased 319 S. Craig Husband—Wife—Elderly Minnie Van Dordingham
 Charge to Thos Nasson or

Address.....
 Order given by Lyril (or Informant)
 How Secured 6.30 Belair ave
 Occupation of Deceased Retired
 Name of Employer Real Estate
 Address.....
 Date of Death Sept 4 - 40
 Date of Birth Feb 18 1875 (Hour)
 Age 65 6 16
 (Years) (Months) (Days)
 Date of Funeral Sept 6 - 40 1:30 M.
 (Date) (Day of Week) (Hour)
 Services at St. Nicholas
 Clergyman.....
 His Address.....
 Religion of the Deceased Orth. Cath.
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Passaway Shop
 Cause of Death Coronary Thrombosis
 Contributory Causes Bronchial Pneumonia
 Certifying Physician A. Wray Barkley (or Coroner)
 His Address Passaway Shop
 Name of Father Andrew Pyras
 His Birthplace Greece
 Maiden Name of Mother Antonina Vasiliadis
 Her Birthplace Greece
 Motor } Remains to.....
 Ship }

Complete Funeral	\$ 135.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
(State Color)	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	45.00
Cremation	
.....line Death Notices in..... Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 180.00
Less <u>Cash</u>	\$ 40.19
Balance	\$ 139.81
Entered into Ledger, page..... or below.	



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>Mar 20</u>	By Payment	\$ 70.00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

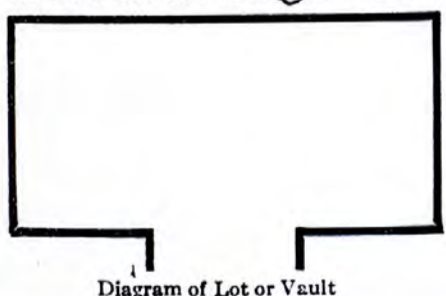
Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1288 Yearly No. 52 Date Sept 7, 1940
 Name of Deceased John M. Schrader (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow—
 Charge to _____ or _____ of _____

Address _____
 Order given by Mrs. Cambell (or informant)
 How Secured _____
 Occupation of Deceased Entertainer
 Name of Employer Mike Courroy
 Address Atlantic City N.J.
 Date of Death _____ (Date) (Hour)
 Date of Birth _____ (Date) (Hour)
 Age 55 (Years) (Months) (Days)
 Date of Funeral Sept 11, 1940 (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 Atlantic City, N.J.
 Cause of Death Heart Failure (Arterio Sclerosis)
 Contributory Causes Arterio Sclerosis
 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	\$ 150.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
... line Death Notices in ... Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	18.00
Lining Grave, \$	Lowering Device, \$
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	77.00
<u>Other services</u>	10.00
Sales Tax	
Total Footing of Bill	\$ 265.00
Less <u>Prudential Ch</u>	\$ 211.00
Balance	\$ 54.00
Entered into Ledger, page _____ or below.	



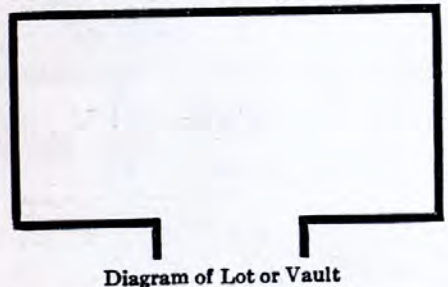
Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum. Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1289 Yearly No. 53 Date Sept 14, 1940
 Name of Deceased Grace Mancini (Single - Married - Divorced) White (What Race) Penna (Where Born)
 Residence of Deceased 1817 Locust St Husband—Wife—Widow—
 Charge to Leonard Mancini or..... of }
 Address 1817 Locust St
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Student
 Name of Employer.....
 Address.....
 Date of Death Sept 14 2:25 PM (Date) (Hour)
 Date of Birth Oct 9, 1919
 Age 20 (Years) 11 (Months) 5 (Days)
 Date of Funeral Sept 17 (Date) (Day of Week) (Hour) M.
 Services at St. Peter'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 Hospital
 Cause of Death T. B. Meningitis
 Contributory Causes.....
 Certifying Physician J. W. Fredette (or Coroner)
 His Address Mercy Hospital
 Name of Father Leonard Mancini
 His Birthplace Italy
 Maiden Name of Mother Josephine Seymour
 Her Birthplace Italy
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory
 Lot No. 85
 Grave No. 4
 Section No. 14
 Owner.....

Complete Funeral	\$ 265 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
(State Color)	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot <u>grave</u>	\$ 58 00
Cremation	
.....line Death Notices in..... Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad } Tickets, \$ <u>EDWIN</u> Aero- or Motor } plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$ 333 00
Total Footing of Bill	\$ 18 00
Less	\$
Balance	\$ 340 00
Entered into Ledger, page..... or below.	320 00



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	70 00		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1290 Yearly No. 57 Date Sept. 18 1940
 Name of Deceased James A. Garner (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 428 Duquesne Wy. Husband - Wife - Widow - Single or of of Pa

Charge to
 Address
 Order given by Mrs Catherine McShane (or informant)
 How Secured 74 Marion St
 Occupation of Deceased Unemployed
 Name of Employer


Date of Death Sept 18 - 40 (Date) (Hour)
 Date of Birth
 Age 62 (Years) (Months) (Days)
 Date of Funeral Sept 21 - 40 10 A.M. (Date) (Day of Week) (Hour)
 Services at St Marys of the Point
 Clergyman

His Address
 Religion of the Deceased Cath
 Resided in the State
 Place of Death 428 Duquesne Wy. (City or County) (Years) (Months)
 Cause of Death Ch. Respiration

Contributory Causes
 Certifying Physician J. Henney (or Coroner)
 His Address Morgue
 Name of Father James Garner
 His Birthplace Ireland
 Maiden Name of Mother Margaret Gaulton
 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. 6
 Grave No. 19
 Section No. 12
 Owner

Complete Funeral	\$	
Casket <u>7 Services</u>		370 00
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		16 50
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. <u>150</u>		1 50
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
line Death Notices in Papers <u>10 56</u>		10 56
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		31 00
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		12 00
Railroad or Motor Tickets, \$		
Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of <u>441 56</u>		441 56
Less		
Per <u>Edw. J. McAvoy</u> Balance		
Entered into Ledger page or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Address

RECORD OF FUNERAL

Total No. 1291 Yearly No. 55 Date Oct 1 1940

Name of Deceased Salvatore Bosco (Single - Married - Divorced) W (What Race) Italy (Where Born)

Residence of Deceased 18 Congress Husband—Wife—Widow— }
State of Ohio or of }

Charge to Harry Diamond (Att'y)

Address Thomas Bosco

Order given by Bedford (Pear) (for informant)

How Secured Phy

Occupation of Deceased Phy

Name of Employer

Address

Date of Death Oct 1 40 (Date) (Hour)

Date of Birth Jan 20 1882 (Date) (Hour)

Age 58 1 21 (Years) (Months) (Days)

Date of Funeral Oct 4 - 40 9:30 M. (Date) (Day of Week) (Hour)

Services at St. Peters

Clergyman

His Address

Religion of the Deceased Cath.

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

Place of Death Mercy Hosp.

Cause of Death T. pneumonia following

Contributory Causes

Certifying Physician P. J. Sweeney (or Coroner)

His Address Blaque

Name of Father Carman Bosco

His Birthplace Italy

Maiden Name of Mother Concetta Di Milo

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	\$465
Casket	
Outside Box	
Burial Vault (State Kind)	85
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress \$ (State Color)	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 622 00
Less	\$
Balance	\$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Oct 1 40</u>	<u>622 00</u>				
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1292 Yearly No. 56 Date Oct 10 1940
 Name of Deceased S. M. Macrina (Single - Married - Divorced) W. Millstrom (What Race) (Where Born)
 Residence of Deceased Marysville, Alaska (Husband - Wife - Widow - or of)

Charge to Mercy Hosp
 Address Hanna Marie
 Order given by Suz Mercy (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer
 Address

Date of Death Oct 10 - 40
 Date of Birth Sept 22 1870 (Date) (Hour)
 Age 69 0 18 (Years) (Months) (Days)
 Date of Funeral Oct 12 - 40 (Date) (Day of Week) (Hour) P.M.
 Services at Mt Mercy Chapel
 Clergyman

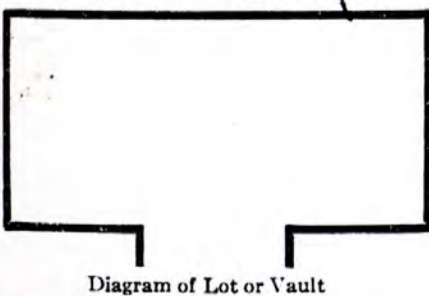
His Address
 Religion of the Deceased Cath
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital

Cause of Death Broncho Pneumonia
 Contributory Causes
 Certifying Physician John M. Johnston (or Coroner)
 His Address Mercy Hosp

Name of Father Henry Reinhart
 His Birthplace Shoshone Valley, Perry Co. Pa
 Maiden Name of Mother Margaret Shelly
 Her Birthplace Juanita Co. Pa

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

Manufactured by St. Xavier
 Interment at { Cemetery Crematory



Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		60
Outside Box		15
Burial Vault (State Kind)		
Embalming Body (State Kind)		15
Lady Attendant (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ (State Color)	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1 50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	35.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in Papers		1 68
Flowers, \$ (Names of Newspapers)	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		128 18
Less Per <u>EFM</u>		
Balance		
Entered into Ledger, page or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed Address

RECORD OF FUNERAL

Total No. 1293 Yearly No. 57 Date Oct 12 1940
 Name of Deceased Frederick Sigenfelsen (Single - Married - Divorced) W. (What Race) (Where Born)
 Residence of Deceased Ripley N.Y. Husband - Wife - Widow Wife or of Mary
 Charge to Address 74 W. Main St
 Order given by Mrs W. J. Probst (or informant)
 How Secured Ripley N.Y.
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death Oct 12 - 40
 Date of Birth 1857 Feb 3 (Date) (Hour)
 Age 83 (Years) 8 (Months) 9 (Days)
 Date of Funeral Oct 14 (Date) (Day of Week) (Hour) 2 P.M.
 Services at St. Johns Church
 Clergyman Rev. Woods
 His Address Vailroy Vt.
 Religion of the Deceased Such
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Ripley N.Y.
 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 Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by Oakland
 Interment at Oakland { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	
Casket		340 00
Outside Box		
Burial Vault (State Kind)		100 00
Embalming Body (State Kind)		
Lady Attendant (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ (State Color)	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	3 00
Funeral Car, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to <u>Cemetery</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, \$	Use of Chapel, \$	25 00
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
... line Death Notices in ... Papers		4 62
Flowers, \$ (Names of Newspapers)	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		33 50
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill <u>Check</u>		527 62
Less		27 62
Balance		500 00

PAID
 EDWARD J. SAVOY
 11-13-40

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1294 Yearly No. 58 Date Oct 15 1940
 Name of Deceased Mike Orck (Single Married - Divorced) (What Race) W (Where Born) Austria
 Residence of Deceased 1407 Colwell St Husband—Wife—Widow—
 Charge to Mrs Josephine Orck or..... of }
 Address 1407 Colwell
 Order given by Mrs Anna Lipstak (or informant)
 How Secured 1104 Swanhoe (Dght)
 Occupation of Deceased John - (Air Corp)
 Name of Employer Crane man
 Address J & L
 Date of Death Oct 15-40 (Date) (Hour)
 Date of Birth Oct 2 - 1888 (Date) (Hour)
 Age 53 (Years) (Months) (Days)
 Date of Funeral Oct 19-40 (Date) (Day of Week) (Hour) 9A.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 Carcinoma of Scapula
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address Mayview
 Name of Father
 His Birthplace Austria
 Maiden Name of Mother
 Her Birthplace Austria
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery } Crematory
 Lot No.
 Grave No.
 Section No. Single 14
 Owner Extra sep
 Diagram of Lot or Vault

Complete Funeral	\$	
Casket	270	
Outside Box	20	
Burial Vault	25	
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery 2 @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to <u>Blanchet</u>		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot	58.00	
Cremation		
line Death Notices in Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$	
Less <u>Bill Paid</u>	\$	
Balance	\$	
Entered into Ledger, page		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

RECORD OF FUNERAL

Total No. 1295 Yearly No. 59 Date Oct 27 1940
 Name of Deceased Bernard Paske (Single - Married - Divorced) W. (What Race) Chicago (Where Born)
 Residence of Deceased 3354 5th Ave Husband - Wife - Widow - Marie or of

Charge to Plasterer Union #31
 Address Richard Shaker
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Plasterer
 Name of Employer McMully Bros
 Address 9th St
 Date of Death Oct 27 - 40 (Date) (Hour)
 Date of Birth July 16 1895 (Date) (Hour)
 Age 45 3 11 (Years) (Months) (Days)
 Date of Funeral Oct 30 - 40 2 30 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman _____

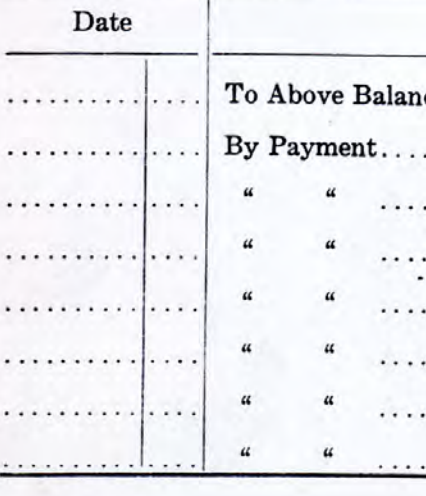
His Address _____
 Religion of the Deceased Cath.
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 3354 5th Ave (Date) (Day of Week) (Hour) M.
 Cause of Death Coronary occlusion

Contributory Causes _____
 Certifying Physician P. J. Henney (or Coroner)
 His Address Chicago
 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 Oakland { Cemetery
 Crematory

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

Diagram of Lot or Vault



Complete Funeral	\$ 165.00
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 187.50
Less	
Balance	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1296 Yearly No. 60 Date Nov 1 1940
 Name of Deceased Ralph Guthrie Bitler (Baker) It Bradock Pa
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 2560 Fifth Ave Husband Wife Widow
 Charge to Mrs Alice Yeager or of
 Address 112 E 128 St (Basement)
 Order given by Mrs Ralph Bitler
 How Secured Green Hill Rd #4 Millers Pa
 Occupation of Deceased Chauffeur (Sun Tele)
 Name of Employer _____
 Address _____
 Date of Death Nov 1, 1940 5:30
(Date) (Hour)
 Date of Birth Nov 1, 1900
 Age 40
(Years) (Months) (Days)
 Date of Funeral Nov 5, 1940 1 P M.
(Date) (Day of Week) (Hour)
 Services at Chapel - Irwin Lutheran Church
 Clergyman Rev Kaufmann
 His Address _____
 Religion of the Deceased Protestant
 Resided in the State Penna
(or U. S. or City or County) (Years) (Months)
 Place of Death Leach Farm Hospital
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes _____
 Certifying Physician Dr Jetterhoff
(or Coroner)
 His Address City Tuberculosis Hosp
 Name of Father Milton Guthrie
 His Birthplace Bolivar Pa
 Maiden Name of Mother Alice Datar
 Her Birthplace Grapeville Pa
 Motor } Remains to Irwin Pa
 Ship }
 Size and Style of Casket _____
(State Color)
Paul Von Kanel
 Manufactured by Haworths
 Interment at Irwin Union Cemetery
 Crematory

Complete Funeral	\$	
Casket		2.75
Outside Box		85
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	4
Suit or Dress \$	Slippers \$	
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	25
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to	<u>Blanket</u>	15.50
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	14.52
Flowers, \$	Palms, \$	
	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		28.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	475.02
Less	<u>papers, fillant + Motor</u>	3.00
Balance	\$	
Entered into Ledger, page		or below.

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

EDW. J. McAVOY
 PAID
 12-13-40
 Per EJM

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

Total No. 1297 Yearly No. 61 Date Nov 2, 1940
 Name of Deceased Edward Flynn White Ireland
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1704 Fifth Avenue Husband - Wife - Widow -
or of

Charge to.....
 Address.....
 Order given by Mr E. J. Daherty
(or informant)
 How Secured.....
 Occupation of Deceased Unemployed
 Name of Employer.....
 Address.....
 Date of Death Nov 2, 1940
(Date) (Hour)
 Date of Birth.....
 Age About 65
(Years) (Months) (Days)
 Date of Funeral Nov 4 9 A.M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 1704 Fifth Ave
 Cause of Death Prostatic Hypertrophy Cystitis
 Contributory Causes Terminal Pneumonia
 Certifying Physician Dr. L. J. Barnett
(or Coroner)
 His Address.....
 Name of Father Unknown
 His Birthplace Ireland
 Maiden Name of Mother Unknown
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Calvary Cemetery
Crematory
 Lot No. Row 4
 Ave No. 110
 Section No. 14
 Owner.....

Complete Funeral	\$	
Casket		120
Outside Box		15
Burial Vault		
Embalming Body		25
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	10
Suit or Dress \$	Slippers \$	
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Blair</u>		8
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
_____ (State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in <u>2</u> Papers <u>1 T</u>		3.96
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		50
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	
Organist, \$		10
Railroad } Tickets, \$	Aero-	
or Motor } plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		250.00
Less		
Per <u>[Signature]</u>		
Balance		
Entered into Ledger, page..... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1298 Yearly No. 62 Date Nov 4 1940
 Name of Deceased Wm J. Wiseman (Single - Married - Divorced) W. (What Race) Pgh Pa (Where Born)
 Residence of Deceased 4761 Baum Blvd. Husband—Wife—Widow—Lottie M. Wiseman
 Charge to Miss Mame Wiseman or..... of (585.00)

Address 4761 Baum Blvd.
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Pressman
 Name of Employer Press Pub Co
 Address.....
 Date of Death Nov 4 - 40 (Date) (Hour)
 Date of Birth Mar 17 1872 (Date) (Hour)
 Age 68 (Years) 7 (Months) 20 (Days)
 Date of Funeral Nov 8 - 40 (Date) (Day of Week) 9:30 A.M. (Hour)
 Services at St Pauls Chh
 Clergyman.....
 His Address.....
 Religion of the Deceased Cath
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death 4761 Baum Blvd
 Cause of Death Prostate gland
 Contributory Causes Ch Myocarditis
 Certifying Physician J P Hegarty (or Coroner)
 His Address 102nd Arts Bldg
 Name of Father Wm N. Wiseman
 His Birthplace Ireland
 Maiden Name of Mother Catherine Sullivan
 Her Birthplace Pgh Pa
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Complete Funeral.....	\$ <u>525.00</u>
Casket.....	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... (Name of Embalmer)	
Lady Attendant.....	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress \$..... Slippers \$..... Hose \$..... (State Color)	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver 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, \$..... Use of Chapel, \$.....	
Personal Service.....	
Gross Total for Sales Tax.....	
Outlay for Lot.....	
Cremation.....	
8-line Death Notices in <u>3</u> Papers..... <u>14 12</u>	
Flowers, \$..... Palms, \$..... Matting, \$..... (Names of Newspapers)	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb..... <u>33</u>	
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$..... <u>25</u>	
Railroad } Tickets, \$..... Aero- plane Service, \$..... or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Sales Tax.....	
Total Footing of Bill..... <u>597.12</u>	
Less <u>PAID</u>	
Balance.....	
Entered into Ledger, page..... or below.	



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
<u>June 2</u>	By Payment..... <u>\$ 500.00</u>	\$.....		By Payment.....	\$.....
<u>June 18</u>	" "..... <u>\$ 85.00</u>	\$.....		" ".....	\$.....
	" "..... <u>\$ 585.00</u>	\$.....		" ".....	\$.....
	" "..... <u>PAID</u>	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1299 Yearly No. 63 Date Nov 6 1940

Name of Deceased Mamie John (Single Married Divorced) W. (What Race) W. Pa (Where Born)

Residence of Deceased 5847 Pierce Husband—Wife—Widow— Bismarck or of

Charge to

Address

Order given by Bismarck John (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Nov 6 - 1940 (Date) (Hour)

Date of Birth Jan 1 1913 (Date) (Hour)

Age 27 10 5 (Years) (Months) (Days)

Date of Funeral Nov 9 - 40 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 5847 Pierce St

Cause of Death Broncho Pneumonia

Contributory Causes

Certifying Physician Dr. J. Thomas (or Coroner)

His Address 406 Penn

Name of Father Anthony Zaiden

His Birthplace Syria

Maiden Name of Mother Rose Petras

Her Birthplace Syria

Motor } Remains to Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at St Patrick Cemetery Armstrong Co. Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 6.75 00	
Casket		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body (Name of Embalmer)		
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ (State Color)	Slippers \$ Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in Papers (Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		50
Total Footing of Bill	\$ 6.75 00	
Less	\$ 3.00 00	
Balance	\$ 3.75 00	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$ 3.00 00		" "	\$
	" "	\$ 1.00 00		" "	\$ 2.75
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

Total No. 1200 Yearly No. 64 Date Nov 19 1940
 Name of Deceased Ellen Lynn (Single - Married - Divorced) W. (What Race) (Where Born)
 Residence of Deceased 3225 5th ave Husband—Wife—Widow— }
 Charge to Dept of Public Asst. or of }

Address
 Order given by Mrs Clinton Lynn
 How Secured 3225 5th ave (or informant)
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death Nov 19-40 (Date) (Hour)
 Date of Birth
 Age att 80 (Years) (Months) (Days)
 Date of Funeral Nov 21-40 (Date) (Day of Week) 10AM (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 Mary Hop
 Cause of Death Cardiac Vascular Disease

Contributory Causes
 Certifying Physician D. Henney (or Coroner)
 His Address Morgue
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 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

Complete Funeral	\$	
Casket <u>& Case</u>	50	00
Outside Box		
Burial Vault		
Embalming Body <u>Preservation</u>	10	00
Lady Attendant		
Barber, \$		
Dressing Body, \$		
Suit or Dress \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery	@	\$
Autos to R. R. Station	@	\$
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>including opening</u>	2.5	00
Cremation <u>& Closing</u>		
line Death Notices in		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad } Tickets, \$		
or Motor } Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax <u>paid Mar 6, 1941</u>		
Total Footing of Bill	\$	100 00
Less <u>EJM</u>	\$	
Balance	\$	

Date	Bill Rendered	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$		To Balance Forward	\$
	By Payment	\$	\$		By Payment	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1301 Yearly No. 65 Date Nov 20 1940

Name of Deceased Stanley Koskowiak (Single - Married - Divorced) W. Poland (What Race) (Where Born)

Residence of Deceased 1112 Torbeck St Husband - Wife - Widow - }
Charge to Dept of Public Asst or of }

Address
Order given by John P. Jones (or informant)
How Secured 1112 Torbeck St
Occupation of Deceased Labourer
Name of Employer

Address
Date of Death Nov 20 - 40 (Date) (Hour)

Date of Birth
Age att 69 (Years) (Months) (Days)

Date of Funeral Nov 22 - 40 9AM (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 Septicemic pneumonia
Contributory Causes following fracture of right arm - riding

Certifying Physician P. Henney (or Coroner)
His Address St. Pius

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

Diagram of Lot or Vault

Complete Funeral	\$
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Hose \$
Candelabrum, \$	Tarpaulin, \$
Door Spray, \$	Candles, \$
Funeral Car, \$	Gloves, \$
Limousines to Cemetery @ \$	Ambulance, \$
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot <u>Opening & closing</u>	<u>25.00</u>
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

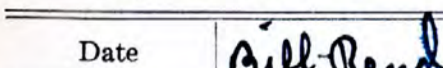
RECORD OF FUNERAL

Total No. 1302 Yearly No. 66 Date Nov 22 1940
 Name of Deceased James O'Toole (Single - Married - Divorced) W (What Race) Pa. (Where Born)
 Residence of Deceased 40 Vine St. Husband—Wife—Widow—Widow
 Charge to Dept. of Public Asst. or..... of Katherine
 Address.....

Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Address.....
 Date of Death Nov 22 40 (Date) (Hour)
 Date of Birth..... (Years) (Months) (Days)
 Age 40 yrs.
 Date of Funeral Nov 25-40 (Date) (Day of Week) (Hour) 9 A.M.
 Services at St. Stephen's
 Clergyman Holy Trinity Church
 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 Pneumonia
 Contributory Cause Encephalitis
 Certifying Physician Hugh O'Neill (or Coroner)
 His Address Mary Hosp
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor Ship } Remains to.....
 Size and Style of Casket..... (State Color)

Complete Funeral	\$	
Casket <u>on case</u>	50.00	
Outside Box		
Burial Vault		
Embalming Body <u>Preservation</u>	10.00	
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$ <u>clothing</u>	5.00	
Shoes \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$ <u>phone</u>	10.00	
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No. _____		
(State Physician's or Coroner's)		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in Papers		
(Names of Newspapers)		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb <u>& Closing</u>	18.00	
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax <u>paid by Mary</u>		
Total Footing of Bill	\$ 93.00	
Less	\$	
Balance	\$	

Manufactured by Calvary
 Interment at Calvary { Cemetery Crematory
 Lot No. 62
 Grave No.
 Section No. I
 Owner Herman Holtz



Date	Bill Rend	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$	1/13/41	To Balance Forward	\$ 93.00
	By Payment	\$	\$		By Payment Mrs O'Toole	\$ 57.33
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$ 35.67
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1303 Yearly No. 67 Date Nov 23 1940

Name of Deceased Charles H. Wilson (Wilson) St. England
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Friendly Inn
Husband - Wife - Widow - or of

Charge to Old Age Pension

Address

Order given by Mr. Jones
(or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Nov 23, 1940
(Date) (Hour)

Date of Birth Jan 24, 1881
(Date) (Hour)

Age 59
(Years) (Months) (Days)

Date of Funeral Nov 25, 1940 2:30 P
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Canon Wilson

His Address Trinity Cathedral

Religion of the Deceased Protestant

Resided in the State

Place of Death Friendly Inn
(for U. S. or City or County) (Years) (Months)

Cause of Death Chr Myocarditis

Contributory Causes

Certifying Physician Dr. Black
(or Coroner)

His Address Fifth Ave.

Name of Father Alfred Wilson

His Birthplace England

Maiden Name of Mother Sofia Parsons

Her Birthplace England

Motor Ship } Remains to

Size and Style of Casket

Manufactured by SS # 206-01-3881

Interment at Wm Penn Memorial Cemetery
 Crematory

Diagram of Lot or Vault

Lot No. TIER # 4

Grave No. 447

Section No. D.K.

Owner

Complete Funeral	\$	
Casket <u>Case</u>		50 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ <u>Check</u>	Shoes \$	5 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$ <u>✓</u>	Ambulance, \$	10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Grave incl opening</u>		25 00
Cremation <u>& closing</u>		
line Death Notices in Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	100 00
Less <u>Ch - Metrop Ins Co</u>	\$	54 05
Balance	\$	45 95
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within

maturity at the rate of

Witness

Insurance Companies

(Firm Name of Funeral Directors.)

days from date. Interest to accrue from

Signed

Address

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

RECORD OF FUNERAL

Total No. 1304 Yearly No. 68 Date Nov 24 1940
 Name of Deceased Mrs Hilda Feathers (Single - Married - Divorced) W (What Race) Penna (Where Born)
 Residence of Deceased 1905 Forbes St Husband - Wife - Widow -
 Charge to Benjamin Green or of \$25
 Address Raymond Feathers
 Order given by 210 Markhilda St
 How Secured Milvale Pa
 Occupation of Deceased at Home
 Name of Employer Mr 1416 R
 Address
 Date of Death Nov 24, 1940 (Date) (Hour)
 Date of Birth about 36 (Years) (Months) (Days) (Hour)
 Age 4
 Date of Funeral Nov 27, 1940 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman Rev Woods
 His Address 1013 Vickroy St
 Religion of the Deceased Protestant
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Passavant Hospital
 Cause of Death Portal Cirrhosis - Ocrophaged
 Contributory Causes Hemorrhagic Broncho Pneum
 Certifying Physician Dr McConnell (or Coroner)
 His Address Passavant Hospital
 Name of Father John B. Kyle
 His Birthplace Penna
 Maiden Name of Mother Gertrude Long
 Her Birthplace Penna
 Motor Ship } Remains to Blairsville Cemetery
 Size and Style of Casket (State Color)
 Manufactured by Mill
 Interment at Blairsville { Cemetery Crematory

Complete Funeral	\$	
Casket <u>Complete funeral box</u>	3 90	00
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$	12	75
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot	\$0	00
Cremation		
line Death Notices in Papers	9	24
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$	452 99
Less		
Balance	\$	
Entered into Ledger, page or below.		



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1905 Yearly No. 69 Date Nov 24 1940

Name of Deceased Gertie Herron (Single - Married - Divorced) Infant (What Race) Pgh (Where Born)

Residence of Deceased 2512 Wedgemire ave Husband—Wife—Widow— }
or of }

Charge to Sylvester Herron Complete Funeral \$ 10

Address..... Casket.....

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

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

Occupation of Deceased..... Embalming Body..... (Name of Embalmer)

Name of Employer..... Lady Attendant.....

Address..... Barber, \$..... Hair Dressing, \$.....

Date of Death Nov 24, 1940 (Date) (Hour) Dressing Body, \$..... Underwear, \$.....

Date of Birth..... Suit or Dress \$..... Slippers \$..... Hose \$.....

Age Still born (Years) (Months) (Days) Folding Chairs, \$..... Tarpaulin, \$.....

Date of Funeral Nov 25 (Date) (Day of Week) (Hour) M. Candelabrum, \$..... Candles, \$.....

Services at..... Door Spray, \$..... Gloves, \$.....

Clergyman..... Funeral Car, \$..... Ambulance, \$.....

His Address..... Limousines to Cemetery @ \$.....

Religion of the Deceased Cath. Autos to R. R. Station @ \$.....

Resided in the State..... Getting Remains from.....

Place of Death Shady Side Hospital Taking Remains to.....

Cause of Death Stillborn Trip to Coroner's Inquest.....

Contributory Causes Premature separation of Placenta Delivering Box to.....

Certifying Physician E. St. Provost Deliver Flowers to.....

His Address Shady Side Hospital Removal Charges.....

Name of Father Sylvester Herron Procuring Burial Permit..... (State Number and District)

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

Maiden Name of Mother Gertie Elizabeth Egger Pall Bearer Service, \$..... Use of Chapel, \$.....

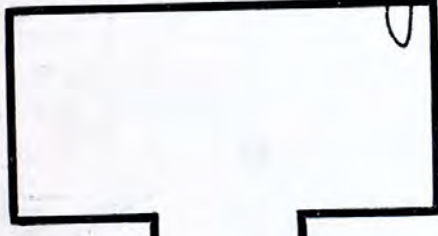
Her Birthplace Pgh Pa Personal Service.....

Motor } Remains to.....

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

Manufactured by.....

Interment at St. Augustine { Cemetery Crematory



Lot No.....

Grave No.....

Section No. Stillborn Sec.

Owner.....

Complete Funeral	\$	10
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in	Papers	
Flowers, \$	(Names of Newspapers)	
Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	<u>Bill Rendered</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1306 Yearly No. 70 Date Dec 3 1940
 Name of Deceased John Brennan (Single—Married—Divorced) (What Race) (Where Born) Pg Pa?
 Residence of Deceased Friendly Inn Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by John R. Jones (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death Dec 3 - 1940 (Date) (Hour)
 Date of Birth.....
 Age att. 63 (Years) (Months) (Days)
 Date of Funeral Dec 6 - 40 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 Mayview Hosp
 Cause of Death arteriosclerosis
 Contributory Causes.....
 Certifying Physician..... (or Coroner)
 His Address Mayview Hosp
 Name of Father.....
 His Birthplace.....
 Maiden Name of Mother.....
 Her Birthplace.....
 Motor } Remains to.....
 Ship }

Complete Funeral.....	\$	
Casket <u>a Case</u>		50 00
Outside Box.....		
Burial Vault..... (State Kind)		
Embalming Body <u>Preservation</u> (State Kind) (Name of Embalmer)		10 00
Lady Attendant.....		
Barber, \$.....		
Hair Dressing, \$.....		
Dressing Body, \$.....		
Underwear, \$.....		
Suit or Dress \$.....		
Slippers \$.....		
Hose \$.....		
(State Color)		5 00
Folding Chairs, \$.....		
Tarpaulin, \$.....		
Candelabrum, \$.....		
Candles, \$.....		
Door Spray, \$.....		
Gloves, \$.....		
Funeral Car, \$.....		
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver 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, \$.....		
Use of Chapel, \$.....		
Personal Service.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot <u>incl goring</u>		25 00
Cremation <u>a closing</u>		
..... line Death Notices in..... Papers		
(Names of Newspapers)		
Flowers, \$.....		
Palms, \$.....		
Matting, \$.....		
Rental of Tent, \$.....		
of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$.....		
Lowering Device, \$.....		
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.....		
Sales Tax <u>March 27 1941</u>		
Total Footing of Bill.....	\$	100 00
Less.....	\$	
Balance.....	\$	

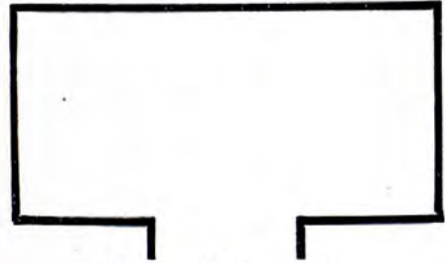


Diagram of Lot or Vault

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

Date	Bill Rend.	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$	\$		To Balance Forward.....	\$
	By Payment.....	\$	\$		By Payment.....	\$
	" ".....	\$	\$		" ".....	\$
	" ".....	\$	\$		" ".....	\$
	" ".....	\$	\$		" ".....	\$
	" ".....	\$	\$		" ".....	\$
	" ".....	\$	\$		" ".....	\$
	" ".....	\$	\$		" ".....	\$

Insurance \$..... Names of Lodges..... Insurance Comp.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed..... Address.....

RECORD OF FUNERAL

Total No. 1307 Yearly No. 71 Date Dec 6 1940
 Name of Deceased John Smoker (What Race) W (Where Born) Pgh Pa
 Residence of Deceased 225 E General Robinson (Single Married - Divorced) W (What Race) W (Where Born) Pgh Pa
 Charge to Wife or W of W

Address Friend Theodore Russell
 Order given by Theodore Russell (or informant)
 How Secured
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death Dec 6 - 40 (Date) (Hour)
 Date of Birth
 Age att 69 (Years) (Months) (Days)
 Date of Funeral Dec 10 - 40 2:15 PM (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman
 His Address
 Religion of the Deceased Prot.
 Resided in the State (or Ill. S. City or County) (Years) (Months)
 Place of Death 225 E Gen. Robinson
 Cause of Death Lobar Pneumonia
 Contributory Causes
 Certifying Physician P. J. Henry (or Coroner)
 His Address Morgue
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by Voegtly
 Interment at Voegtly { Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$	85 00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
(State Color)		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		15 00
Lining Grave, \$	Lowering Device, \$	
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 22, 1941</u>		
Sales Tax		
Total Footing of Bll	\$	10 00
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Bill Rendered	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$		To Balance Forward	\$
	By Payment	\$	\$		By Payment	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1308 Yearly No. 72 Date Dec 11 1940
 Name of Deceased Infant Saunders (Single—Married—Divorced) W. (What Race) J.P. (Where Born)
 Residence of Deceased 4636 Chance St Husband—Wife—Widow—
 Charge to Glenn Saunders or..... of }

Address 4636 Chance St.
 Order given by " (or informant)
 How Secured
 Occupation of Deceased Infant
 Name of Employer
 Address
 Date of Death Dec 11 - 40 (Date) (Hour)
 Date of Birth Dec 11 - 40 (Date) (Hour)
 Age Stillborn (Years) (Months) (Days)
 Date of Funeral Dec 12 - 40 2PM (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 Myrtle Hosp
 Cause of Death Intra Cranial Hemorrhage
 Contributory Causes Stillborn
 Certifying Physician Gillis (Coroner)
 His Address Medical Arts
 Name of Father Glenn Saunders
 His Birthplace Ta
 Maiden Name of Mother Mable Martin
 Her Birthplace Ta
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)

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

Complete Funeral	\$	12.00
Casket		
Outside Box		
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	(State Number and District)	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)	
Pal Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		1.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	23.00
Less	\$	
Balance	\$	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed

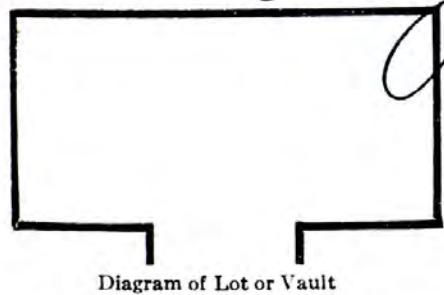


Diagram of Lot or Vault

RECORD OF FUNERAL

Total No. 1309 Yearly No. 73 Date Dec 14 19 40
 Name of Deceased Walter Tarczykowski (Single - Married - Divorced) W (What Race) Poland (Where Born)
 Residence of Deceased 2124 Forbes St Husband—Wife—Widow—
 Charge to Pub Cost or..... of }
 Address.....
 Order given by Anna Chupk (or informant)
 How Secured 2125 Tusler
 Occupation of Deceased.....
 Name of Employer.....
 Address.....
 Date of Death Dec 14 - 40 (Date) (Hour)
 Date of Birth June 7 1878 (Date) (Hour)
 Age 62 (Years) 6 (Months) 7 (Days)
 Date of Funeral Dec 17 - 40 (Date) (Day of Week) 2 P (Hour) M.
 Services at Chapel
 Clergyman.....
 His Address.....
 Religion of the Deceased Orth Cath
 Resided in the State..... (of U. S. or City or County) (Years) (Months)
 Place of Death 2124 Forbes St
 Cause of Death Chr. alcoholism
 Contributory Causes.....
 Certifying Physician P. J. Henry (or Coroner)
 His Address Chicago
 Name of Father Tarczykowski
 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 Woodlawn { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....
 Diagram of Lot or Vault

Complete Funeral	\$	
Casket <u>Case</u>		50 00
Outside Box		
Burial Vault		
Embalming Body <u>Preservation</u>		10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ <u>Clipping</u>	Hose \$	5 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$ <u>✓</u>	Ambulance, \$	10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Inc. opening & closing</u>		25 00
Cremation		
_____ line Death Notices in _____ Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		100 00
Less		
Balance		
Entered into Ledger, page..... or below.		

EDW. J. JACAVOY
 12-4-41
 Per [Signature]

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL


Total No. 1310 Yearly No. 74 Date Dec 23 1940
 Name of Deceased Anna Sabulsky (Single - Married - Divorced) W. (What Race) Pa (Where Born)
 Residence of Deceased 5519 Sunnyside ave Husband - Wife - Widow - }
 Charge to Mike Sabulsky or of }

Address 5519 Sunnyside ave
 Order given by
 How Secured
 Occupation of Deceased maid
 Name of Employer Jean Greenfield
 Address
 Date of Death Dec 23 - 40
 Date of Birth Aug 2 1916 (Date) (Hour)
 Age 24 4 21 (Years) (Months) (Days)
 Date of Funeral Dec 27 - 40 9A M. (Date) (Day of Week) (Hour)
 Services at St Stephens

Clergyman
 His Address
 Religion of the Deceased Cath
 Resided in the State
 Place of Death 6419 Howard ave (or U. S. or City or County) (Years) (Months)
 Cause of Death acute myocarditis

Contributory Causes
 Certifying Physician P. J. Henney (or Coroner)
 His Address Madison
 Name of Father John Sabulsky
 His Birthplace Poland
 Maiden Name of Mother Stella Witek
 Her Birthplace Ukraine

Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at { Cemetery Crematory

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

Complete Funeral	\$ 525 00
Casket	
Outside Box	
Burial Vault (State Kind)	50 00
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 71 80
Outlay for Lot	
Cremation	
..... line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 661 00
Less	\$ 26 00
Balance	\$ 635 00

Entered into Ledger, page or below.

Date	Bill Number	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$ 635 00		To Balance Forward	\$ 635 00
	By Payment	\$ 385 00	\$ 250 00		..... Payment	\$ 385 00
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed

RECORD OF FUNERAL

Total No. 1311 Yearly No. 75 Date Dec 25 19 40

Name of Deceased Charles M. McCarthy (Single - Married - Divorced) W. (What Race) Pgh. (Where Born)

Residence of Deceased 1617 Ledlyn St. Leopolis Pa Husband - Wife - Widow - of Co. 2345-70 Myers

Charge to Mrs. Catherine Dale

Address 1617 Ledlyn St. Leopolis

Order given by Vets Adm Pgh Pa (or informant)

How Secured

Occupation of Deceased Plasterer

Name of Employer

Address

Date of Death Dec 25-40 (Date) (Hour)

Date of Birth 9-6-1890 (Date) (Hour)

Age 50 3 0 (Years) (Months) (Days)

Date of Funeral Dec 28-40 (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Cath.

Resided in the State

Place of Death Veterans Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death Cirrhosis of Liver

Contributory Causes Ulcer Esophageal Hemorrhage

Certifying Physician A. M. Batten (or Coroner)

His Address Vet. Adm. Pgh. Pa

Name of Father Michael McCarthy

His Birthplace Pgh. Pa

Maiden Name of Mother Bathurst Midnight

Her Birthplace Pa

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at C. Alvery { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral \$

Casket a case \$ 250.00

Outside Box (State Kind)

Burial Vault (State Kind)

Embalming Body \$ 25.00 (Name of Embalmer)

Lady Attendant

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress \$ Slippers \$ Hose \$

(State Color)

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 3.00

Door Spray, \$ Gloves, \$ 3.00

Funeral Car, \$ Ambulance, \$ 1.40

Limousines to Cemetery @ \$ 10.50

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver 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, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

line Death Notices in Papers \$ 15.84

(Names of Newspapers)

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 36.00

Lining Grave, \$ Lowering Device, \$

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

Sales Tax

Total Footing of Bill \$ 363.34

Less

Balance \$

Entered into Ledger, page or below.



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. 1312 Yearly No. 76 Date Dec 27 1940
 Name of Deceased Anna M. Kilheary (Single - Married - Divorced) (What Race) W. (Where Born) Igha
 Residence of Deceased 203 Dinwiddie Husband - Wife - Widow - }
 Charge to Frank Kilheary or of } 470

Address
 Order given by Frank (or informant)
 How Secured
 Occupation of Deceased at Home
 Name of Employer
 Address
 Date of Death Dec 27 - 40 (Date) (Hour)
 Date of Birth Mar 17 1893 (Date) (Hour)
 Age 47 (Years) 9 (Months) 10 (Days)
 Date of Funeral Dec 31 - 40 (Date) (Day of Week) (Hour) 9A.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 203 Dinwiddie
 Cause of Death Chr. Myocarditis
 Contributory Causes
 Certifying Physician Pharmacia Arthur (or Coroner)
 His Address J. M. Carthy
 Name of Father Wm. Kilheary
 His Birthplace Ireland
 Maiden Name of Mother Anna Berry
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at C. always { Cemetery
 Crematory

Complete Funeral	\$ 435.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	13.86
Papers	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	31.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 497.86
Less	
Balance	
Entered into Ledger, page	or below.

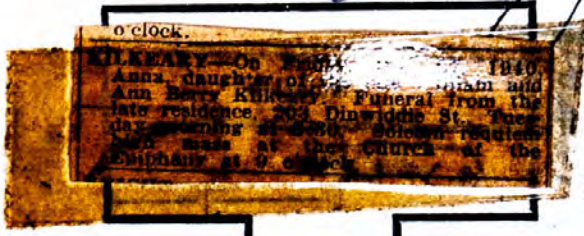
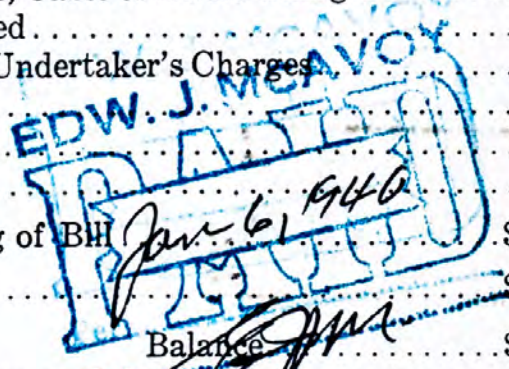


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1313 Yearly No. 77 Date Dec 26 1940

Name of Deceased Franklin Pryor (Single - Married - Divorced) W. (What Race) (Where Born)

Residence of Deceased 1048 5th Ave Husband - Wife - Widow - } or of }

Charge to Public Asst.

Address 1048 Fifth Ave

Order given by Mrs Catherine Apostol (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death Dec 26, 1940 (Date) (Hour)

Date of Birth

Age 78 (Years) (Months) (Days)

Date of Funeral Dec 31 - 40 (Date) (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman

His Address

Religion of the Deceased Prot.

Resided in the State

Place of Death Mayview (or U. S. or City or County) (Years) (Months)

Cause of Death Carcinoma of Colon

Contributory Causes Arteriosclerotic Heart disease

Certifying Physician

His Address Mayview (or Coroner)

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Woodlawn Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket <u>x Case</u>		50 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body <u>Preservation</u>	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	5 00
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot <u>Incl opening & closing</u>		25 00
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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 Charge		
Sales Tax		
Total Footing of Bill		100 00
Less		
Balance		
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

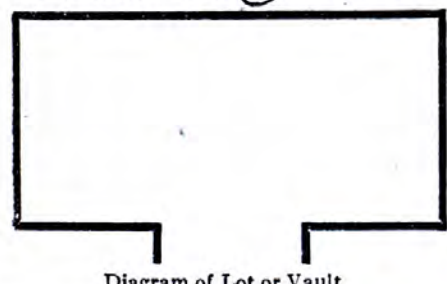
Witness Signed Address

RECORD OF FUNERAL

Total No. 1314 Yearly No. 78 Date Dec 31 1940
 Name of Deceased Marcus Bedano (Single - Married - Divorced) W. Mexico (What Race) (Where Born)
 Residence of Deceased 1112 Fort St Husband—Wife—Widow— }
 or..... of }

Charge to.....
 Address.....
 Order given by John Q Jones (or informant)
 How Secured.....
 Occupation of Deceased Unemployed
 Name of Employer.....
 Address.....
 Date of Death Dec 31 - 40 (Date) (Hour)
 Date of Birth.....
 Age 31 (Years) (Months) (Days)
 Date of Funeral Jan 4 - 40 (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 Shock & fracture
 Contributory Causes hit by auto
 Certifying Physician J. J. Henry (or Coroner)
 His Address.....
 Name of Father Angelo Bedano
 His Birthplace Mexico
 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.....

Complete Funeral	\$	
Casket <u>Case</u>	50	00
Outside Box		
Burial Vault		
Embalming Body <u>Preservation</u>	10	00
Lady Attendant		
Barber, \$		
Dressing Body, \$	5	00
Suit or Dress \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$ <u>✓</u>	10	00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl, open & closing</u>	25	00
Cremation		
line Death Notices in Papers		
Flowers, \$		
Rental of Tent, \$		
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		
Sales Tax		
Total Footing of Bill	\$	100 00
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1315 Yearly No. 1 Date Jan 3 1941
 Name of Deceased John (Ludwig) Schneider (Single - Married - Divorced) W (What Race) Germany (Where Born)
 Residence of Deceased 1234 Piermont, Dorment (Husband - Wife - Widow -)
 Charge to Mrs F.W. Perry or of
 Address 1234 Piermont, Dorment Pa.
 Order given by Retired (or informant)
 How Secured Le 4281
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death Jan 3 - 41 (Date) (Hour)
 Date of Birth 60 (Years) (Months) (Days)
 Date of Funeral Jan 4 - 41 (Date) (Day of Week) (Hour) M.
 Services at St Joseph Youngstown
 Clergyman
 His Address
 Religion of the Deceased Cath.
 Resided in the State
 Place of Death St Joseph Hosp (U. S. or City or County) (Years) (Months)
 Cause of Death Diabetic Gangrene
 Contributory Causes
 Certifying Physician T Aaron (or Coroner)
 His Address 2830 W. Liberty
 Name of Father John Schneider
 His Birthplace Germany
 Maiden Name of Mother Mary Schmitt
 Her Birthplace Germany
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary Youngstown Cemetery Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 180.00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Hose \$
Candelabrum, \$	Tarpaulin, \$
Door Spray, \$	Candles, \$
Funeral Car, \$	Gloves, \$
Limousines to Cemetery @ \$	Ambulance, \$
Cars to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 225.00
Less	\$ 225.00
Balance	\$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
Jan 20	By Payment	\$ 100.00		By Payment	\$
Nov 15 41	" "	\$ 25.00		" "	\$
Nov 28 42	" "	\$ 50.00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1316 Yearly No. 2 Date Jan 1, 1941

Name of Deceased Bridget C. Doyle (Single - Married - Divorced) (What Race) Irish (Where Born) Igh.

Residence of Deceased 3441 Ward St. Husband - Wife - Widow or Widow of John F. Doyle

Charge to Phillip Doyle Address 3449 Ward St. 525

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased At Home

Name of Employer _____

Address _____

Date of Death Jan 1, 1941 - 6:30 PM (Date) (Hour)

Date of Birth _____

Age 83 7 21 (Years) (Months) (Days)

Date of Funeral Jan 6, 1941 - 8:30 AM (Date) (Day of Week) (Hour)

Services at Cathedral Chapel

Clergyman Father Atkinson

His Address St Pauls Cathedral

Religion of the Deceased Catholic

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

Place of Death 3441 Ward St

Cause of Death Broncho Pneumonia

Contributory Causes following fracture of left hip - due to fall on floor

Certifying Physician Dr. P. J. Kenney, Coroner (or Coroner)

His Address _____

Name of Father Phillip Shifty

His Birthplace Ireland

Maiden Name of Mother Catherine Reilly

Her Birthplace Ireland

Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Celsoy { Cemetery Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$ 4.80.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Wear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	10.00
Trip to Coroner's Inquest	
Delivering Box to	12.00
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
8. line Death Notices in 10 Papers	26.40
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	31.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	Paid
Total Footing of Bill	\$ 559.40
Less	E.J.M.
Balance	\$

On Wednesday, January 2, 1941, the body of Bridget C. Doyle, wife of the late John F. Doyle, mother of Catherine, Phillip J. and Mrs. Frank Walsh. Funeral from her late residence, 3441 Ward St., on Tuesday morning at 8:30. Solemn Requiem Mass at St. Paul's Cathedral Chapel, Parkview Ave., at 10 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward		\$
			By Payment	\$	\$
			" "	\$	\$
			" "	\$	\$
			" "	\$	\$
			" "	\$	\$
			" "	\$	\$
			" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1317 Yearly No. 3 Date Jan 7, 1941

Name of Deceased John Chiko - single (Single - Married - Divorced) St (What Race) Poland (Where Born)

Residence of Deceased 1112 Farber St Husband - Wife - Widow - }
or Single of }

Charge to Dept of Public Assistance
Address 4 Smithfield St

Order given by John C. Jones (or informant)

How Secured _____
Occupation of Deceased On Relief

Name of Employer _____
Address _____

Date of Death Jan 7, 1941 9:05 AM (Date) (Hour)

Date of Birth _____

Age About 72 (Years) (Months) (Days)

Date of Funeral Jan 9, 1941 10:30 M (Date) (Day of Week) (Hour)

Services at Epiphany 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 1112 Farber St

Cause of Death Chronic Myocarditis

Contributory Causes _____
Certifying Physician P. J. Henney, Coroner (or Coroner)

His Address _____
Name of Father Not Known

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 _____

Diagram of Lot or Vault _____

Complete Funeral \$ _____

Casket & Case \$ 30.00

Outside Box (State Kind) _____

Burial Vault (State Kind) _____

Embalming Body Preservative (Name of Embalmer) \$ 10.00

Lady Attendant _____
Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____
Suit or Dress \$ _____ Slippers \$ _____ Hose \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ 10.00

Limousines to Cemetery @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains from _____
Taking Remains to _____
Trip to Coroner's Inquest _____
Delivering Box to _____
Deliver 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, \$ _____ Use of Chapel, \$ _____
Personal Service _____

Gross Total for Sales Tax \$ _____

Outlay for Lot incl opening & closing \$ 25.00

Cremation _____

_____ line Death Notices in _____ Papers

(Names of Newspapers)

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____

Lining Grave, \$ _____ Lowering Device, \$ _____

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

Sales Tax _____

Total Footing of Bill June 13, 1941 \$ 100.00

Less _____

Balance _____

Entered into Ledger, page _____ or below.

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from

maturity at the rate of _____ % per annum.

Signed _____

Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 1318 Yearly No. 4 Date Jan 7, 1941

Name of Deceased Annie Balz Ebersberger
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 3338 Parkview Ave Husband—Wife—Widow— }
 Charge to Mr. Charles Ebersberger or of } 650

Address 3338 Parkview Ave

Order given by
(or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Jan 7, 1941
(Date) (Hour)

Date of Birth Apr 30, 1941
(Date) (Hour)

Age 81
(Years) (Months) (Days)

Date of Funeral Jan 10, 1941 2:30 M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Dr. Reed

His Address First Presbyterian Church

Religion of the Deceased Protestant

Resided in the State

Place of Death 3338 Parkview Ave
(or U. S. or City or County) (Years) (Months)

Cause of Death Carcinoma of Rectum & Colon

Contributory Causes Operation - Colostomy Apr 1938

Certifying Physician John R. Owens
(or Coroner)

His Address 3337 Dawson St

Name of Father Christopher Ebersberger

His Birthplace Germany

Maiden Name of Mother Barbara Law

Her Birthplace Germany

Motor } Remains to
 Ship }

Size and Style of Casket

Manufactured by

Interment at Homewood { Cemetery
 Crematory

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 530.00
Casket	
Outside Box	
Burial Vault	75.00
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Line Death Notices in	6 Papers
	2 times
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	53.00
Clergyman, \$	Singers, \$ Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	698.36
Less	
Entered into Ledger, page	or below

EDW. J. MCAVOY
PAID
March 15, 1941
 Per E. Balz



Date	Names of Lodges	Amount Paid	Balance	Date	Insurance Companies	Amount Paid	Balance
		To Above Balance	\$			To Balance Forward	\$
<u>Feb 7</u>	<u>Mill Creek</u>	By Payment	\$ 450.00			By Payment	\$
<u>Feb 14</u>	" "	" "	\$ 75.00			" "	\$
	" "	" "	\$ 80.00			" "	\$
	" "	" "	\$			" "	\$
	" "	" "	\$			" "	\$
	" "	" "	\$			" "	\$
	" "	" "	\$			" "	\$
	" "	" "	\$			" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

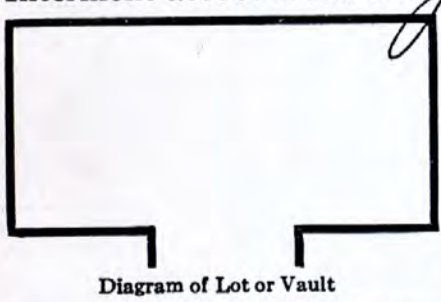
Witness Signed

Address

RECORD OF FUNERAL

Total No. 1319 Yearly No. 5 Date Jan 7 1941
 Name of Deceased Latifa Hedwen alia Anna Sasin (Single - Married - Divorced) Syrina (What Race) (Where Born)
 Residence of Deceased 1109 Webster Ave Husband—Wife—Widow— Sasin Hedwen
 Charge to R. Masallam or of
 Address 1203 Webster Ave
 Order given by (or informant)
 How Secured
 Occupation of Deceased Redder
 Name of Employer
 Address
 Date of Death Jan 7, 1941 (Date) (Hour)
 Date of Birth About 55 (Years) (Months) (Days)
 Age
 Date of Funeral Jan 10, Friday (Date) (Day of Week) (Hour) M.
 Services at St Anns
 Clergyman Rev Basil
 His Address
 Religion of the Deceased Catholic
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1109 Webster Ave
 Cause of Death Undetermined
 Contributory Causes
 Certifying Physician P. J. Heaney - J. B. Boyce (or Coroner)
 His Address
 Name of Father Unknown
 His Birthplace Sebanan - Syria
 Maiden Name of Mother Unknown
 Her Birthplace Sebanan - 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	\$ 465.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	53.00
Cremation	
line Death Notices in Papers	
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 529.50
Less	\$
Balance	\$
Entered into Ledger, page	or below.



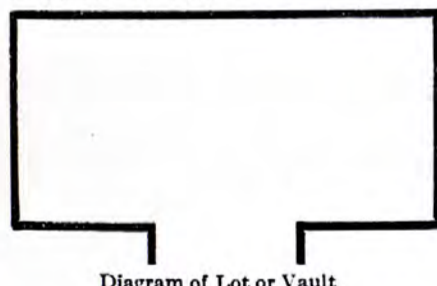
Date	Bill Rendered	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$		To Balance Forward	\$
	By Payment	\$	\$		By Payment	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1370 Yearly No. 6 Date January 10 1941
 Name of Deceased John R. Seckling
 Residence of Deceased 631 Fifty Ave., Altoona, Pa.
 Charge to Berry Funeral Home
 Address 116 1/2 2nd St., Altoona Pa.
 Order given by _____
 How Secured _____
 Occupation of Deceased Plumber
 Name of Employer Self Owned
 Address _____
 Date of Death January 10, 1941
 Date of Birth July 8, 1887
 Age 53
 Date of Funeral _____
 Services at Altoona
 Clergyman _____
 His Address _____
 Religion of the Deceased _____
 Resided in the State _____
 Place of Death St. Francis Hospital
 Cause of Death P. O. Peritonitis
 Contributory Causes Carcinoma of Rectum
 Certifying Physician F. J. Evans
 His Address St. Francis Hospital
 Name of Father Ernest Seckling
 His Birthplace Cenna
 Maiden Name of Mother Margaret Clarke
 Her Birthplace Cenna
 Remains to Altoona, Cenna
 Size and Style of Casket _____
 Manufactured by _____
 Interment at _____

Complete Funeral	\$
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	35.00
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aeropl. Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 42.70
Less	
Balance	\$ 6.90
Entered into Ledger, page _____ or below.	



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	<u>Bill Rendered</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1321 Yearly No. 7 Date Jan 10 1941

Name of Deceased Joseph Yemen - Widowed (What Race) Aliguppa (Where Born) Syria

Residence of Deceased 302 Sixth Ave Husband - Wife - Widowed

Charge to James Yemen
Address 47 Chatham St. Gh.

Order given by James Yemen (for informant)

How Secured
Occupation of Deceased Bedder

Name of Employer Self
Address 302 Sixth Ave - Aliguppa

Date of Death Jan 10, 1941 (Date) (Hour)

Date of Birth Sept 15, 1879 (Date) (Hour)

Age 61 (Years) 2 (Months) 25 (Days)

Date of Funeral Jan 13, 1941 (Date) (Day of Week) (Hour) 10 A.M.

Services at Aliguppa

Clergyman
His Address

Religion of the Deceased Catholic

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

Place of Death 302 Sixth Ave Aliguppa

Cause of Death Broncho Pneumonia

Contributory Causes Influenza Pulmonary

Certifying Physician Clyde H. Anthony (or Coroner)

His Address Aliguppa

Name of Father Peteris Yemen

His Birthplace Syria

Maiden Name of Mother Not Known

Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Mt. Olivet (Bourbon Co.) Cemetery

Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault

Complete Funeral	\$ 510 00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 17.50 (State Color)	Slippers \$ 3 Hose \$ 2 22 50
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. 3 00 (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$ Matting 20 00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 555 50
Less	\$
Balance	\$
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>May 26 1941</u>	By Payment	\$ 275 00		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

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

RECORD OF FUNERAL

Total No. 1322 Yearly No. 8 Date Jan 11, 1941
 Name of Deceased Albert A. Becker widowed St Pgh. Pa.
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 21 Seneca St Husband - Wife - Widow -
 Charge to Estate of Albert A. Becker or Elizabeth Vogler of

Address
 Order given by Mrs. Earl Foust 21 Seneca
(or informant)
 How Secured
 Occupation of Deceased Police officer
 Name of Employer City of Pgh.
 Address
 Date of Death Jan 11, 1941
(Date) (Hour)
 Date of Birth Feb 8, 1879
(Date) (Hour)
 Age 61 11 3
(Years) (Months) (Days)
 Date of Funeral Jan 14, 1941 M.
(Date) (Day of Week) (Hour)
 Services at Holy Trinity
 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 Mercy Hosp.
 Cause of Death Pulmonary edema
 Contributory Causes diabetes mellitus
 Certifying Physician E. M. Foust
(or Coroner)
 His Address Mercy Hosp.
 Name of Father August E. Becker
 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 M. P. Carmel { Cemetery
 Crematory

Complete Funeral	\$ 400.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
8 line Death Notices in 4 Papers	10.56
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor } Telegr., Phone, Cable or Radio Charges	
Cash Advanced, 1941	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 441.56
Less	
Balance	
Entered into Ledger, page	or below.

DECEASED - Saturday, Jan. 11, 1941, Albert A. husband of the late Elizabeth Vogler, father of Mrs. John White and Mrs. Earl Foust. Funeral from the McAVOY Funeral Home, 1780 Forbes St., on Tuesday morning at 8:30. Requiem High Mass at Holy Trinity Church at 9:30.

Lot No.
 Grave No.
 Section No.
 Owner

Date	Bill Rendered	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$		To Balance Forward	\$
	By Payment	\$	\$		By Payment	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1323 Yearly No. 9 Date Jan 12 1941
 Name of Deceased Elvira (Alie) Beck (Single - Married - Divorced) St. Summer St. Pa.
 Residence of Deceased 251 Temple St. Husband - Wife - Widow - Frank Beck
 Charge to Mr. Frank Beck or of

Address 251 Temple St.
 Order given by Same (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer U.S. Bureau of Mines
 Address James St., Egh, Pa.
 Date of Death Jan 12, 1941 - 4:35 P.M.
 Date of Birth April 26, 1878
 Age 62 8 16
 (Years) (Months) (Days)
 Date of Funeral Jan 16, 1941 10 A.M.
 (Date) (Day of Week) (Hour)
 Services at St. Pauls Cathedral
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State
 Place of Death Frank Side Hospital
 Cause of Death Thrombosis of Splenic Vein
Cerebral Embolism
 Contributory Causes Embolus of Anterior tibial Vein
 Certifying Physician Herman K. Linzeng
 (or Coroner)
 His Address May Bldg, Egh, Pa.
 Name of Father Anthony Campfire
 His Birthplace Italy
 Maiden Name of Mother Mary
 Her Birthplace Italy
 Motor } Remains to
 Ship }
 Size and Style of Casket
 (State Color)

Complete Funeral	\$ 570.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in <u>5</u> Papers	9.90
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	36.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 644.90
Less	
Balance	\$
Entered into Ledger, page or below.	

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

BECK - On Sunday, Jan. 12, 1941, Alie Beck (nee Campfire), widow of the late Frank J. Beck, and mother of Frank J. Beck, died at her home, 251 Temple St., on Thursday morning at 4:35 a. m. Requiem High Mass at St. Pauls Cathedral at 10 o'clock. (Pa.) please copy.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>Feb. 3, 1941</u>	By Payment	\$ 550.00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1324 Yearly No. 10 Date Dec 21 1940
 Name of Deceased Charles Heigel (Single—Married—Widowed) Widow (What Race) (Where Born)
 Residence of Deceased 1206 Whitcomb St Husband—Wife—Widow—
 Charge to Mary Heigel or..... of } 380.00

Address 89 Fullerton St
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Laborer
 Name of Employer.....
 Address.....
 Date of Death Dec 21, 1940 (Date) (Hour)
 Date of Birth Jan 15 (Year) (Month) (Day)
 Age abt 63 (Years) (Months) (Days)
 Date of Funeral Dec 24, 1940 (Date) (Day of Week) (Hour) M.
 Services at St. Ann's
 Clergyman Jr. Basil
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mayview
 Cause of Death arteriosclerotic heart disease
 Contributory Causes uratal fistula
 Certifying Physician John E. Kurty M.D. (or Coroner)
 His Address Mayview Hospital
 Name of Father Joseph
 His Birthplace Syria
 Maiden Name of Mother Bena
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)

Complete Funeral	\$ 4.50	00
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in		
Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$ 530	50
Less		
Balance	\$	
Entered into Ledger, page..... or below.		

Manufactured by.....
 Interment at Calvary Cemetery { Cemetery }
 Lot No. 425 { Crematory }
 Grave No. 125
 Section No. 14
 Owner.....

Date	Bill Rendered	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance		\$		To Balance Forward	\$
	By Payment	\$	\$		By Payment	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$
	" "	\$	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1325 Yearly No. 11 Date Jan 21, 1941
 Name of Deceased Jessie Scott (Single - Married - Divorced) Widow (What Race) Widow (Where Born)
 Residence of Deceased 236 Remondie Husband - Wife - Widow -
 or of }

Charge to Mrs. Grace Summers
 Address Forbes St
 Order given by (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer
 Address
 Date of Death Jan 21, 1941 (Date) (Hour)
 Date of Birth Nov 14, 1888
 Age 72 (Years) 2 (Months) 7 (Days)
 Date of Funeral Jan 24, 1941 9 AM (Date) (Day of Week) (Hour)
 Services at St. Mary'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 236 Remondie
 Cause of Death Chr. Myocarditis
 Contributory Causes Bronchial Asthma
 Certifying Physician S. J. Marcus (or Coroner)
 His Address 1407 - 5th Ave
 Name of Father Patrick Moore
 His Birthplace Pa
 Maiden Name of Mother Mary McBeaver
 Her Birthplace Pa
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St. Mary's { Cemetery
 Crematory

Complete Funeral	\$ 325.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
	(State Color)
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 396.88
Less	\$
Balance	\$

Lot No.
 Grave No.
 Section No.
 Owner

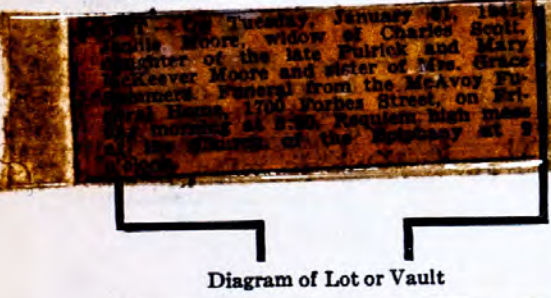


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1326 Yearly No. 12 Date Jan 23, 1941

Name of Deceased John M. Steinel
(Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1712 Forbes St
Husband—Wife—Widow— Widow Mell Steinel
or

Charge to Mrs. Belle Steinel
 Address 7006 Monticello St

Order given by _____
(or informant)

How Secured _____

Occupation of Deceased Barber
 Name of Employer Liberty Barber Shop
 Address _____

Date of Death Jan 23, 1941
(Date) (Hour)

Date of Birth _____

Age about 63
(Years) (Months) (Days)

Date of Funeral Jan 27, 1941 2:30 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman _____

His Address _____

Religion of the Deceased Protestant

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

Place of Death 1712 Forbes St

Cause of Death Carbon Monoxide Poisoning
 Contributory Causes due to inhaling fumes from gas stove

Certifying Physician O. J. Heaney
(or Coroner)

His Address Alleg. Co. Mo.

Name of Father Jacob Steinel
 His Birthplace Germany

Maiden Name of Mother Elizabeth Gohler
 Her Birthplace Germany

Motor Ship } Remains to _____

Size and Style of Casket _____
(State Color)

Manufactured by _____

Interment at Minersville { Cemetery
 Crematory

Social Security
 # 210-03-3963

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

Complete Funeral	\$	455 00
Casket		
Outside Box		
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(State Kind)</small>	
Lady Attendant	<small>(Name of Embalmer)</small>	
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
<small>(State Number and District)</small>		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
7 line Death Notices in <u>3 A.</u> Papers		6 93
<small>(Names of Newspapers)</small>		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		27 00
Lining Grave, \$		
Lowering Device, \$		
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		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	\$	491 92
Less	\$	
Per <u>E. J. M.</u> Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1327 Yearly No. 13 Date Jan 25, 1941

Name of Deceased Mrs. Mary Davis - Married Syrian
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1804 Cliff St
Widow or Wife of Charles Davis

Charge to Charles Davis
 Address 1804 Cliff St

Order given by Same
(or informant)

How Secured
 Occupation of Deceased Housewife

Name of Employer
 Address

Date of Death Jan 25, 1941 5:40 AM
(Date) (Hour)

Date of Birth About 44
(Years) (Months) (Days)

Date of Funeral Jan 27, 1941 M.
(Date) (Day of Week) (Hour)

Services at St. Ann's Church
 Clergyman Fr. Basil

His Address
 Religion of the Deceased Catholic

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

Place of Death Passavant Hospital
 Cause of Death Broncho Pneumonia

Contributory Causes
 Certifying Physician Dr. C. A. Price
(or Coroner)

His Address Passavant Hospital

Name of Father Wm. Sarkus
 His Birthplace Syria

Maiden Name of Mother Fatima Elias
 Her Birthplace Syria

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

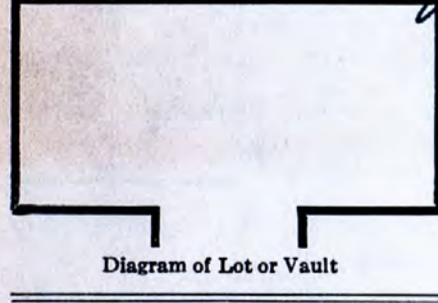
Manufactured by
 Interment at Calvary { Cemetery
 Crematory

Row 10
 Lot No. 10

Grave No. 18

Section No. 15

Owner Same



Complete Funeral	\$ 135.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 8.00	Slippers \$
	Hose \$ 8.00
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 143.00
Less	
Balance	
Entered into Ledger, page	below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ 70.00		By Payment	\$
	" "	\$ 70.00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed
 Address

RECORD OF FUNERAL

Total No. 1328 Yearly No. 14 Date Jan 28 1941

Name of Deceased Bridget Hines Lomboy (Single - Married - Divorced) W (What Race) Ireland (Where Born)

Residence of Deceased 43 Congress St Husband - Wife - Widow } Thomas Lomboy
or Widow of }

Charge to Frank Hines

Address 43 Congress St

Order given by Frank Hines (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Jan 28 - 1941 (Date) (Hour)

Date of Birth Feb 24th 1897 (Date) (Hour)

Age 43 (Years) 11 (Months) 4 (Days)

Date of Funeral Jan 31 (Date) (Day of Week) 9 A. 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 43 Congress St

Cause of Death Calcium Deficiency

Contributory Causes Chronic Myocarditis

Certifying Physician F. J. Barnett (or Coroner)

His Address 2004 - 5th Ave

Name of Father Martin Hines

His Birthplace Ireland

Maiden Name of Mother Mary C. Malley

Her Birthplace Ireland

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary { Cemetery
Crematory

Lot No. Sec 14

Grave No. 73

Row # 5

Section No.

Owner

Complete Funeral	\$ 2.50 00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress \$ <u>8.00</u> (State Color)	
Slippers \$	
Hose \$	8 00
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	53 00
Cremation	
7 line Death Notices in <u>2X</u> Papers <u>Per</u>	4 62
(Names of Newspapers)	
Flowers, \$ <u>7.00</u>	
Palms, \$	
Matting, \$	7 00
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 322 62
Less Per <u>JPM</u>	
Balance	\$



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

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

RECORD OF FUNERAL

Total No. 1329 Yearly No. 15 Date Feb 5th 1941
 Name of Deceased Margaret A. Mott White Pa.
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 209 Van Braam Husband—Wife—Widow—
 Charge to Estate of or Widow of Helen A. Hagan 570
 Address Helen A. Hagan, Epitro
 Order given by Helen A. Hagan
(or informant)
 How Secured _____
 Occupation of Deceased Retired
 Name of Employer _____
 Address _____
 Date of Death Feb 5, 1941
(Date) (Hour)
 Date of Birth not known
 Age 73 yrs
(Years) (Months) (Days)
 Date of Funeral Feb 8, 1941 10 A M.
(Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman L.A. O'Connell
 His Address _____
 Religion of the Deceased bath
 Resided in the State _____
(or U. S. or City or County) (Years) (Month)
 Place of Death 209 Van Braam St.
 Cause of Death Chr. Myocarditis
 Contributory Causes Hypostatic Cong. of Lungs
 Certifying Physician Dr. Mott
(or Coroner)
 His Address 2015 Conson St
 Name of Father James Holiday
 His Birthplace England
 Maiden Name of Mother Grace M. Guley
 Her Birthplace Ireland
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____
(State Color)
 Manufactured by Hill
 Interment at balvany Cemetery
 Crematory
 Lot No. 235
 Grave No. 3
 Section No. 1
 Owner _____

Complete Funeral	\$ 460 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
State Dress \$ (14)	Slippers \$
Hose \$	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	21 00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in 5X Papers	13 20
Flowers, \$	Palms, \$
Matting, \$	25 00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	31 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 592 70
Less	
Per _____	
Balance	\$

At her residence, 209 Van Braam St., on Wednesday, February 5, 1941, Margaret A. Mott, widow of the late Charles A. Mott and sister of Mrs. John Hagan from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 10 o'clock, Requiem Mass at the Church of the Epiphany at 10 o'clock.

EDW. J. MCAVOY
 PAID
 March 19, 1941

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1330 Yearly No. 16 Date Feb 18, 1941

Name of Deceased Frank Lee (Single - Married - Divorced) Irish (What Race) Ireland (Where Born)

Residence of Deceased 1027 Bedford Ave Husband - Wife - widow } Bridget Flaherty or of } 1200

Charge to Mrs. Bridget Lee

Address 1027 Bedford Ave

Order given by Same (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Feb 18, 1941 (Date) (Hour)

Date of Birth not known

Age 76 (Years) (Months) (Days)

Date of Funeral Feb 22, 1941 (Date) (Day of Week) (Hour) 10 AM

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 carcinoma of Bladder

Contributory Causes

Certifying Physician E. J. McLaughlin (or Coroner)

His Address Mercy Hosp.

Name of Father Dudley Lee

His Birthplace Ireland

Maiden Name of Mother Bridget Feeney

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Catholic { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 995.00
Casket	
Outside Box	
Burial Vault (State Kind)	100.00
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	27.50
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress \$ (State Color)	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery <u>4</u> @ \$ <u>10.50</u>	42.00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	50.00
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
<u>7</u> line Death Notices in <u>8</u> Papers	18.48
Flowers, \$ (Names of Newspapers)	20.00
Palms, \$	
Matting, \$	
Rental of Tent, \$ <u>10</u> of Temporary Vault, \$	10.00
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$ <u>Relig. Soc.</u>	50.00
Organist, \$	
Railroad or Motor } Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 1262.98
Less	
Balance	

On Tuesday, Feb. 18, 1941, Frank Lee, husband of Bridget Flaherty Lee, departed from his late residence, 1027 Bedford Ave., on Saturday morning at 10:30. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock. Friends invited.

Diagram of Lot or Vault

EDW. J. MCAVOY
PAID

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Address.....

Witness.....

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

RECORD OF FUNERAL

Total No. 1331 Yearly No. 17 Date Feb. 23, 1941

Name of Deceased Anna Ashlmann (Single—Married—Divorced) W (What Race) Pa (Where Born)

Residence of Deceased 5324 Penn Ave Husband—Wife—Widow—Frederick 412
or..... of

Charge to Howard Perkins
Address 5413 Glenwood Ave

Order given by Na 6612
(or informant)

How Secured.....
Occupation of Deceased Ret.

Name of Employer.....
Address.....

Date of Death Feb 22, 1941
(Date) (Hour)

Date of Birth.....
Age 77
(Years) (Months) (Days)

Date of Funeral Feb 25, 1941 10A
(Date) (Day of Week) (Hour)

Services at Epiphany
Clergyman.....

His Address.....
Religion of the Deceased Cath

Resided in the State.....
Place of Death Little Sisters of Poor
(U. S. or City or County) (Years) (Months)

Cause of Death Chronic Arthmat Myocarditis

Contributory Causes Influenza
Certifying Physician W.A. Derhuyden
(Coroner)

His Address 4810 Beverly Ave

Name of Father John Harold
His Birthplace Ireland

Maiden Name of Mother Catherine Rohr
Her Birthplace Ireland

Motor } Remains to.....
Ship } (State Color)

Size and Style of Casket.....

Manufactured by Hill
Interment at Calvary { Cemetery
Crematory

ASHLMA On Sunday, Feb. 23, 1941, Anna Farrell, wife of Frederick and mother of Frederick Jr., Mrs. Harry Phillips and Otto Ashlmann, Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 9:30. Requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

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

Complete Funeral	\$ 370.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
8 line Death Notices in 3 Papers	7.92
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	36.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	10.00
Sales Tax	
Total Footing of Bill	\$ 445.92
Less	
Balance	
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

RECORD OF FUNERAL

Total No. 1332 Yearly No. 18 Date March 7 1941

Name of Deceased James J. Barry (Single - Married - Divorced) White (What Race) Pa (Where Born)

Residence of Deceased 1814 Forbes St Husband—Wife—Widow—Mary Trainer of of 408

Charge to Complete Funeral \$ 380 00

Address Casket Outside Box (State Kind)

Order given by Mary M. Barry (Sister) (or informant) Burial Vault (State Kind)

How Secured Embalming Body (Name of Embalmer)

Occupation of Deceased Retired Lady Attendant Barber, \$ Hair Dressing, \$

Name of Employer Dressing Body, \$ Underwear, \$

Address Suit or Dress \$ Slippers \$ Hose \$

Date of Death March 7 - 1941 (Date) (Hour) Folding Chairs, \$ Tarpaulin, \$

Date of Birth Candelabrum, \$ Candles, \$

Age abt. 60 (Years) (Months) (Days) Door Spray, \$ Gloves, \$

Date of Funeral March 11 (Date) (Day of Week) 10 A.M. (Hour) Funeral Car, \$ Ambulance, \$

Services at Epiphany Limousines to Cemetery @ \$ Autos to R. R. Station @ \$

Clergyman Getting Remains from Taking Remains to

His Address Trip to Coroner's Inquest Delivering Box to

Religion of the Deceased Catholic Deliver Flowers to Removal Charges

Resided in the State Procuring Burial Permit (State Number and District)

Place of Death Shady Side Hospital (or U. S. or City or County) (Years) (Months) Certif. Copies of Death Certificates No. 2 (State Physician's or Coroner's)

Cause of Death Coronary Arteriosclerosis Pall Bearer Service, \$ Use of Chapel, \$

Contributory Causes Arteriosclerosis Personal Service Gross Total for Sales Tax \$

Certifying Physician P. J. Henney (or Coroner) Outlay for Lot 31 00

His Address Cremation 7 line Death Notices in 5 Papers 11 05

Name of Father John Barry (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$

His Birthplace Ireland Rental of Tent, \$ of Temporary Vault, \$

Maiden Name of Mother Margaret Glary Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$

Her Birthplace Ireland Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$

Motor } Remains to Railroad } Tickets, \$ Aero-plane Service, \$

Size and Style of Casket (State Color) Telegr., Phone, Cable or Radio Charges Cash Advanced

Manufactured by Out of town Undertaker's Charges **EDW. J. MCAVOY**

Interment at St. Marys { Cemetery Crematory Sales Tax Total Footing of Bill \$ 424 05

Lot No. 155 Grave No. Less Balance \$

Section No. M Entered into Ledger, page or below.

Owner John Barry

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum. Signed Address

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

BARRY—Suddenly, on March 7, 1941, James J. son of the late John and Margaret Glary Barry. Funeral from his late home, 1814 Forbes St. on Tuesday morning at 9:00. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ <u>66 79</u>		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$



RECORD OF FUNERAL

Total No. 1333 Yearly No. 19 Date March 9th 1941
 Name of Deceased Anna McCarey (Single - Married - Divorced) St (What Race) Mt Lebanon Syria (Where Born)
 Residence of Deceased 58 E 6th St ~~Husband~~ - Wife - ~~Widow~~ Michael McCarey (Name of Deceased)
 Charge to Michael McCarey or 58 E 6th St of 500 f

Address 58 E 6th St
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Address _____
 Date of Death Mar 9, 1941 (Date) _____ (Hour)
 Date of Birth Oct 15, 1880 (Date) _____ (Hour)
 Age 53 (Years) 5 (Months) 4 (Days)
 Date of Funeral Mar 12, 1941 (Date) 9 A (Hour) M.
 Services at St Ann's Church (Day of Week) _____
 Clergyman Rev E. Basil
 His Address _____
 Religion of the Deceased Catholic
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 58 E 6th St
 Cause of Death Coronary Occlusion
 Contributory Causes _____
 Certifying Physician P. J. Henney Coroner (or Coroner)
 His Address on Joseph B. Dobbs
 Name of Father Nassif Mosallam
 His Birthplace Mt Lebanon Syria
 Maiden Name of Mother Tameri Sofie
 Her Birthplace Mt. Lebanon Syria
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)

Complete Funeral	\$	485	00
Casket			
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	(Name of Embalmer)		
Lady Attendant			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress \$25.25	Slippers \$3.00	Hose \$2	30.25
(State Color)			
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
.8 line Death Notices in 4 X Papers		10	56
(Names of Newspapers)			
Flowers, \$	Palms, \$	Matting, \$	10 00
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
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			
Sales Tax			
Total Footing of Bill	\$	535	81
Less	\$		
Per Balance	\$		
Entered into Ledger, page			of below.

Manufactured by _____
 Interment at Calvary Cemetery Cemetery Crematory
 Lot No. 386
 Grave No. _____
 Section No. 5
 Owner _____



EDW. J. McAVOY
PAID
April 7, 1941
 Per Balance

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

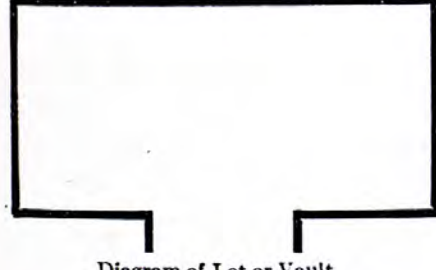
RECORD OF FUNERAL

Total No. 1324 Yearly No. 20 Date Mar 14, 1941 1941
 Name of Deceased William E. Lutes - Married (Single - Married - Divorced) at (What Race) New York (Where Born)
 Residence of Deceased Husband Maude Brewer or of

Charge to E
 Address R.D. #6 Brownsdale
 Order given by Butler Pa. (or informant)
 How Secured
 Occupation of Deceased Retired Mechanic
 Name of Employer
 Address
 Date of Death Mar 14, 1941 (Date) (Hour)
 Date of Birth
 Age About 70 (Years) (Months) (Days)
 Date of Funeral Mar 18 (Date) (Day of Week) (Hour) M.
 Services at Lester Burnett Fun. Home
 Clergyman
 His Address
 Religion of the Deceased Protestant
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death R.D. #6 Brownsdale Pa
 Cause of Death Carcinoma of bladder
 Contributory Causes a Prostate gland
 Certifying Physician Dr. Joseph Stepp (or Coroner)
 His Address
 Name of Father Charles C. Lutes
 His Birthplace N. Y.
 Maiden Name of Mother Alida Harding
 Her Birthplace N. Y.
 Remains to Middletown, N. Y.
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Walkill Cemetery Cemetery Crematory

Complete Funeral	\$
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$

Entered into Ledger, page or below.



Lot No.
 Grave No.
 Section No.
 Owner.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

RECORD OF FUNERAL

Total No. 1325 Yearly No. 21 Date Mar 15 1941

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

Residence of Deceased 1112 Fisher St Husband—Wife—Widow— }
Charge to Dept of Public Assistance or of }

Address.....

Order given by John B. Jones (or informant)

How Secured.....

Occupation of Deceased.....

Name of Employer.....

Address.....

Date of Death Mar 15 1941 (Date) (Hour)

Date of Birth.....

Age 66 (Years) (Months) (Days)

Date of Funeral Mar 19 1941 (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 Maymeur

Cause of Death Carcinoma of Prostate

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 Woodlawn { Cemetery
Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral	\$	
Casket <u>Case</u>		50 00
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body <u>Preservation</u> (Name of Embalmer)		10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ <u>Slippers</u> (State Color)	Hose \$	5 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$ <input checked="" type="checkbox"/>	Ambulance, \$	10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl. Open & Close</u>		20 00
Cremation		
line Death Notices in Papers (Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax <u>Quit</u>		
Total Footing of Bill	\$	95 00
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....
Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1336 Yearly No. 22 Date Mar 17, 1941

Name of Deceased Ettore Politaro - Edward Poliden
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1112 Forbes St - Friendly Ind
Husband - Wife - Widow - or of

Charge to Dpty Public Assistance

Address

Order given by Mr John R Jones
(or informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Mar 17, 1941
(Date) (Hour)

Date of Birth

Age 77
(Years) (Months) (Days)

Date of Funeral Mar 19, 1941
(Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death M. Y. Gouven

Cause of Death Cardio Degeneration

Contributory Causes Arterio Sclerotic Lesions

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery Cemetery Crematory



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$		
Casket <u>Case</u>		50	00
Outside Box			
Burial Vault			
Embalming Body <u>Preservation</u>		10	00
Lady Attendant			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$ <u>Clothing</u>		5	00
Underwear, \$			
Suit or Dress \$			
Slippers \$			
Hose \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$		10	00
Ambulance, \$			
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot <u>Inst Open + Clos</u>		25	00
Cremation			
line Death Notices in Papers			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Lowering Device, \$			
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			
Sales Tax			
Total Footing of Bill	\$	100	00
Less	\$		
Balance	\$		

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of % per annum. Signed Address

RECORD OF FUNERAL

Total No. 1237 Yearly No. 23 Date Mar 15, 1941

Name of Deceased Margaret Elmore - Single (Single - Married - Divorced) W (What Race) (Where Born)

Residence of Deceased 3601 Frazier St Husband—Wife—Widow—
or..... of }

Charge to Dr. M. Pelagia Byrne

Address St Pauls Orphanage, Crafton Station, Pgh, Pa.

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

How Secured.....

Occupation of Deceased Sales girl

Name of Employer Kaufmann's

Address Mar 15, 1941

Date of Death..... (Date) (Hour)

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

Age 41

Date of Funeral Mar 20, 1941 9. 17. M. (Date) (Day of Week) (Hour)

Services at St Agnes 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 Frazier St

Cause of Death Carbon Monoxide Poisoning

Contributory Causes.....

Certifying Physician Dr. J. J. Henney Coroner. (or Coroner)

His Address.....

Name of Father Patrick Elmore

His Birthplace.....

Maiden Name of Mother Bridget

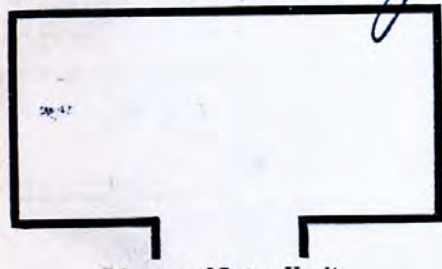
Her Birthplace.....

Motor } Remains to.....
Ship }

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

Manufactured by.....

Interment at Calvary Cemetery { Cemetery
Crematory



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

Complete Funeral	\$ 130 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	20 00
Cremation	
.....line Death Notices in..... Papers	
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 150 00
Less.....	
Balance	\$
Entered into Ledger, page..... or below.	

EDW. J. MCAVOY
APR 11 1941

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Apr 11</u>	By Payment	\$ 104 80		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

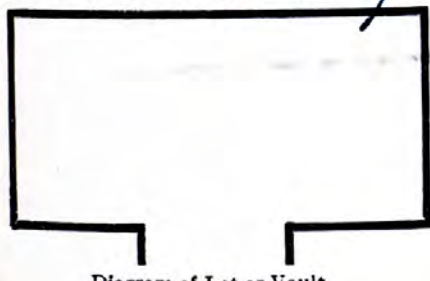
Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1338 Yearly No. 24 Date Mar 15, 1941
 Name of Deceased James E. Elmore ~~Single~~ St. (What Race) (Where Born)
 Residence of Deceased 3601 Frazier St. Husband—Wife—Widow— }
 or of }

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer
 Address
 Date of Death Mar 15, 1941 (Date) (Hour)
 Date of Birth
 Age 54 (Years) (Months) (Days)
 Date of Funeral Mar 20, 1941 9:17 M. (Date) (Day of Week) (Hour)
 Services at St. Agnes 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 Frazier St.
 Cause of Death Carbon Monoxide Poisoning
 Contributory Causes
 Certifying Physician Dr. F. J. Henney, Coroner (or Coroner)
 His Address
 Name of Father Patrick Elmore
 His Birthplace
 Maiden Name of Mother Bridget
 Her Birthplace
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary Cemetery { Cemetery
 Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 130.00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 130.00
Less	\$
Balance	\$
Entered into Ledger, page or below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	<u>James Elmore</u>	\$ 35.00		" "	\$
	" "	\$ 40.00		" "	\$
<u>May 7</u>	" "	\$ 5.00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1339 Yearly No. 25 Date Mar. 22, 1941

Name of Deceased B. F. Foster (Single - Married - Divorced) Jonesville S.C. (Where Born)

Residence of Deceased 1210 Ninth St. S.W. Arlington Va. Husband Josephine Foster or Josephine Foster of

Charge to

Address

Order given by Mr. Lehan asst Supt (or informant)

How Secured

Occupation of Deceased Pullman Porter

Name of Employer Pullman Co.

Address 704 Sulf Bldg.

Date of Death Mar 22, 1941 - 6:45 AM (Date) (Hour)

Date of Birth Feb 10, 1874

Age 67 (Years) 1 (Months) 12 (Days)

Date of Funeral (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 Mercy Hospital

Cause of Death Chronic Myocarditis

Contributory Causes

Certifying Physician Dr. P. J. Honey (or Coroner)

His Address Morgue

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 Washington DC { Cemetery Crematory

Diagram of Lot or Vault

Lot No. S.S # 709-12-4765

Grave No.

Section No.

Owner

Complete Funeral Professional Fee \$ (45 00)

Casket

Outside Box (State Kind)

Burial Vault (State Kind)

Embalming Body 25 00 (Name of Embalmer)

Lady Attendant

Barber, \$ 2 00 Hair Dressing, \$ 2 00

Dressing Body, \$ 2 00 Underwear, \$ 2 00

Suit or Dress \$ 2 00 Slippers \$ 2 00 Hose \$ 2 00

Folding Chairs, \$ 2 00 Tarpaulin, \$ 2 00

Candelabrum, \$ 2 00 Candles, \$ 2 00

Door Spray, \$ 2 00 Gloves, \$ 2 00

Funeral Car, \$ 10 00 Auto Service

Limousines to Cemetery @ \$ 10 00

Autos to R. R. Station @ \$ 10 00

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver 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, \$ 10 00 Use of Chapel, \$ 10 00

Personal Service

Gross Total for Sales Tax

Outlay for Lot

Cremation

line Death Notices in Papers (Names of Newspapers)

Flowers, \$ 2 00 Palms, \$ 2 00 Matting, \$ 2 00

Rental of Tent, \$ 2 00 of Temporary Vault, \$ 2 00

Opening of Grave or Tomb

Lining Grave, \$ 2 00 Lowering Device, \$ 2 00

Outlay for Shipping Charges

Clergyman, \$ 2 00 Singers, \$ 2 00 Organist, \$ 2 00

Railroad } Tickets, \$ 2 00 Aero-Plane Service, \$ 2 00 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill \$ 47 00

Less

Balance \$

Entered into Ledger, page or below.

EDWARD J. MCAVOY
PAID
May 5, 1941
Per [Signature]

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1340 Yearly No. 26 Date March 26 1941
 Name of Deceased Gertrude Marie McGiffin Metzkes - married - of - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 417 Jacksonia St
 Charge to George Metzkes
 Address 417 Jacksonia St
 Order given by
 How Secured
 Occupation of Deceased Housewife
 Name of Employer

Date of Death Mar 26, 1941 12:01 AM
(Date) (Hour)
 Date of Birth May 7, 1909
 Age 31 - 9 - 19
(Years) (Months) (Days)
 Date of Funeral Mar 29, 1941 9 A M.
(Date) (Day of Week) (Hour)
 Services at St. Peter's N.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 417 Jacksonia St N.S.
 Cause of Death Acute Broncho Pneumonia
uremia - due to renal
 Contributory Causes insufficiency (1) kidney
 Certifying Physician Dr. Stoffan
(or Coroner)

His Address 2466 California Ave
 Name of Father Wm. J. McGiffin
 His Birthplace Pittsburgh, Pa.
 Maiden Name of Mother Stella Meiser
 Her Birthplace Pittsburgh, Pa.
 Motor } Remains to
 Ship }

Size and Style of Casket
(State Color)
 Manufactured by
 Interment at Calvary Cemetery } Cemetery
Crematory

Lot No. 38
 Grave No.
 Section No. A
 Owner

Complete Funeral	\$ 290 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in <u>2</u> Papers	5 00
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	23 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 318 00
Less	
Balance	

Entered into Ledger, page or below.



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>3/31/41</u>	By Payment	\$ 18 00		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$
 Names of Lodges
 Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 days from date. Interest to accrue from
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1341 Yearly No. 27 Date March 27 1941

Name of Deceased John J. Sexton - Married (Single - Married - Divorced) W. - Massachusetts (What Race) (Where Born)

Residence of Deceased 1403 Fifth Ave Husband Emma of 330 00

Charge to _____

Address _____

Order given by _____ (or informant)

How Secured _____

Occupation of Deceased Steel Worker

Name of Employer Jones & Laughlin

Address _____

Date of Death March 27, 1941 8:10 P.M. (Date) (Hour)

Date of Birth Dec 4 - 1864

Age 77 3 23 (Years) (Months) (Days)

Date of Funeral Mar 31, 1941 9 A.M. (Date) (Day of Week) (Hour)

Services at Epiphany 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 Passavant Hospital

Cause of Death Bronchial Pneumonia

Contributory Causes Arterio-sclerotic heart disease

Certifying Physician Dr. M. Hankey (or Coroner)

His Address Passavant Hospital

Name of Father James Sexton

His Birthplace Ireland

Maiden Name of Mother Katharine Leahy

Her Birthplace Ireland

Motor } Remains to _____
Ship }

Size and Style of Casket _____ (State Color)

Manufactured by _____

Interment at Calvary Cemetery { Cemetery
Crematory

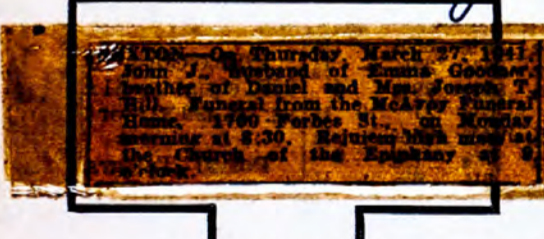
Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$ 290 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	1 00
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in <u>3 X</u> Papers	7 92
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	3 6 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Organist, \$
or Motor } Aero-plane Service, \$	1 0 00
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 349 92
Less	
Balance	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1342 Yearly No. 28 Date Mar 31, 1941

Name of Deceased Gatos Vartanoff - Married - Armenian (Single - Married - Divorced) (What Race) Russia (Where Born)

Residence of Deceased 1505 Fifth Ave Husband - Wife - Widow - }
or of }

Charge to Nick Simichian

Address

Order given by

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death Mar 31, 1941 (Date) (Hour)

Date of Birth

Age About 51 (Years) (Months) (Days)

Date of Funeral Apr 2, 1941 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Mayview Hospital

Cause of Death Acute Pylo Nephritis

Contributory Causes Uremia - Arterio Sclerosis

Certifying Physician

His Address

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Menessville { Cemetery
Crematory

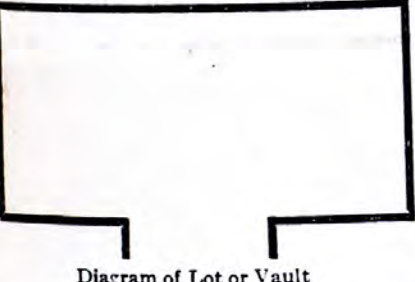
Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 150.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
—Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 40.00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 212.00
Less	
Balance	\$



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
<u>Apr 1</u>	<u>Nick Simichian</u>				
	By Payment				
	\$ 100.00				

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

RECORD OF FUNERAL

Total No. 1343 Yearly No. 29 Date April 6th 1941
 Name of Deceased Margaret Flaherty White Ireland
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1845 Blvd of Allies Husband—Wife—Widow—
 Charge to Mrs. Mgt. Hanrahan or of }
 Address
 Order given by
(or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death April 9th
(Date) (Hour)
 Date of Birth
 Age abt 83
(Years) (Months) (Days)
 Date of Funeral April 9 9 A. M.
(Date) (Day of Week) (Hour)
 Services at Epiphany
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State 12 yrs
(or U. S. or City or County) (Years) (Months)
 Place of Death 1845 Blvd of Allies
 Cause of Death Chronic Arteriosclerosis
 Contributory Causes Myocarditis
 Certifying Physician J. J. Mc Carthy
(or Coroner)
 His Address 2016 - Fifth Ave
 Name of Father John Flaherty
 His Birthplace Gallway Ireland
 Maiden Name of Mother Margaret King
 Her Birthplace Gallway Ireland
 Motor } Remains to Iruin Pa
 Ship }
 Size and Style of Casket
(State Color)
 Manufactured by
 Interment at Immaculate Conception Cemetery
Crematory
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 290.00	\$ 265.00
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	12.50
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
line Death Notices in Papers		11.88
<u>Blanket</u>		8.00
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill <u>Apr 19, 1941</u>		\$ 07.38
Less		
Entered into Ledger, page or below.		

FLAHERTY - At the home of her daughter, Mrs. Margaret Hanrahan, 1845 Blvd. of Allies, on Sunday, April 6, 1941, Margaret Flaherty, wife of the late John Flaherty, Funeral from the Most Holy Funeral Home, 1700 Forbes St., on Wednesday morning at 8:30. Requiem Mass at Church of Epiphany at 8 o'clock. Interment at Iruin, Pa.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1244 Yearly No. 30 Date April 9, 1941

Name of Deceased Josephine Crisanti (Single - Married - Divorced) White (What Race) Italy (Where Born)

Residence of Deceased 1607 Tustin Street Husband - Wife - Widow - James Crisanti or of 545

Charge to Halter Crisanti
Address 1607 Tustin St

Order given by Halter Crisanti (or informant)

How Secured

Occupation of Deceased House Wife

Name of Employer

Address

Date of Death Apr. 9, 1941 2:45 PM (Date) (Hour)

Date of Birth Feb 14, 1890 (Date) (Hour)

Age 51 - 1 - 25 (Years) (Months) (Days)

Date of Funeral Apr 14, 1941 10 AM (Date) (Day of Week) (Hour)

Services at St Peter's Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death 1607 Tustin St (or U. S. or City or County) (Years) (Months)

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Dr. P. J. Henney, Coroner (or Coroner)

His Address Alleyway E. Morgan

Name of Father Unknown

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	545
Casket		330.00
Outside Box		20.00
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25.00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ 20	Slippers \$ 3	25.00
	Hose \$ 2	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3.00
Door Spray, \$	Gloves, \$	3.00
Funeral Car, \$	Ambulance, \$	14.00
Limousines to Cemetery @ \$		21.00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	31.00
Outlay for Lot		7.92
Cremation		
6 line Death Notices in 4 Papers		15.00
	(Names of Newspapers)	12.00
Flowers, \$	Palms, \$	
Rental of Tent, \$	of Temporary Vault	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		50.00
Clergyman, \$	Singers, \$	
Organist, \$		
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced <u>Blanket</u>		9.00
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	556.92
Less	\$	56.92
Balance	\$	
Entered into Ledger, page		or below.



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Apr 15	To Above Balance	145.00			\$ 400.00
	By Payment				
	" "				
	" "				
	" "				
	" "				
	" "				
	" "				
	" "				
	" "				

EDW. J. MCAVOY
PAID
35-1-41

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

Total No. 1345 Yearly No. 31 Date April 15 1941

Name of Deceased James Barrett Single (Single - Married - Divorced) St (What Race) Pittsburgh (Where Born)

Residence of Deceased 2007 Forbes Street Husband—Wife—Widow— } 490
 or of }

Charge to Mrs Mary Barrett
 Address 418 Temple Street

Order given by (or informant)

How Secured

Occupation of Deceased Iron Worker

Name of Employer

Address

Date of Death Apr 15, 1941 9:35 PM (Date) (Hour)

Date of Birth Sept 13, 1910

Age 30 7 2 (Years) (Months) (Days)

Date of Funeral Apr 19, 1941 10A M. (Date) (Day of Week) (Hour)

Services at St Paul's 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 Mercy Hospital

Cause of Death Toxemia following 2nd and 3rd degree burns due to bed catching on fire

Contributory Causes

Certifying Physician Dr. J. J. Henney Coroner (or Coroner)

His Address

Name of Father James Barrett

His Birthplace Pittsburgh

Maiden Name of Mother Mary Dawns

Her Birthplace Pittsburgh

Motor } Remains to
 Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Cemetery { Cemetery }
 Crematory }

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 440 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
9 line Death Notices in 5X Papers	14 85
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 511 85
Less	
Balance	\$
Entered into Ledger, page	or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1346 Yearly No. 32 Date Apr 16 1941

Name of Deceased Ashley H. Brockett Married It Pittsburgh
(Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 1835 Blvd of Allies Husband Wife Flarence Roth
or of

Charge to Mrs. Ashley Brockett

Address 1825 Blvd of Allies

Order given by _____
(or informant)

How Secured _____

Occupation of Deceased School Teacher
Unemployed

Name of Employer _____

Address _____

Date of Death April 16, 1941 - 11:55 PM
(Date) (Hour)

Date of Birth Feb 24, 1896

Age 45 1 22
(Years) (Months) (Days)

Date of Funeral Apr 18, 1941 2:30 PM
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman _____

His Address _____

Religion of the Deceased Protestant

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

Place of Death 1825 Blvd of Allies

Cause of Death Chronic Alcoholism

Contributory Causes _____

Certifying Physician Dr. P. J. Henney, Cor.
(or Coroner)

His Address _____

Name of Father Alonso H. Brockett

His Birthplace Pittsburgh

Maiden Name of Mother Luella Ashe

Her Birthplace Pittsburgh

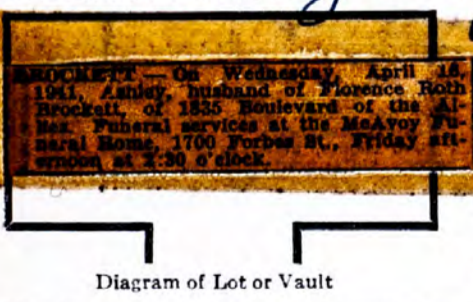
Motor } Remains to _____
 Ship }

Size and Style of Casket _____
(State Color)

Manufactured by _____

Interment at Allegheny { Cemetery
 Crematory

Complete Funeral	\$ 335 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
6 line Death Notices in 2 Papers	3 96
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	25 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 384 96
Less	
Balance	\$



Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ 100 00		By Payment	\$
	Alley Co	\$ 75 00		" "	\$
	"	\$ 100 00		" "	\$
	"	\$		" "	\$
	"	\$		" "	\$
	"	\$		" "	\$
	"	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1347 Yearly No. 22 Date Apr 17 1941

Name of Deceased Frank Dunn Widow Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1517 Forbes Street Husband—Wife—Widow—
or of }

Charge to Michael Dunn

Address

Order given by Nellie Dunn
(or informant)

How Secured 6803 Hamilton Ave

Occupation of Deceased Bar tender

Name of Employer

Address

Date of Death Apr 17, 1941 4:40 AM
(Date) (Hour)

Date of Birth

Age About 58
(Years) (Months) (Days)

Date of Funeral Apr 19, 1941 9 A. M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death Mercy Hospital
(or U. S. or City or County) (Years) (Months)

Cause of Death Ruptured acephagal vein

Contributory Causes Cirrhosis of Liver

Certifying Physician E. St. zur Horst
(or Coroner)

His Address Mercy Hospital

Name of Father Michael J. Dunn

His Birthplace Boston, Mass.

Maiden Name of Mother Nellie Sullivan

Her Birthplace Boston, Mass.

Motor } Remains to
Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary { Cemetery
Crematory

Complete Funeral	\$	135	00
Casket			
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	(Name of Embalmer)	25	00
Lady Attendant			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress \$	Shoes \$	20	00
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	3	00
Door Spray, \$	Gloves, \$	3	00
Funeral Car, \$	Ambulance, \$	14	00
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot		53	00
Cremation			
7 line Death Notices in <u>IX</u> Papers		2	31
Flowers, \$	Palms, \$		
Matting, \$			
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
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			
Sales Tax			
Total Footing of Bill	\$	265	31
Less	\$		
Balance	\$		

Paid in full
Apr 18, 1941

Funeral on Thursday, April 17, 1941, Frank (Hoops) Dunn, brother of Michael Dunn, Maxine Patterson and Nellie Dunn, Funeral from the McAvoy Funeral Home, 1509 Forbes Street, Saturday morning at 9:30, Requiem high mass at Church of the Epiphany at 8 o'clock.

Lot No.
Grave No.
Section No.
Owner

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1348 Yearly No. 34 Date Apr 20, 1941

Name of Deceased Anne Marie Capodanno high st Pgh, Pa
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 2714 Queensboro Ave. Husband—Wife—Widow—
Charge to Mrs. Rose Capodanno or..... of }

Address.....
Order given by.....
(or informant)
How Secured.....
Occupation of Deceased at Home
Name of Employer.....
Address.....

Date of Death Apr 20, 1941 1:30 PM
(Date) (Hour)

Date of Birth Oct 22, 1920
(Date) (Month) (Day)

Age.....
(Years) (Months) (Days)

Date of Funeral Apr 22, 1941 10 AM
(Date) (Day of Week) (Hour)

Services at St. Peter's Italian 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 2714 Queensboro Ave

Cause of Death Pulmonary Tuberculosis

Contributory Causes.....
Certifying Physician.....
(or Coroner)

His Address 826 Brookline Blvd

Name of Father Raffaele Capodanno
Italy

His Birthplace.....
Maiden Name of Mother Rose Panto
Italy

Her Birthplace.....
Motor } Remains to.....
Ship }

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

Manufactured by.....

Interment at Colony { Cemetery
Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$ 530 00
Casket	
Outside Box	
Burial Vault	65 00
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Shoe Dress \$	Slippers \$
Hose \$	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
4 line Death Notices in <u>5</u> Papers	12 20
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	36 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 716 70
Less..... EDW. J. MCAVOY	
Balance	
Entered into Ledger, page <u>1065, 1941</u> or below.	



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>May 5</u>	By Payment	\$ 600		By Payment	\$
<u>June 9</u>	" "	\$ 45		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....
Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1249 Yearly No. 25 Date Apr 21 1941
 Name of Deceased Catherina Pietasi - married - (Single - Married - Divorced) It - Cincinnati Ohio (What Race) (Where Born)
 Residence of Deceased 1909 Station St ~~Husband~~ - ~~Wife~~ - ~~Widow~~ } Louis - age 33 or of

Charge to
 Address
 Order given by Louis Pietasi (of informant)
 How Secured 139 Crawford St
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death Apr 21, 1941 - 4:45 P.M. (Date) (Hour)
 Date of Birth July 18, 1909
 Age 32 - 9 - 3 (Years) (Months) (Days)
 Date of Funeral Apr 25, 1941 9:30 A.M. (Date) (Day of Week) (Hour)
 Services at St. Peter's Italian 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 Magee Hospital
 Cause of Death Septic Pulmonary Embolism
 Contributory Causes Beloid Thrombo Phlebitis
 Certifying Physician Dr. Paul J. Benson (or Coroner)
 His Address Magee Hospital
 Name of Father Michael Muccerion
 His Birthplace Italy
 Maiden Name of Mother Grace Chicola
 Her Birthplace Italy
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Celvey { Cemetery
 Crematory
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 265 00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ etc Slippers \$	Hose \$ 15 00
(State Color)	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	53 00
Cremation	
... line Death Notices in Papers	
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$ 10 00 10 00
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	20 00
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 363 00
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ 300 00		By Payment	\$ 63 00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

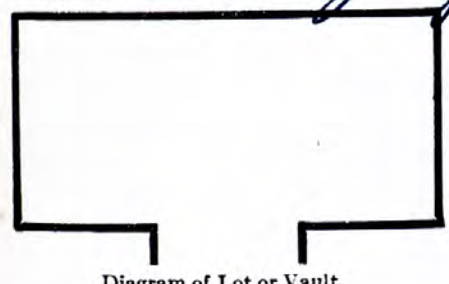
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed Address

RECORD OF FUNERAL

Total No. 1350 Yearly No. 36 Date May 2 1941
 Name of Deceased Lloyd Keller widowed W. Middlebourne
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 53 Congress Street Constance Barker
Husband - Wife - Widower or of of

Charge to Estate of Lloyd Keller
 Address.....
 Order given by Mrs. S. Campbell
(or informant)
 How Secured 620 N. Dallas Ave
 Occupation of Deceased Clerk
 Name of Employer Improvement of Poor
 Address.....
 Date of Death May 2, 1941 7:10
(Date) (Hour)
 Date of Birth Sept 25, 1898
 Age 42 7 8
(Years) (Months) (Days)
 Date of Funeral May 7, 1941 2:30 P.
(Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev. Wayne R. Woods
 His Address.....
 Religion of the Deceased Protestant
 Resided in the State 18 years
(or U. S. City or County) (Years) (Months)
 Place of Death 53 Congress St
 Cause of Death Broncho Pneumonia
 Contributory Causes Influenza
 Certifying Physician H. J. Ralet
(or Coroner)
 His Address 1007 Hylie Ave
 Name of Father Allen Keller
 His Birthplace W. Va.
 Maiden Name of Mother Ida Mayfield
 Her Birthplace W. Va.
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Allegheny Co. Memorial Cemetery
Crematory

Complete Funeral	\$ 265 00
Casket	
Outside Box	
Burial Vault	75 00
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$ 50 00
Outlay for Lot	
Cremation	
line Death Notices in 4 Papers	7 92
Flowers, \$	
Rental of Tent, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 455 42
Less	
Balance	\$



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$.....
 Names of Lodges.....
 Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1351 Yearly No. 37 Date May 8, 1941

Name of Deceased Michael Connelly widowed w. Ireland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 2054 Termin Ave Husband—Wife—Widow—
or..... of }

Charge to Mrs. Harry Roth 310
Address 2054 Termin Ave 265.00

Order given by Same
(or informant)

How Secured.....

Occupation of Deceased Lab. Plumb

Name of Employer.....

Address.....

Date of Death May 8, 1941

Date of Birth Feb 12, 1870

Age 71 2 26
(Years) (Months) (Days)

Date of Funeral May 12, 1941 10:30 A.M.

Services at St. Cyril

Clergyman.....

His Address.....

Religion of the Deceased Cath

Resided in the State 47 yrs
(or U. S. or City or County) (Years) (Months)

Place of Death 2054 Termin Ave

Cause of Death Carcinoma of Lungs

Contributory Causes.....

Certifying Physician W. B. Gordon
(or Coroner)

His Address 3723 Boughton Rd

Name of Father Michael

His Birthplace Ireland

Maiden Name of Mother Mary Flaherty

Her Birthplace Ireland

Motor } Remains to
Ship }

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

Manufactured by.....

Interment at Calvary { Cemetery
Crematory

Lot No. Row 6

Grave No. 60

Section No. 14

Owner.....

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

Gross Total for Sales Tax \$ 53.00

Outlay for Lot..... \$ 8.44

Cremation.....

8 line Death Notices in 3 Papers.....

Flowers, \$..... Palms, \$..... Matting, \$.....
(Names of Newspapers)

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$..... Lowering Device, \$.....

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.....

Sales Tax.....

Total Footing of Bill \$ 326.44

Less.....

Per Balance.....

EDW. J. MCAVOY
PAID
May 16, 1941

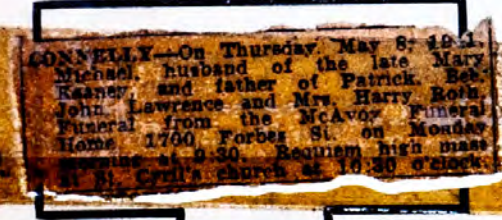


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of..... % per annum. Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. 1352 Yearly No. 37 Date May 16 1941
 Name of Deceased Sophia Carlson - Widow (Single - Married - Divorced) White (What Race) Sweden (Where Born)

Residence of Deceased 2412 Bates Street Charge to Louis Carlson (Husband - Wife - Widow) or _____ of _____
 Address Connellsville, Pa.

Order given by Mrs. Ralph Cover (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Address _____

Date of Death May 16, 1941 4:15 AM (Date) (Hour)
 Date of Birth Dec 21, 1867 (Date) (Month) (Day)

Age 73 4 25 (Years) (Months) (Days)
 Date of Funeral May 18, 1941 M. (Date) (Day of Week) (Hour)

Services at Trinity Evangelical Luth Church Clergyman Connellsville, Pa.
 His Address _____
 Religion of the Deceased Protestant

Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death Columbia Hospital
 Cause of Death Coronary Thrombosis

Contributory Causes Chronic Degenerative Heart Disease
 Certifying Physician Dr. Holt (or Coroner)
 His Address Columbia Hospital

Name of Father Lars Burgelson His Birthplace Sweden
 Maiden Name of Mother Ingrid Benson Her Birthplace Sweden

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

Manufactured by Nylgrove Co
 Interment at Connellsville, Pa. Cemetery _____ Crematory _____

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

Diagram of Lot or Vault _____

EDW. J. MCAVOY
PAID
 June 12, 1941

Entered into Ledger, _____ or below

Complete Funeral	\$ 460 00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
7 line Death Notices in <u>3</u> Papers	16 95
Flowers, \$ (Names of Newspapers)	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 481 05
Less	
Balance	

CARLSON - On Friday, May 16, 1941, Sophia Burgelson, wife of the late B. C. Carlson. Funeral from her late residence, 2412 Bates street on Sunday afternoon at 12:30 o'clock. Services at Trinity Evangelical Lutheran Church, Connellsville, Pa. at 3 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
June 7, 41	By Payment <u>150 00</u>	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1353 Yearly No. 38 Date May 20, 1941

Name of Deceased Carol Ann Salem (Single - Married - Divorced) (What Race) St (Where Born) Poh

Residence of Deceased 220 1/2 Eighth Ave Husband - Wife - Widow - } or of }

Charge to Address

Order given by John Salem (or informant)

How Secured Occupation of Deceased Infant

Name of Employer Address

Date of Death May 20, 1941 (Date) (Hour)

Date of Birth May 19, 1941 (Date) (Hour)

Age (Years) (Months) (Days) 1-11 hrs

Date of Funeral May 21 (Date) (Day of Week) (Hour) M.

Services at Clergyman

His Address Religion of the Deceased

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

Place of Death Rosealia Foundling & Maternity (State Number and District) Certif. Copies of Death Certificates No.

Cause of Death Hydrocephalus (State Physician's or Coroner's) Pall Bearer Service, \$... Use of Chapel, \$...

Contributory Causes Spina Bifida Certifying Physician A. Holdblum - 130 St. DePue (or Coroner)

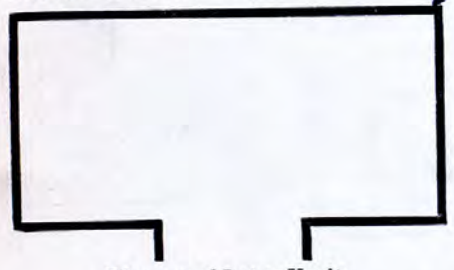
His Address Rosealia Foundling Name of Father John Salem

His Birthplace Pittsburgh, Pa Maiden Name of Mother Anna K. Kahl

Her Birthplace West Virginia, Pittsburgh, Pa Motor } Remains to Ship }

Size and Style of Casket (State Color)

Manufactured by Interment at St. Georges, Budget (Cemetery) (Crematory)



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 20.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Handwritten notes and signatures:
May 21 1941
Paid in full
E. J. M.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. 1353 Yearly No. 39 Date June 5 1941
 Name of Deceased Josephine Schardong Perin
(Single - Married - Divorced)
 Residence of Deceased Bridgetville Pa (What Race) (Where Born)
 Charge to R.D. #1 Husband - Wife - Widow of Camille

Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death June 5th
(Date)
 Date of Birth March 24 - 1876
(Date) (Hour)
 Age 65 2 11
(Years) (Months) (Days)
 Date of Funeral June 8 2:30 P.M.
(Date) (Day of Week) (Hour)
 Services at St. Barbara - Cresto Pa
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Bridgetville
 Cause of Death Cerebral Hemorrhage
 Contributory Causes arterio sclerosis
 Certifying Physician Dr. Fiefe
(or Coroner)
 His Address Bridgetville Pa
 Name of Father John Schardong
 His Birthplace France
 Maiden Name of Mother Regina Verner
 Her Birthplace France
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Melrose Cemetery Cemetery Crematory

Complete Funeral	\$ 500.00	
Casket	375.00	
Outside Box		
Burial Vault <u>J. N. Hill</u>	100.00	
Embalsming Body		
Lady Attendant		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$1.50		
Suit or Dress \$27.00 Slippers \$3.50 Hose \$.....	30.50	
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$.....		
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....		
____ Certif. Copies of Death Certificates No. _____		
____ (State Number and District)		
Pall Bearer Service, \$..... Use of Chapel, \$.....		
Personal Service.....		
Gross Total for Sales Tax.....		
Outlay for Lot.....		
Cremation.....		
64 line Death Notices in..... Papers	21.12	
Flowers, \$..... <small>(Names of Newspapers)</small> Palms, \$10.00 <u>Door Prize</u> Matting, \$7.50	17.50	
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Lowering Device, \$.....		
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.....		
Sales Tax.....		
Total Footing of Bill <u>June 26, 1941</u>	\$ 545.60	
Less.....		
Balance.....		
Entered <u>Part</u> Ledger, page..... or below.		

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

Funeral Notice
 On Thursday June 5, 1941
 Josephine Schardong, wife of Camille Perin and mother of Mrs. Charles Daniels and Mrs. Mary Ruby. Funeral from the home of her daughter, Mrs. Charles Daniels, Bridgetville, Pa. Time later.

Funeral Notice
 On Thursday June 5, 1941
 Josephine Schardong, wife of Camille Perin and mother of Mrs. Charles Daniels and Mrs. Mary Ruby. Funeral from the home of her daughter, Mrs. Charles Daniels, Bridgetville, Pa. Time later.

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$		To Balance Forward	\$
By Payment	\$	\$		By Payment	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1354 Yearly No. 40 Date June 2 1941
 Name of Deceased Frank H. Martin (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased _____ Husband—Wife—Widow—
 or _____ of }

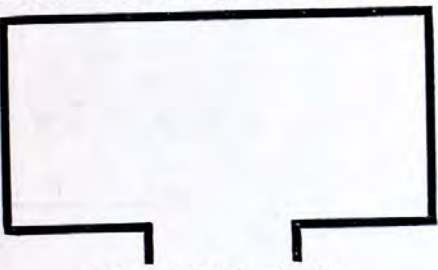
Charge to _____
 Address _____
 Order given by Mr. M. C. Gall - Eagles (or informant)
 How Secured _____
 Occupation of Deceased _____
 Name of Employer _____
 Address _____
 Date of Death June 2nd (Date) (Hour)
 Date of Birth _____
 Age _____ (Years) (Months) (Days)
 Date of Funeral _____ (Date) (Day 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 Hayville Hospital
 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
 Lot No. Single
 Grave No. _____
 Section No. _____
 Owner _____



Complete Funeral	\$ 75.00	
Casket		
Outside Box (State Kind)		
Burial Vault (State Kind)		
Embalming Body (Name of Embalmer)		
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ (State Color)	Slippers \$ Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in Papers		
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		25.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax <u>Oct 10, 1941</u>		
Total Footing of Bill	\$ 100.00	
Less		
Per <u>JM</u> Balance	\$	
Entered into Ledger, page _____ or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1355 Yearly No. 41 Date June 7, 1941

Name of Deceased Coleman Joseph Joyce
(Single - Married - Divorced)

Residence of Deceased 32 Conshohocken Rd., Bala Cynwyd, Pa.
(What Race) (Where Born)

Charge to Estate of Coleman Joyce
or

Address to O. N. Baird

Order given by 1820 Chestnut St, Phila
(or informant)

How Secured Miss Anne Joyce

Occupation of Deceased Lawyer

Name of Employer

Address

Date of Death June 7, 1941
(Date) (Hour)

Date of Birth

Age 60
(Years) (Months) (Days)

Date of Funeral June 11, 1941 - 10 A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death New York
(or U. S. or City or County) (Years) (Months)

Cause of Death Heart Disease

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

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	\$	
Casket		
Outside Box		
Burial Vault	(State Kind)	100 00
Embalming Body	(State Kind)	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$ <u>14.00</u>	Ambulance, \$	14 00
Limousines to Cemetery <u>7 @ \$ 10.50</u>		73 50
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to <u>Cemetery</u>		10 00
Removal Charges		
Procuring Burial Permit		
____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service <u>Professional Serv.</u>		150 00
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
<u>57</u> line Death Notices in <u>3</u> Papers		18 81
Flowers, \$ <u>30</u> Palms, \$ <u>25</u> Matting, \$		55 00
Rental of Tent, \$ of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$ Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$ 25 Singers, \$ 25 Organist, \$		50 00
Railroad } Tickets, \$ Aero-plane Service, \$		
or Motor } Tickets, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
<u>Rental of Funeral Home, etc.</u>		175 00
Sales Tax		
Total Footing of Bill	\$	646 37 596.31
Less	\$	
Balance	\$	

Entered into Ledger, page _____ or below.

JOYCE—At Philadelphia, Pa., on June 7, 1941, Coleman Joseph, son of the late Michael and Catherine O'Toole Joyce, brother of Anna of Philadelphia, Mrs. Catherine McDonough, of Boston, Mass., Anthony, of Los Angeles, Cal., and Thomas, of Pittsburgh. Friends received at H. Hanson's, 537 Neville St. Funeral on Wednesday morning at 9:30 o'clock. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>May 25 41</u>	By Payment	\$ 500 00		By Payment	\$
	June " 18, 1941	\$		" "	\$
	Removal of Kate Joyce	\$		" "	\$
	Stone Vault	\$ 100 00		" "	\$
	St. Marys Cem	\$ 30 00		" "	\$
	Personal Exp	\$ 50 00		" "	\$
<u>Aug 14, 1941</u>	TOTAL	\$ 180 00		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

Coleman J. Joyce, Transit Official

Funeral services for Coleman J. Joyce, of the legal department of the former Philadelphia Rapid Transit Company, will be held at the Church of the Epiphany at 10 a. m. tomorrow, when solemn requiem high mass will be sung.

Mr. Joyce, for many years a resident of Pittsburgh, died suddenly Friday on a train in New York, where he



went weekly to attend a business meeting of the directors of the International Railway Company.

He was born in Ireland and was brought to the United States at the age of 7. He was educated at the old St. Paul's Cathedral School, Fifth Avenue High School and the law school of the University of Pittsburgh.

His first employment, prior to his graduation from the university, was with the Pittsburgh Coal Company. In 1913 he became chief of the Bureau of Accounts and Statistics of the Pennsylvania Public Service Commission.

From there he went with the Mitten Management, Inc., which operated the Philadelphia Street Railways Company, becoming chief counsel and vice president, and vice chairman of the board of directors of the company.

He leaves two sisters, Anne Joyce, with whom he lived at Bala-Cynwyd, a suburb of Philadelphia, and Mrs. Catherine McDonough, of Boston, Mass., and two brothers, Thomas, of Pittsburgh, and Anthony Joyce, of Los Angeles.

The body arrived in Pittsburgh today, and until time of the funeral will be at the Samson Funeral Home, 537 Neville Street.

RECORD OF FUNERAL

Total No. 1356 Yearly No. 42 Date June 9, 1941

Name of Deceased Mary Molinero (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased 2211 Sierra Street Husband—Wife—Widow— } or of }

Charge to Complete Funeral \$ 10 00

Address Casket Outside Box (State Kind)

Order given by (or informant) Burial Vault (State Kind)

How Secured Embalming Body (Name of Embalmer)

Occupation of Deceased Infant Lady Attendant (State Color)

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

Address Suit or Dress \$ Slippers \$ Hose \$ (State Color)

Date of Death June 9, 1941 (Date) (Hour) Folding Chairs, \$ Tarpaulin, \$

Date of Birth June 8, 1941 (Date) (Hour) Candelabrum, \$ Candles, \$

Age (Years) (Months) (Days) Door Spray, \$ Gloves, \$

Date of Funeral June 10, 1941 (Date) (Day of Week) (Hour) M. Funeral Car, \$ Ambulance, \$

Services at Chapel Limousines to Cemetery @ \$

Clergyman Autos to R. R. Station @ \$

His Address Getting Remains from Taking Remains to

Religion of the Deceased Catholic Trip to Coroner's Inquest Delivering Box to

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

Place of Death Mercy Hospital Removal Charges Procuring Burial Permit (State Number and District)

Cause of Death Prematurity Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Contributory Causes Multiple Birth Pall Bearer Service, \$ Use of Chapel, \$

Certifying Physician Raymond Gillis Personal Service (or Coroner)

His Address Mercy Hospital Gross Total for Sales Tax \$

Name of Father Richard Molinero Outlay for Lot Cremation

His Birthplace Pittsburgh line Death Notices in Papers

Maiden Name of Mother Rose Habus (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$

Her Birthplace Pittsburgh Rental of Tent, \$ of Temporary Vault, \$

Motor } Remains to Ship } Opening of Grave or Tomb

Size and Style of Casket (State Color) Lining Grave, \$ Lowering Device, \$

Manufactured by Outlay for Shipping Charges

Interment at St. Joseph's { Cemetery } { Crematory } Clergyman, \$ Singers, \$ Organist, \$

Lot No. Railroad } Tickets, \$ Aero-plane Service, \$

Grave No. Telegr., Phone, Cable or Radio Charges

Section No. Cash Advanced

Owner Out of town Undertaker's Charges

Sales Tax Total Footing of Bill \$ 10 00

Less Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1357 Yearly No. 43 Date June 13th 1941

Name of Deceased Sr. Mary Flora (Ella Hayden) W (Single — Married — Divorced) (What Race) W (Where Born) Pgh

Residence of Deceased Mercy Hospital Husband—Wife—Widow—
or..... of }

Charge to.....
Address.....
Order given by.....
(or informant)
How Secured.....
Occupation of Deceased Catholic Nurse Teacher
Name of Employer.....

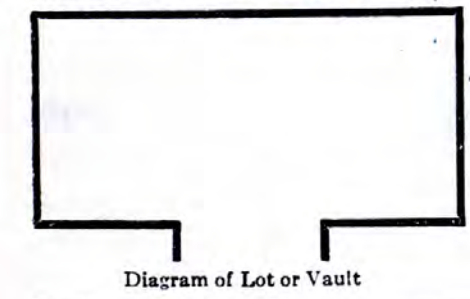
Address.....
Date of Death June 13th 7:15^{PM}
(Date) (Hour)
Date of Birth March 23 - 1900
Age 41 2 20
(Years) (Months) (Days)
Date of Funeral June 16 M.
(Date) (Day of Week) (Hour)

Services at Mercy 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 Mercy Hospital
Cause of Death Myocardial Failure
Contributory Causes Rheumatic Heart Disease
Certifying Physician John M. Johnston
(or Coroner)
His Address Mercy Hospital

Name of Father Gilbert Hayden
His Birthplace Pgh Pa
Maiden Name of Mother Margaret Sheehan
Her Birthplace Pgh Pa
Motor } Remains to.....
Ship }
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
Outside Box		15 00
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	15 00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
	(State Color)	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1 50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	95 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
.....line Death Notices in	Papers	
	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		\$ 126 50
Less		
Per <u>E. J. M.</u> Balance		
Entered into Ledger, page.....	or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

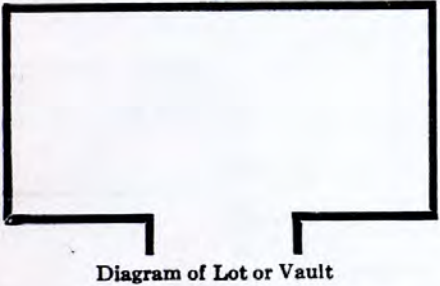
Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.
Signed.....
Address.....
Witness.....

RECORD OF FUNERAL

Total No. 1358 Yearly No. 44 Date June 19 1941
 Name of Deceased Carl L. Freng (Single - Married - Divorced) or Little Valley N.Y. (What Race) (Where Born)
 Residence of Deceased 28 East Crescent Ave Husband - Wife - Widow }
 Charge to Mrs Elizabeth Freng or Elizabeth
 Address 28 East Crescent Ave
 Order given by Salamanca, N.Y. (or informant)
 How Secured
 Occupation of Deceased Trainman
 Name of Employer B & O Railroad
 Address
 Date of Death June 18 - (Date) (Hour)
 Date of Birth May 18 - 1889 (Date) (Hour)
 Age 52 (Years) 1 (Months) 2 (Days)
 Date of Funeral June 22 (Date) (Day of Week) (Hour) M.
 Services at Salamanca N.Y.
 Clergyman
 His Address
 Religion of the Deceased Protestant
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital
 Cause of Death Cerebral Hematoma
 Contributory Causes Laceration of R. Temple
 Certifying Physician Paul Sieber (or Coroner)
 His Address Mercy Hospital
 Name of Father William Freng
 His Birthplace Germany
 Maiden Name of Mother Caroline Boias
 Her Birthplace Germany
 Motor Ship } Remains to Thomas Hunt & Co
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Wildwood { Cemetery } Crematory

Complete Funeral	\$	
Casket		75 00
Outside Box	<u>Shipping Case</u>	25 00
Burial Vault		
Embalming Body		25 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	<u>Chapman</u> , \$	2 00
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery		
Autos to R. R. Station	<u>Auto Services</u>	10 00
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., (Phone) Cable or Radio Charges		75
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		137 75
Less		
Balance		
Entered into Ledger, page		or below.

EDW J MCAVOY
PAID
 July 16, 1941



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1359 Yearly No. 45 Date June 21 1941
 Name of Deceased Robert Ernest Knoff (Single - Married - Divorced) (What Race) W (Where Born) Janesville Wis
 Residence of Deceased 2405 Stratford Ave Husband - Wife - Widow - }
 Charge to Mrs. Anna Knoff or Anna of }

Address
 Order given by
 How Secured
 Occupation of Deceased Copy Reader
 Name of Employer Milwaukee Journal
 Address
 Date of Death June 21 - 1941 (Date) (Hour)
 Date of Birth Aug 5 - 1877 (Date) (Hour)
 Age 64 8 16
 (Years) (Months) (Days)
 Date of Funeral June 26 - M.
 (Date) (Day of Week) (Hour)
 Services at Milwaukee Wis
 Clergyman
 His Address
 Religion of the Deceased
 Resided in the State
 (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital
 Cause of Death Coronary Occlusion
 Contributory Causes
 Certifying Physician Dr. Mullins
 (or Coroner)
 His Address Mercy Hospital
 Name of Father Herman N. Knoff
 His Birthplace Germany
 Maiden Name of Mother Mary Elizabeth
 Her Birthplace Germany
 Motor } Remains to F. C. Fass & Sons Co
 Ship }
 Size and Style of Casket
 (State Color)
 Manufactured by
 Interment at Wisconsin Memorial Cemetery
 Crematory

Complete Funeral	\$	
Casket	75	00
Outside Box	25	00
Burial Vault	(State Kind)	
Embalming Body	25	00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to <u>Auto Service</u>	5	00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
(State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	120
Less	\$	00
Balance	\$	

SS-387-01-1450

Lot No.
 Grave No.
 Section No.
 Owner

EDW. J. MCAVOY
 PAID
 June 22, 1941

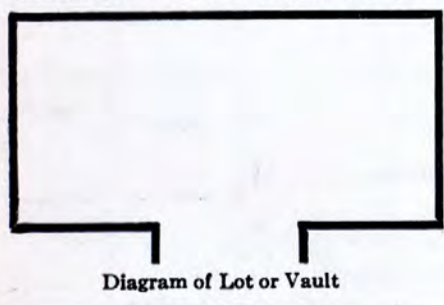
Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1360 Yearly No. 46 Date June 27 1941
 Name of Deceased John Jawasky (Single - Married - Divorced) W (What Race) Polk Pa (Where Born)
 Residence of Deceased 58 Marion St Husband—Wife—Widow—
 Charge to Julia Jawasky or of }
 Address 58 Marion St
 Order given by (or informant)
 How Secured
 Occupation of Deceased News Boy
 Name of Employer
 Address
 Date of Death June 27 - 4 A.M. (Date) (Hour)
 Date of Birth Feb 6 1919 (Date) (Month) (Day) (Year)
 Age 22 8 27 (Years) (Months) (Days)
 Date of Funeral June 30 (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 58 Marion St
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes
 Certifying Physician Dr. H. Kaleb (or Coroner)
 His Addr.
 Name of Father Anthony Jawasky
 His Birthplace Austria
 Maiden Name of Mother Theresa Moschuck
 Her Birthplace Austria
 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	\$ 175.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ 10.00
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 185.00
Less	
Per Balance	
Entered into Ledger, page	or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

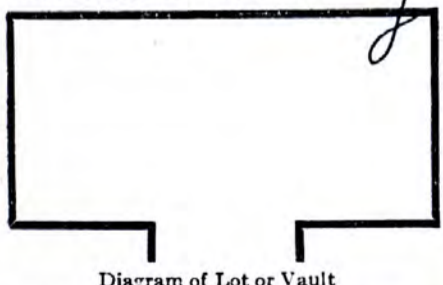
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1361 Yearly No. 47 Date June 30 1941
 Name of Deceased Baby Persinger (Single - Married - Divorced) W (What Race) Wgh Pa (Where Born)
 Residence of Deceased 127. Jorens St. E.E. Husband—Wife—Widow—
 Charge to Charles Wm Persinger or of }

Address 127. Jorens St. E.E.
 Order given by (or informant)
 How Secured
 Occupation of Deceased
 Name of Employer
 Address
 Date of Death June 30 - 1941 - 341 Am (Date) (Hour)
 Date of Birth
 Age Stillbirth (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 Memph Hospital
 Cause of Death Asphyxia
 Contributory Causes Malposition
 Certifying Physician Dr. R. A. D. Gillis (or Coroner)
 His Address Medical Arts Bldg
 Name of Father Charles Wm Persinger
 His Birthplace E. St. Louis Ill
 Maiden Name of Mother Elizabeth Ellen Henry
 Her Birthplace Pittsburgh Pa
 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	\$	10	00
Casket			
Outside Box			
Burial Vault			
Embalming Body			
Lady Attendant			
Barber, \$			
Dressing Body, \$			
Suit or Dress \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No. _____			
Pall Bearer Service, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot		10	00
Cremation			
line Death Notices in Papers			
Flowers, \$			
Rental of Tent, \$			
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			
Sales Tax			
Total Footing of Bill	\$	20	00
Less	\$		
Balance	\$		
Entered into Ledger, page or below.			



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ 10 00		By Payment	\$
		\$ 5 00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

1843 Arcena Street
Augusta St. Mt. Fresh

1802 Cliff Street

RECORD OF FUNERAL

Total No. 1362 Yearly No. 48 Date July 11 1941

Name of Deceased Shabin E. Cury - Kury (Single - Married - Divorced) (What Race) Slavic (Where Born) Syria
Little Sister of Poor

Residence of Deceased 5324 Penn Ave Husband Joseph Cury or Wife of Joseph Cury

Charge to Rosel Shabin Cury
Address 1843 Arcena Street

Order given by Same (or informant) Dr. Marie Remy Supt.
How Secured Informant - Dr. Marie Remy Supt.

Occupation of Deceased Laborer Beddler
Name of Employer

Address

Date of Death July 11, 1941 (Date)

Date of Birth Sept 7, 1876 (Date) taken from family record

Age about 64 (Years) (Months) (Days)

Date of Funeral July 15, 1941 - 9 A.M. (Date) (Day of Week) (Hour)

Services at St. Ann's Monrite Church

Clergyman Fr. Basil

His Address

Religion of the Deceased Catholic

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

Place of Death Little Sisters of the Poor

Cause of Death General Debility

Contributory Causes Growth in mouth

Certifying Physician Dr. H. M. Terheyden (or Coroner)

His Address 4810 Liberty Ave

Name of Father Leo Cury

His Birthplace Syria

Maiden Name of Mother Nester Cury

Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary Cemetery Crematory

Row 6
Lot No. 6

Grave No. 92

Section No. 14

Owner

Complete Funeral	\$	330	00
Casket			
Outside Box			
Burial Vault (State Kind)			
Embalming Body (State Kind)			
Lady Attendant (Name of Embalmer)			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress \$10.00 (State Color)			
Slippers \$		10	00
Hose \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot		70	00
Cremation			
line Death Notices in Papers			
Flowers, \$ (Names of Newspapers)			
Palms, \$			
Matting, \$			
Rental of Tent, \$ of Temporary Vault, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Lowering Device, \$			
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			
Sales Tax			
Total Footing of Bill	\$	410	00
Less <u>No Discount</u>	\$		
Balance	\$		

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$ 50 00
	" "	\$		" "	\$ 95 00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

Leo A. Levy at 4257

RECORD OF FUNERAL

Total No. 1362 Yearly No. 49 Date July 12 1941

Name of Deceased Joseph Young (Single — Married — Divorced) Yellow (What Race) China (Where Born)

Residence of Deceased 1100 Forbes St. Pgh. Pa. Husband Wife Widow Annie Young or of

Charge to Annie Young

Address 1100 Forbes St. Pgh. Pa.

Order given by Same (or informant)

How Secured

Occupation of Deceased SALESMAN

Name of Employer Ownself

Address

Date of Death July 12, 1941 (Date) (Hour)

Date of Birth

Age About 67 Years (Years) (Months) (Days)

Date of Funeral July 15, 1941 (Date) (Day of Week) (Hour) M.

Services at NONE

Clergyman

His Address

Religion of the Deceased

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

Place of Death Southside Hospital

Cause of Death Myocarditis

Contributory Causes Nephritis

Certifying Physician HENRY KLINZING (or Coroner)

His Address 206 May Bldg. Pgh.

Name of Father UNKNOWN

His Birthplace CHINA

Maiden Name of Mother UNKNOWN

Her Birthplace CHINA

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Wm. Penn. Memorial Cemetery Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 260 00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ 2 00
Suit or Dress \$ Pressed Slippers \$	Hose \$ 50
(State Color)	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges <u>Blanket</u>	5 00
Procuring Burial Permit (State Number and District)	
— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	35 00
Cremation	
... line Death Notices in ... Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 302 00
Less	\$ 130 86
Balance	\$ 171 14

Entered into Ledger, page ... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. 1364 Yearly No. 50 Date July 15, 1941

Name of Deceased Margaret George - Single (Single - Married - Divorced) St. Pgh (What Race) (Where Born)

Residence of Deceased 118 Multenberger St Husband—Wife—Widow—
or of

Charge to Mr. Joseph George
Address 118 Multenberger St

Order given by June (or informant)

How Secured
Occupation of Deceased at home

Name of Employer
Address

Date of Death July 15, 1941 - 2:40 AM (Date) (Hour)

Date of Birth April 9, 1919 (Date) (Month) (Day) (Year)

Age 22 3 6 (Years) (Months) (Days)

Date of Funeral July 18, 1941 - 9A (Date) (Day of Week) (Hour) M.

Services at St. Anthony Church
Clergyman Fr. A. O'Connell

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 Cerebral Embolism

Contributory Causes Rheumatic Heart Disease

Certifying Physician Dr. L. J. Barnett (or Coroner)

His Address 2004 Fifth Ave

Name of Father Joseph George
His Birthplace Satonsville, Pa.

Maiden Name of Mother E. Stella Knight
Her Birthplace Pittsburgh, Pa.

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

Manufactured by
Interment at St. Mary's Cemetery (Cemetery Crematory)

Lot No.
Grave No.
Section No.
Owner

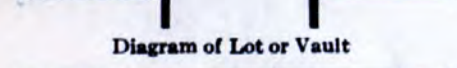


Diagram of Lot or Vault

Complete Funeral	\$ 250 00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
State or Dress \$ 10.00 (State Color)	Slippers \$
Folding Chairs, \$	Hose \$ 10 00
Tarpaulin, \$	
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	3 58
Flowers, \$ (Names of Newspapers)	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 263 53
Less	
Balance	\$
Entered into Ledger, page	or below.

EDW. J. MCAVOY
PAID
Aug 2, 1941

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address Witness

RECORD OF FUNERAL

Total No. 1365 Yearly No. 51 Date July 16, 1941 1941

Name of Deceased Stendell S. Vacula - Married
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 545 Protective Place Husband Wife Widow } Helen
or of

Charge to Mrs. Helen Vacula 330

Address 545 Protective Place

Order given by Josh D. Allen - Business Asst

How Secured Room 410 or 411 - 3:00 to 5:00 P.M.

Occupation of Deceased Window Cleaner

Name of Employer General Window Clean

Address 600 Second Ave

Date of Death July 16, 1941 - 9:30 AM
(Date) (Hour)

Date of Birth _____

Age 35
(Years) (Months) (Days)

Date of Funeral July 19, 1941 - 9 A.M.
(Date) (Day of Week) (Hour)

Services at St. Brigids Church

Clergyman Rev. Chas Deasey

His Address _____

Religion of the Deceased Catholic

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

Place of Death _____

Cause of Death Crushed Body due to falling from 5th floor of contributory causes Bldg while working

Certifying Physician Dr. B. J. Henney Coroner
(or Coroner)

His Address Pgh, Pa.

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

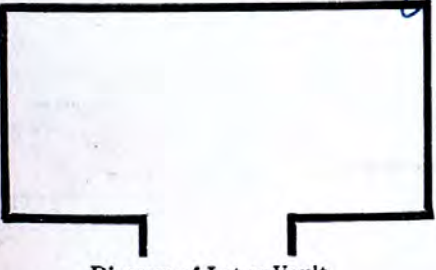
Lot No. Single

Grave No. 94

Section No. 14 Row 6

Owner Extra Deep

Complete Funeral	\$ 260 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	.50
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot <u>Extra Deep</u>	75 00
Cremation	
line Death Notices in _____ Papers	
Flowers, \$ _____	
Rental of Tent, \$ _____	
Opening of Grave or Tomb	
Lining Grave, \$ _____	
Outlay for Shipping Charges	
Clergyman, \$ _____	
Railroad } Tickets, \$ _____	
or Motor }	
Telegr., Phone, Cable or Aero- plane Service, \$ _____	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of _____	351 50
Less _____	
Balance	
Entered into Ledger, page _____ or below.	



EDWARD J. MOANAY
 PAID
 Sept 2, 1941

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	130 00		To Balance Forward	
Sept 2	State Workmen's Compensation Fund	200 00		By Payment	
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 1266 Yearly No. 52 Date July 27 1941

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

Residence of Deceased 1318 Webster Ave Husband - Wife - Widow } Michael or of }

Charge to

Address

Order given by

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death July 27 (Date) 6:40 AM (Hour)

Date of Birth

Age abt 53 w 54 (Years) (Months) (Days)

Date of Funeral July 30 (Date) (Day of Week) (Hour) M.

Services at St Georges

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Mercy Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician P. J. Herney (or Coroner)

His Address

Name of Father Thomas Abraham

His Birthplace Syria

Maiden Name of Mother Salsia

Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at St Georges Bridgeridge (Crematory)

Lot No.

Grave No.

Section No.

Owner

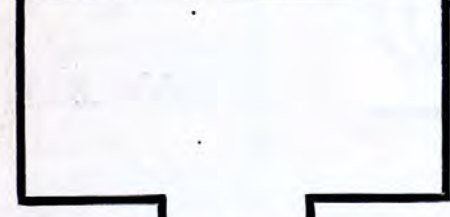


Diagram of Lot or Vault

Complete Funeral	\$ 260 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 270 00
Less	\$
Entered into Ledger page	or below.

EDW. J. MCAVOY PAID

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1367 Yearly No. 53 Date July 27 1941

Name of Deceased Martha Coleman (Single - Married - Divorced) W (What Race) Pgh (Where Born)

Residence of Deceased St. Regis Residence Husband Bernard Coleman or Wife or Widow

Charge to (H.M. Swearingen Attorney) Address Co 5593 -

Order given by Les Finagle (or Informant) How Secured 1525 Babcock Blvd

Occupation of Deceased Retired Name of Employer _____ Address _____

Date of Death July 27 7:55 PM (Date) (Hour)

Date of Birth July 28 - 1881 (Date) (Year)

Age 60 (Years) 0 (Months) 1 (Days)

Date of Funeral July 31 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 Hospital Cause of Death Cardiac Failure

Contributory Causes Coronary Insufficiency Certifying Physician W.W. G. McLaughlin (or Coroner)

His Address Mercy Hospital Name of Father William F. Finagle

His Birthplace Pgh Pa Maiden Name of Mother Mary Andris

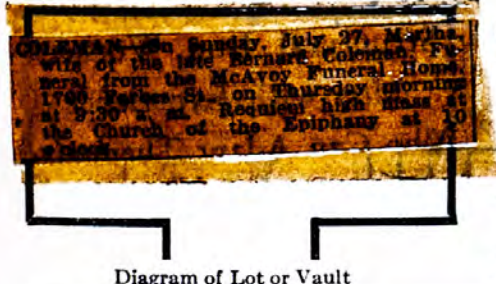
Her Birthplace Pgh Pa Motor Ship } Remains to _____

Size and Style of Casket _____ (State Color)

Manufactured by _____ Interment at Calvary Cemetery Cemetery or Crematory

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

Complete Funeral	\$ <u>620</u> 00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	2 00
Underwear, \$	2 00
Suit or Dress \$ <u>26.00</u> (State Color)	29 00
Slippers \$ <u>3.00</u>	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery <u>2 @ \$ 10.50</u>	21 00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 40 00
Outlay for Lot	
Cremation	
28 line Death Notices in _____ Papers	9 24
(Names of Newspapers)	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	25 00
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 751 24
Less _____	
Balance	
Entered into Ledger, page _____ or below.	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1368 Yearly No. 54 Date July 28 1941

Name of Deceased James Francis Folley (Single - Married - Divorced) W. Etna Pa (What Race) (Where Born)

Residence of Deceased 265 Hinwiddie St Husband - Wife - Widow - }
or of }

Charge to Mrs Anna Brucher
Address 265 Hinwiddie St

Order given by (or informant)

How Secured

Occupation of Deceased School Boy

Name of Employer

Address

Date of Death July 28 - 1:56 A.M. (Date) (Hour)

Date of Birth Sept 15 1928 (Date) (Year) (Month) (Day)

Age 12 10 13 (Years) (Months) (Days)

Date of Funeral July 31 9 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 Suburban Valley Hospital

Cause of Death Fractured skull

Contributory Causes Auto collision

Certifying Physician P. J. Henney (or Coroner)

His Address

Name of Father John Folley

His Birthplace Etna Pa

Maiden Name of Mother Lillian Brucher

Her Birthplace Etna Pa

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at St. Marys Cemetery { Cemetery
Crematory

Plot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 260.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	2 @ \$ 10:50 21.00
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
28 line Death Notices in	Papers 9.24
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 290.24
Less	
Per Balance	
Entered into Ledger, page	or below.



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. 1269 Yearly No. 55 Date July 29, 1941

Name of Deceased Thomas H. Stillis Jr. - Single White Pol.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 10 Seneca Street Husband—Wife—Widow—
(or informant) of

Charge to Dept of Public Assistance
 Address Smithfield Street

Order given by _____
 How Secured _____
 Occupation of Deceased Student

Name of Employer _____
 Address _____

Date of Death July 29, 1941 8:55
(Date) (Hour)

Date of Birth June 7, 1926
 Age 15 1 22
(Years) (Months) (Days)

Date of Funeral Aug 2, 1941 9 A.M.
(Date) (Day of Week) (Hour)

Services at St. Peter's 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 Mercy Hospital

Cause of Death Electrocuted - due to
coming in contact with 110 volt
 Contributory Causes wire while inserting
in lamp

Certifying Physician Dr. P. J. Hanney, Cor.
(Coroner)

His Address J. B. Dobbs - Deputy

Name of Father Thomas Stillis
 His Birthplace Italy

Maiden Name of Mother Rosela Casarica
 Her Birthplace Italy

Motor } Remains to _____
 Ship } _____

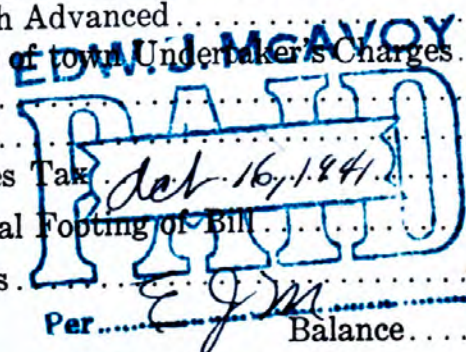
Size and Style of Casket _____
(State Color)

Manufactured by _____
 Interment at Culinary { Cemetery
 Crematory



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

Complete Funeral	\$		
Casket <u>2 Coal</u>		50	00
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	(Name of Embalmer)	10	00
Lady Attendant			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress \$			
Slippers \$			
Hose \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$		10	00
Ambulance, \$			
Limousines to Cemetery @ \$		5	00
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot <u>Issue Incl per a Chap</u>		25	00
Cremation			
line Death Notices in			
Papers			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Lowering Device, \$			
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			
Sales Tax <u>Oct 16, 1941</u>			
Total Footing of Bill	\$	100	00
Less	\$		
Per <u>E J M</u> Balance	\$		
Entered into Ledger, page			
or below			



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____
 Names of Lodges _____
 Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Signed _____
 Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1370 Yearly No. 56 Date July 31 1941

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

Residence of Deceased # 2 Roberts Street Husband—Wife—Widow— }
or of }

Charge to Mr. Anthony King Complete Funeral \$ 495.00

Address # 2 Roberts Street Casket
Outside Box (State Kind)

Order given by John George (or informant) Burial Vault (State Kind)

How Secured Embalming Body (Name of Embalmer)

Occupation of Deceased Suckster Lady Attendant
Barber, \$ Hair Dressing \$

Name of Employer Dressing Body, \$ Shirt & Underwear 1.55

Address Suit or Dress \$ Slippers \$ Hose \$

Date of Death July 31, 1941 11:45 PM (Date) (Hour) Folding Chairs, \$ Tarpaulin, \$

Date of Birth Mar 22, 1922 Candelabrum, \$ Candles, \$

Age 19 (Years) (Months) (Days) Door Spray, \$ Gloves, \$

Date of Funeral Aug 4, 1941 9.00 A.M. (Date) (Day of Week) (Hour) Funeral Car, \$ Ambulance, \$

Services at St. Ann's Church Limousines to Cemetery @ \$
Autos to R. R. Station @ \$

Clergyman Rev. Elias Basil Getting Remains from
Taking Remains to

His Address Trip to Coroner's Inquest
Delivering Box to

Religion of the Deceased Catholic Deliver Flowers to
Removal Charges

Resided in the State Procuring Burial Permit (State Number and District)

Place of Death West Penn Hospital Certif. Copies of Death Certificates No.
(State Physician's or Coroner's)

Cause of Death Pall Bearer Service, \$ Use of Chapel, \$

Contributory Causes Personal Service

Certifying Physician Dr. S. N. Rowe (or Coroner) Gross Total for Sales Tax \$

His Address West Penn Hospital Outlay for Lot \$ 45.00

Name of Father Anthony George Cremation
line Death Notices in Papers

His Birthplace Syria (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$

Maiden Name of Mother Lucy Sunde Rental of Tent, \$ of Temporary Vault, \$

Her Birthplace Syria Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$

Motor } Remains to Outlay for Shipping Charges
Ship } Clergyman, \$ Singers, \$ Organist, \$

Size and Style of Casket (State Color) Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Manufactured by Telegr., Phone, Cable or Radio Charges
Cash Advanced

Interment at Calvary { Cemetery } Out of town Undertaker's Charges
Crematory }

Lot No. Sales Tax
Grave No. Total Footing of Bill \$ 541.55

Section No. Less Cash on acct \$ 175.00

Owner Balance \$ 366.55

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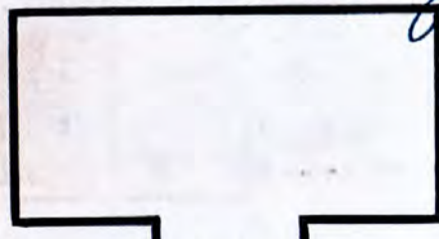


Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Nov 20 42	To Above Balance		\$ 366.55		To Balance Forward		\$
Nov 20 42	By Payment	\$ 90.00	\$ 276.55		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. 1371 Yearly No. 57 Date Aug 3rd 1941

Name of Deceased Thomas Boury (Single — Married / Divorced) W (What Race) Pgh (Where Born)

Residence of Deceased 1005 Bedford ave Husband—Wife—Widow— }
 Charge to Michael Boury or of }

Address 1005 Bedford ave 440

Order given by (or informant)

How Secured

Occupation of Deceased None

Name of Employer

Address

Date of Death Aug 3rd 10 20 A.M. (Date) (Hour)

Date of Birth Oct 13 - 1932 (Date) (Year)

Age 9 10 21 (Years) (Months) (Days)

Date of Funeral Aug 6 9 A M. (Date) (Day of Week) (Hour)

Services at St Ann's

Clergyman Father Basil

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 T. A. Hemorrhage

Contributory Causes Infection lack of fluids

Certifying Physician F. H. Pinner (or Coroner)

His Address

Name of Father Michael Boury

His Birthplace Syria

Maiden Name of Mother Anna Boury

Her Birthplace Pgh 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	\$	440
Casket <u>7 base</u>		345 00
Outside Box		
Burial Vault		
Embalming Body		25 00
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		3 00
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		5 00
Funeral Car, \$		
Ambulance, \$		14 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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)	
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		50 00
Cremation		
line Death Notices in	Papers	
<u>Door Badge</u>	(Names of Newspapers)	10 00
Flowers, \$	Palms, \$	15 00
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		467 00
Less		
Balance	\$	

Entered into Ledger, page or below.

Michael Boury

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness

RECORD OF FUNERAL

Total No. 1372 Yearly No. 58 Date August 5 1941

Name of Deceased Sister M. Edmund (Flans) W Allegheny Co
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Latsale, Penna Husband - Wife - Widow - }
or of }

Charge to
Address
Order given by
(or informant)
How Secured
Occupation of Deceased Sister of Mercy
Name of Employer

Date of Death Aug 5 6:05 P.M.
(Date) (Hour)
Date of Birth Feb 25, 1869
Age 72
(Years) (Months) (Days)
Date of Funeral Aug 11 Monday 9 A.M.
(Date) (Day of Week) (Hour)

Services at St. Xavers
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 Cerebral Apoplexy & Emphysema
Contributory Causes Arteriosclerosis
Certifying Physician Dr. A. B. McCormick
(or Coroner)
His Address Mercy Hospital
Name of Father Nicholas Flans
His Birthplace Germany

Maiden Name of Mother Anna Seiler
Her Birthplace Bavaria Germany
Motor } Remains to
Ship }
Size and Style of Casket
(State Color)

Manufactured by
Interment at St. Xavers { Cemetery
Crematory

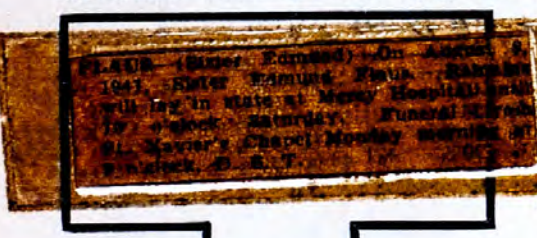


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		60.00
Outside Box		15.00
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	15.00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1.50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	35.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero- plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	EDW. J. MCAVOY	
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill		\$ 126.50
Less Per <u>E. J. M.</u>		
Balance		\$
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Witness Signed
Address

RECORD OF FUNERAL

Total No. 1373 Yearly No. 59 Date Aug 5 1941
 Name of Deceased Emma Amos - Married - W. New Holland, Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1729 Fifth Ave Husband - Wife - Emma
or of

Charge to E. E. Amos
 Address R.F.D. #2 Box 110
 Order given by Troutdale, Oregon
(or informant)
 How Secured 14 N.E. 6th Ave
 Occupation of Deceased Portland Oregon
 Name of Employer

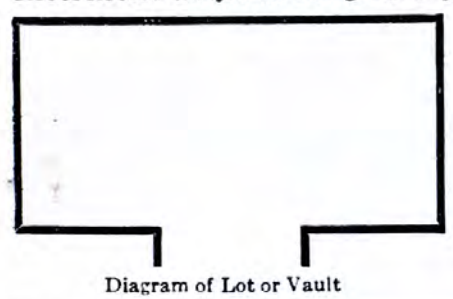
Date of Death Aug 5, 1941 1:00 PM
(Date) (Hour)
 Date of Birth July 7, 1891
 Age 50 7 7
(Years) (Months) (Days)
 Date of Funeral Aug 5, 1941 1:00 PM
(Date) (Day of Week) (Hour) M.

Services at
 Clergyman
 His Address
 Religion of the Deceased Protestant
 Resided in the State Ohio
(or U. S. or City or County) (Years) (Months)
 Place of Death South Side Hospital
 Cause of Death Cerebral hemorrhage

Contributory Causes
 Certifying Physician Dr. P. J. Henney, Cor.
(or Coroner)
 His Address J. F. Gagliardino - Dep.
 Name of Father James Mills
 His Birthplace New Holland, Ohio
 Maiden Name of Mother Mattie Lewis
 Her Birthplace New Holland, Ohio

B + C (Motor Ship) Remains to Mr. Sterling, Ohio
 Size and Style of Casket Casal. Keik Undertaker
(State Color)
 Manufactured by
 Interment at Holland Cemetery

Complete Funeral	\$ 300 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 300 62
Less	
Balance	
Entered into Ledger, page	



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
Aug 9 41	By Payment	\$ 75 00		By Payment	\$
Sept 6 41	" J.N.	\$ 75 00		" "	\$
Sept 11 42	" J.P.M.	\$ 25 00		" "	\$
Sept 18 "	" J.P.M.	\$ 10 00		" "	\$
Sept 28 42	" J.P.M.	\$ 10 00		" "	\$
Nov 5 42	"	\$ 5 00		" "	\$
	"	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1374 Yearly No. 60 Date Aug 8th 1941

Name of Deceased Robert Schneider (Single - Married - Divorced) (What Race) W (Where Born) Pgh

Residence of Deceased 3912 Harvey St Homestead Park and - Wife - Widow - } of }

Charge to Complete Funeral \$ 405 00

Address Casket

Order given by John Jack Schneider (or informant) Outside Box

How Secured Burial Vault (State Kind)

Occupation of Deceased Plasters Helper Embalming Body (Name of Embalmer)

Name of Employer Lady Attendant

Address Barber, \$ Hair Dressing, \$

Date of Death Aug 8 - 10 32 PM Dressing Body, \$ Underwear, \$

Date of Birth Sept 22 - 1920 Suit or Dress \$ Slippers \$ Hose \$

Age 20 (Years) 11 (Months) 14 (Days) Folding Chairs, \$ Tarpaulin, \$

Date of Funeral Aug 12 - 10 A. M. Candelabrum, \$ Candles, \$

Services at St. Philomena's Door Spray, \$ Gloves, \$

Clergyman Funeral Car, \$ Ambulance, \$

His Address Limousines to Cemetery @ \$

Religion of the Deceased Catholic Autos to R. R. Station @ \$

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

Place of Death Mercy Hospital Taking Remains to

Cause of Death Staphylococci Septicemia Trip to Coroner's Inquest

Contributory Cause St. Mary's McLaughlin Delivering Box to

Certifying Physician (or Coroner) Removal Charges

His Address Procuring Burial Permit (State and District)

Name of Father John Schneider Certif. Copies of Death Certificates No. 50

His Birthplace Pgh Pa Pall Bearer Service, \$ Use of Chapel, \$

Maiden Name of Mother Margaret Ricketts Personal Service

Her Birthplace Pgh Pa Gross Total for Sales Tax \$

Motor Ship } Remains to Outlay for Lot

Size and Style of Casket (State Color) Cremation

Manufactured by 8 line Death Notices in 4 Papers 10 56

Interment at St. Michaels Cemetery } Flowers, \$ Palms, \$ Matting, \$

Lot No. Rental of Tent, \$ of Temporary Vault, \$

Grave No. Opening of Grave or Tomb

Section No. Lining Grave, \$ Lowering Device, \$

Owner Outlay for Shipping Charges

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

RECORD OF FUNERAL

Total No. 1376 Yearly No. 62 Date Aug 12 1941

Name of Deceased James Flanagan - Single White
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 40 Sylvania Ave Husband—Wife—Widow—
or..... of

Charge to.....

Address.....

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

How Secured.....

Occupation of Deceased Laborer

Name of Employer.....

Address.....

Date of Death Aug 7 1941
(Date) (Hour)

Date of Birth.....

Age About 53
(Years) (Months) (Days)

Date of Funeral Aug 13 1941 10 A. M.
(Date) (Day of Week) (Hour)

Services at St. Concess

Clergyman Rev. Thomas R. Murphy

His Address.....

Religion of the Deceased Catholic

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

Place of Death 40 Sylvania Ave

Cause of Death Acute Alcoholism

Contributory Causes.....

Certifying Physician Dr. P. J. Henney
(or Coroner)

His Address.....

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

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	\$ 225 00
Casket	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(Name of Embalmer)</small>
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
<small>(State Color)</small>	20 00
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 70 00
Outlay for Lot	
Cremation	
line Death Notices in	Papers
<small>(Names of Newspapers)</small>	
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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>Coroner's Transcript</u>	50
Sales Tax	
Total Footing of Bill	\$ 377 50
Less	
Balance	
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	19 50 \$ 308 00
	By Payment	\$		By Payment	\$
	" "	\$	Oct 6	" "	\$ 154 91 \$ 154 09
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1377 Yearly No. 63 Date Aug. 13, 1941 1941

Name of Deceased Minnie Mary Elizabeth Hand - Married - H - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1621 Forbes Street ~~Husband - Wife - Widow~~ } John Hand
or of

Charge to John Carnas
 Address # 12 Reed Street

Order given by
(or informant)

How Secured

Occupation of Deceased Bag Cutter

Name of Employer Sheneman - Keenan
 Address about 14 years

Date of Death August 13, 1941 (Date) (Hour)

Date of Birth May 2, 1889 (Date) (Hour)

Age 52 - 2 - 11
(Years) (Months) (Days)

Date of Funeral Aug. 16, 1941 - 10 AM (Date) (Day of Week) (Hour)

Services at Epiphany 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 1621 Forbes St

Cause of Death Uraemic Poisoning

Contributory Causes Chronic Nephritis

Certifying Physician Dr. J. J. McCarthy (or Coroner)

His Address 2016 7th Ave

Name of Father McGovern

His Birthplace Nat. Kovova

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	\$ 260 00
Casket	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(Name of Embalmer)</small>
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	70 00
Cremation	
line Death Notices in	6 00
Papers	
Flowers, \$	<small>(Names of Newspapers)</small>
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 346 00
Less	\$
Balance	\$
Entered into Ledger, page	or below.



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$	<u>Sept 4</u>	To Balance Forward	\$
	By Payment	\$		By Payment	\$ 214.81
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1378 Yearly No. 64 Date Aug 17 1941

Name of Deceased Marion Jaber (Single - Married - Divorced) (What Race) W (Where Born) Syria

Residence of Deceased 1028 Benton Ave Husband—Wife—Widow—
or Widowed

Charge to
Address
Order given by
How Secured
Occupation of Deceased Housewife
Name of Employer
Address

Date of Death Aug 17th 4 AM
(Date) (Hour)

Date of Birth
Age abt 61
(Years) (Months) (Days)

Date of Funeral Aug 20 9 A M.
(Date) (Day of Week) (Hour)

Services at St Ann's Church
Clergyman Father Basil
His Address

Religion of the Deceased Catholic
Resided in the State
Place of Death Little Sisters of Poor
(or U. S. or City or County) (Years) (Months)

Cause of Death Coronary Occlusion
Contributory Causes Heart disease

Certifying Physician Dr J. J. Boucek
(or Coroner)
His Address 516 Federal St. N.S.

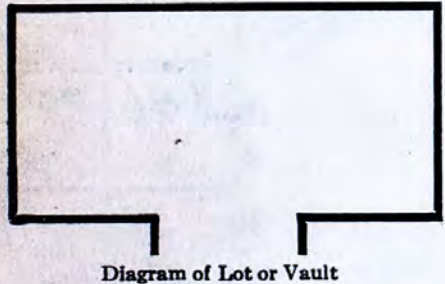
Name of Father Abraham Adisey
His Birthplace Syria

Maiden Name of Mother Not known
Her Birthplace

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

Manufactured by
Interment at Calvary Cemetery
Crematory

Lot No.
Grave No. 1
Section No. 14
Owner



Complete Funeral	\$	250 00
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$ 1.50	1 50
Shoe or Dress \$ 10.25	Slippers \$	10 25
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		23 00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	284 75
Less	\$	284 75
Balance	\$	

EDW J McAVOY
PAID
Sept 6, 1941
Per E. J. M.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 4	To Above Balance	\$		To Balance Forward	\$
Sept 6	By Payment	\$ 245 00		By Payment	\$
	" " J.N.	\$ 25 00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
Signed Address
Witness

RECORD OF FUNERAL

Total No. 1379 Yearly No. 65 Date Aug 17 1941
 Name of Deceased Catherine Saltzman (Single - Married - Divorced) W (What Race) Lackport, N.Y. (Where Born)
 Residence of Deceased 3 Magee St Husband - Wife - Widow - George Saltzman
 Charge to George Saltzman or of

Address 3 Magee Street
 Order given by _____ (or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____
 Address _____
 Date of Death Aug 17 (Date) _____ (Hour)
 Date of Birth Oct 22, 1872 (Date) _____ (Hour)
 Age 68 - 9 - 25 (Years) (Months) (Days)
 Date of Funeral Aug 21, 1941 (Date) _____ (Day of Week) _____ (Hour) M.
 Services at Buffalo, N.Y.
 Clergyman _____
 His Address _____
 Religion of the Deceased Catholic
 Resided in the State _____ (or U. S. or City or County) (Years) (Months)
 Place of Death 3 Magee Street
 Cause of Death Cancer of stomach
 Contributory Causes _____
 Certifying Physician Dr. F. J. Henney Coroner (of Coroner)
 His Address _____
 Name of Father Edward Dempsey
 His Birthplace New York
 Maiden Name of Mother Carrie Ford
 Her Birthplace New York State
 Motor Ship } Remains to _____
 Size and Style of Casket _____ (State Color)
 Manufactured by _____
 Interment at R. & C. Cemetery Assoc. Cemetery Crematory

Complete Funeral	\$ 230
Casket	185 00
Outside Box <u>Shipping Case</u>	20 00
Burial Vault	
Embalming Body	25 00
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ 1 50
Suit or Dress \$ 10 25	Slippers \$ 10 25
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in <u>Blacks</u> Papers	12 00
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	\$ 75 37 5
Total Footing of Bill	\$ 75 37 5
Less	\$
Per <u>E. J. McAvoy</u> Balance	\$
Entered into Ledger, page _____ or below.	

Lot No. 326
 Grave No. B
 Section No. 8
 Owner _____

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1380 Yearly No. 66 Date Aug 28, 1941

Name of Deceased Vasile Pacurari - widower - St. Ragha, Rumania
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 436 Third Ave Husband Anna
or of

Charge to Dept of Public Assistance

Address #4 Smithfield Street

Order given by John Savoy (Friend)

How Secured 436 Third Ave
for informant

Occupation of Deceased Labourer

Name of Employer

Address

Date of Death Aug 28, 1941 3 P.M.
(Date) (Hour)

Date of Birth Aug 17, 1870

Age about 72
(Years) (Months) (Days)

Date of Funeral Aug 30, 1941 M.
(Date) (Day of Week) (Hour)

Services at St. Peter'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 Passavant Hospital

Cause of Death Acute Myocarditis

Contributory Causes

Certifying Physician Dr. Israel Felman
(or Coroner)

His Address 2035 Center Ave

Name of Father George Pacurari

His Birthplace Rumania

Maiden Name of Mother Jean Dumbara

Her Birthplace Rumania

Motor Ship } Remains to

Size and Style of Casket
(State Color)

Manufactured by

Interment at Calvary } Cemetery
 Crematory

SS. # 175-18-5875

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$	
Casket <u>@ Case</u>		50 00
Outside Box		
Burial Vault		
Embalming Body <u>Preservation</u>		10 00
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress <u>clothing</u>		5 00
Shoes, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for <u>Grav. Incl. Open & Closing</u>		25 00
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$	100 00
Less	\$	
Per <u>E. J. M.</u> Balance	\$	

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 1381 Yearly No. 67 Date Aug 28, 1941
 Name of Deceased Patrick O'Leary - single - St. Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1112 Forbes Street
 Charge to Dept of Public Assistance
 Address.....
 Order given by John R. Jones
(or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....

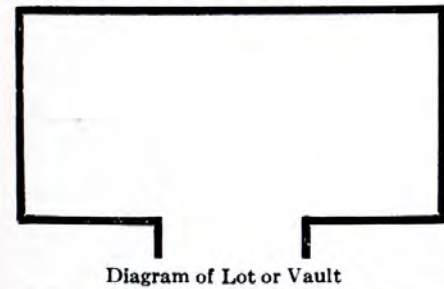
Date of Death Aug 28, 1941 - 8:15 PM.
(Date) (Hour)
 Date of Birth July 13, 1868
 Age 73 - 1 - 15
(Years) (Months) (Days)
 Date of Funeral Aug 30, 1941 - 9 AM.
(Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman.....

His Address.....
 Religion of the Deceased Catholic
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital

Cause of Death Arterio Sclerosis & B. Pneumonia following fracture of right hip due to fall and osteomyelitis.
 Contributory Causes.....
 Certifying Physician Dr. P. J. Henney, Cor.
(or Coroner)
 His Address.....

Name of Father John O'Leary
 His Birthplace Pittsburgh,
 Maiden Name of Mother Eatherine Harrington
 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 <u>& Case</u>		50.00
Outside Box		
Burial Vault		
Embalming Body <u>Preservation</u>		10.00
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$ <u>Clothing</u>		5.00
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		10.00
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot <u>Grave lot open & closing</u>		25.00
Cremation		
line Death Notices in		
Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$	100.00
Less	\$	
Balance	\$	
Entered into Ledger, page <u>EM</u> or below		

EDW. J. MCAVOY
PAID
 Oct 19, 1941
 Balance

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1382 Yearly No. 68 Date Sept 4 1941

Name of Deceased Infant Deorio (Single Married Divorced) (What Race) W (Where Born) Pgh.

Residence of Deceased 39 Marion St. Husband—Wife—Widow—
or..... of }

Charge to Julia De Orizzo
Address 39 Marion St.

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

How Secured.....

Occupation of Deceased.....

Name of Employer.....

Address.....

Date of Death Sept 4, 1941 (Date) (Hour)

Date of Birth Sept 4, 1941 (Date) (Hour)

Age Stillborn (Years) (Months) (Days)

Date of Funeral Sept 4, 1941 (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 asphyxia & torsion of umbilical chord

Contributory Causes.....

Certifying Physician R. D. Hillis (or Coroner)

His Address Mercy Hospital

Name of Father Frank Deorio

His Birthplace U.S.A.

Maiden Name of Mother Julia Barnes

Her Birthplace Pgh. Pa.

Motor Ship } Remains to.....

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

Manufactured by.....

Interment at Calvary { Cemetery Crematory

Lot No.....

Grave No. 44

Section No. 7

Owner.....

Complete Funeral.....	\$ 13.00
Casket.....	
Outside Box..... (State Kind)	
Burial Vault..... (State Kind)	
Embalming Body..... (Name of Embalmer)	
Lady Attendant.....	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress \$..... Slippers \$..... Hose \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver 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, \$..... Use of Chapel, \$.....	
Personal Service.....	
Gross Total for Sales Tax.....	\$ 10.00
Outlay for Lot.....	
Cremation.....	
..... line Death Notices in..... Papers	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Lowering Device, \$.....	
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.....	
Sales Tax.....	
Total Footing of Bill.....	\$ 23.00
Less.....	
Balance.....	
Entered into Ledger, page..... or below.	

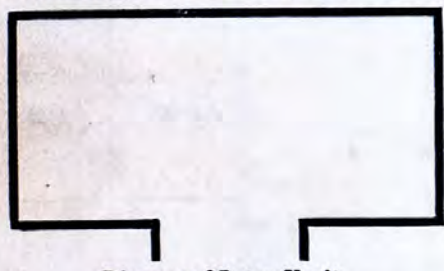


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....	<u>Sept 4</u>	To Balance Forward.....	\$.....
	By Payment.....	\$.....	<u>Sept 5</u>	By Payment.....	\$ 10.00
	" ".....	\$.....	<u>Oct 5</u>	" ".....	\$ 3.00
	" ".....	\$.....		" ".....	\$ 3.00
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1383 Yearly No. 69 Date Sept 15 1941

Name of Deceased William Connelly - Single - St. American
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 128 Washington St. Husband—Wife—Widow— }
or..... of }

Charge to Margaret Attwell 550

Address 421 Kingsboro St.

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

How Secured.....

Occupation of Deceased Elevator Construction

Name of Employer.....

Address.....

Date of Death Sept 15, 1941 5 P.M.
(Date) (Hour)

Date of Birth Aug 15, 1868

Age 73 1 0
(Years) (Months) (Days)

Date of Funeral Sept 18, 1941 9 A.M.
(Date) (Day of Week) (Hour)

Services at E. Epiphany 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 Mercy Hospital

Cause of Death Bronchopneumonia

Contributory Causes.....

Certifying Physician.....
(or Coroner)

His Address.....

Name of Father John Connelly

His Birthplace Ireland

Maiden Name of Mother Mary Carroll

Her Birthplace Ireland

Motor } Remains to.....
 Ship }

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

Manufactured by.....

Interment at St. Mary's } Cemetery
 Crematory

SS. # 187-01-2470

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral.....	\$ 515 00
Casket.....	
Outside Box.....	
Burial Vault.....	
Embalming Body.....	
Lady Attendant.....	
Barber, \$.....	
Hair Dressing, \$.....	
Dressing Body, \$.....	
Underwear, \$ 1.50.....	1 50
Suit or Dress \$ 20.00.....	
Slippers \$.....	2 00
Hose \$.....	
Folding Chairs, \$.....	
Tarpaulin, \$.....	
Candelabrum, \$.....	
Candles, \$.....	
Door Spray, \$.....	
Gloves, \$.....	
Funeral Car, \$.....	
Ambulance, \$.....	
Limousines to Cemetery.....	
@ \$.....	
Autos to R. R. Station.....	
@ \$.....	
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver Flowers to.....	
Removal Charges.....	
Procuring Burial Permit.....	
2 Certif. Copies of Death Certificates No.....	2 00
Pall Bearer Service, \$.....	
Use of Chapel, \$.....	
Personal Service.....	
Gross Total for Sales Tax.....	
Outlay for Lot.....	
Cremation.....	
32 line Death Notices in..... Papers	10 56
Flowers, \$.....	
Palms, \$.....	
Matting, \$.....	
Rental of Tent, \$.....	
of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	40 00
Lining Grave, \$ 20.....	
Lowering Device, \$.....	
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.....	
Sales Tax.....	
Total Footing of Bill <u>PAID</u> <u>EDW. J. McAVOY</u> <u>PAID</u> <u>SEP 13, 1941</u>	\$ 589 06
Less.....	
Per <u>E. J. M.</u> Balance.....	
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....
 Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1384 Yearly No. 70 Date Sept 19, 1941

Name of Deceased Daniel J. Sullivan (Single - Married - Divorced) St (What Race) Pittsburgh (Where Born)

Residence of Deceased 2464 Fifth Ave Husband Wife Budget Sullivan or of

Charge to Complete Funeral \$ 295.00

Address

Order given by

How Secured

Occupation of Deceased Rudder in Steel Mill

Name of Employer

Address

Date of Death Sept 19, 1941 (Date) 6:30 AM (Hour)

Date of Birth

Age 87 (Years) 5 (Months) 3 (Days)

Date of Funeral Sept 22, 1941 (Date) 9 AM (Hour)

Services at St. Agnes 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 2464 Fifth Ave (City or County) (State) (Date)

Cause of Death Hypostatic Pneumonia (4 days)

Contributory Causes Senility Arterio Sclerosis

Certifying Physician Dr. J.J. McCarthy (or Coroner)

His Address 2016 - 5th Ave

Name of Father Daniel Sullivan

His Birthplace Ireland

Maiden Name of Mother Margaret Tracey

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

Owner

Lot No. Row 6

Grave No. 112

Section No. 14

Complete Funeral \$ 295.00

Casket

Outside Box (State Kind)

Burial Vault (State Kind)

Embalming Body (Name of Embalmer)

Lady Attendant

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress \$ Slippers \$ Hose \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. 1.00 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$

Outlay for Lot \$ 75.00

Cremation

4 line Death Notices in Papers \$ 11.88

(Names of Newspapers)

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

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

Sales Tax

Total Footing of Bill \$ 382.88

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	\$
	By Payment	\$	Sept 15	By Payment	\$ 100.00
	" "	\$	Oct 22	" "	\$ 100.00
	" "	\$	Nov 6	Dan C. Sullivan	\$ 50.00
	" "	\$		Don G.	\$ 25
	" "	\$		Jerry	\$ 25
	" "	\$	Feb 7	Frank E. J. Sullivan	\$ 50
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. 1385 Yearly No. 71 Date Sept 23 1941
 Name of Deceased Susan Heigle - 21 - Single - Pgh Pa.
(Single - Married - Widowed) (What Race) (Where Born)

Residence of Deceased 1328 Colwell St
 Charge to John Heigle
 Address 104 Girt St
 Order given by _____
 How Secured _____
 Occupation of Deceased Student
 Name of Employer _____

Date of Death Sept 23, 1941 - 2:55 PM
(Date) (Hour)
 Date of Birth Jan 10th 1924
 Age 17 7 13
(Years) (Months) (Days)
 Date of Funeral 9 26 - 9:4 M.
(Date) (Day of Week) (Hour)

Services at St. Ann's
 Clergyman Rev. E. Beach
 His Address _____
 Religion of the Deceased Catholic
 Resided in the State _____
(or U. S. or City or County) (Years) (Months)
 Place of Death Leech Farm

Cause of Death Spontaneous Pneumothorax
Artificial Pneumothorax due to Pul
 Contributory Causes Hemorrhage due to Pul TB
 Certifying Physician K. A. Fetterhoff
(or Coroner)
 His Address City T. B. Hospital
 Name of Father Frank Heigle
 His Birthplace Syria

Maiden Name of Mother Nora Aberham
 Her Birthplace Syria
 Motor } Remains to _____
 Ship }
 Size and Style of Casket _____
(State Color)
 Manufactured by _____

Interment at Calvary Cem { Cemetery }
 Lot No. _____
 Grave No. _____
 Section No. _____
 Owner _____

Complete Funeral	\$ 540 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 540 00
Less	\$ 40 00
Balance	\$ 500 00

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$	Sept 27	To Balance Forward	\$
	By Payment	\$		By Payment	\$ 242 00
	" "	\$			\$ 258 00
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$

Insurance \$ _____
 Names of Lodges _____
 Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1386 Yearly No. 72 Date Sept. 24 1941

Name of Deceased Sadie Esther Speelman (Single - Married - Divorced) St (What Race) Pennsylvania (Where Born)

Residence of Deceased 1311 Bluff St or Wife of Logan Speelman

Charge to Mrs. Beanie Sullivan

Address 235 Hudson Place Hudson Heights, N.J.

Order given by Hudson Heights, N.J. (or informant)

How Secured Hudson Heights, N.J.

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Sept 24, 1941 11:30 AM (Date) (Hour)

Date of Birth Mar 27, 1875

Age 66 5 27 (Years) (Months) (Days)

Date of Funeral Sept 27, 1941 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman

His Address

Religion of the Deceased Protestant

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

Place of Death 1311 Bluff Street

Cause of Death Cerebral Embolism due to Valvular Heart Disease

Contributory Causes arteriosclerosis

Certifying Physician Dr. John B. Shoade (or Coroner)

His Address 2118 - 5th Ave

Name of Father Thomas Grace

His Birthplace Ireland

Maiden Name of Mother Anna Finley

Her Birthplace Scotland

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Minersville { Cemetery Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$	265 00
Casket		
Outside Box		
Burial Vault (State Kind)		
Embalming Body (State Kind) (Name of Embalmer)		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$ (State Color)		
Slippers \$		
Hose \$		1 00
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		49 00
Cremation		
line Death Notices in Papers (Names of Newspapers)		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$ of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$	334 00
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
Oct 9, 41	" "	\$ 278 22		" "	\$ 55 78
Oct 20	" "	\$ 10		" "	\$ 45 78
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1287 Yearly No. 72 Date Sept 25 1941

Name of Deceased BUDWY Abdulla - Married - 2d
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 902 Wylie Ave Husband—Wife—Widow—
or..... of } 725

Charge to Labebe Abdulla

Address 902 Wylie Ave

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

How Secured.....

Occupation of Deceased Barber

Name of Employer.....

Address.....

Date of Death Sept 25, 1941 11:50 AM
(Date) (Hour)

Date of Birth May 18, 1892
(Date)

Age 49 - 4 - 7
(Years) (Months) (Days)

Date of Funeral Sept 29, 1941 9A.M.
(Date) (Day of Week) (Hour)

Services at St Ann's Church

Clergyman Rev E. Basil

His Address.....

Religion of the Deceased Catholic

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

Place of Death Presbyterian Hospital

Cause of Death Respiratory Failure

Contributory Causes Bronchitis & Asthma

Certifying Physician Dr N. J. Jenner M.D.
(or Coroner)

His Address Presbyterian Hospital

Name of Father Budwy Abdulla

His Birthplace Syria

Maiden Name of Mother Hana Slowafte

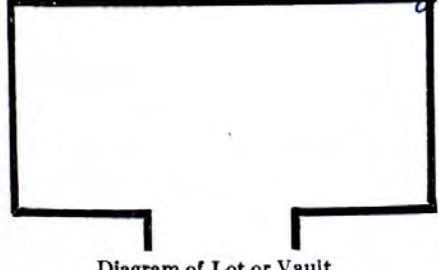
Her Birthplace Syria

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		490 00
Outside Box		20 00
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25 00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$18.00	Slippers \$	21 00
(State Color)	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Spray, \$	Gloves, \$	3 00
Funeral Car, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		21 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		145 00
Cremation		
...line Death Notices in	Papers	
	<u>World B</u>	10 00
(Names of Newspapers)		
Flowers, \$	Palms, \$	15 00
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb	<u>Blanket</u>	10 00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	777 00
Less	\$	
Balance	\$	
Entered into Ledger, page		or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Signed..... Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1388 Yearly No. 74 Date Sept 27 1941
 Name of Deceased John K. Garey - Single (Single - Married - Divorced) W (What Race) Shellsville, Ohio (Where Born)
 Residence of Deceased 79 Congress Street Husband—Wife—Widow— }
 Charge to Plumbers Local Union # 27 - 1901 5th Ave or of } 430
 Address Ch 3555
 Order given by Anna M. St. Garey (or informant)
 How Secured 1001 Blacadore Ave (21)
 Occupation of Deceased Plumber
 Name of Employer
 Address
 Date of Death Sept 27 1941 5:15 AM
 Date of Birth Dec 12, 1870
 Age 70 - 9 - 15
 Date of Funeral Sept 30, 1941 M.
 Services at Epiphany 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 Maage Hospital
 Cause of Death Hypostatic Pneumonia
 Contributory Causes Anterior ectopic Heart Disease
 Certifying Physician Edw. A. Brethauer (or Coroner)
 His Address Maage Hospital
 Name of Father Thomas M. Garey
 His Birthplace Ohio
 Maiden Name of Mother Anna M. Sherman
 Her Birthplace Shellsville, Ohio
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at St. Marys, Latrobe Pa Cemetery Crematory

Complete Funeral	\$ 415 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Shoes \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot <u>Comm. Charges</u>	10 00
Cremation	
2X line Death Notices in Papers	5 28
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 455 28
Less	
Balance	
Entered into Ledger, page <u>871</u> or below	



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Owner

EDW. J. MCAVOY
PAID
Nov 5, 1941
 Balance

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Check</u>	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$ 100 00	By Payment	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	

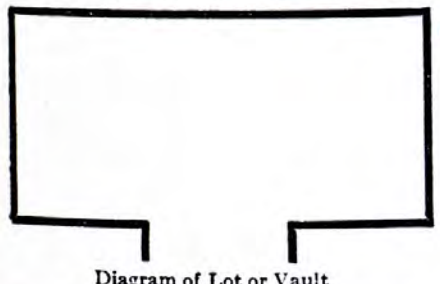
Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

Total No. 1389 Yearly No. 75 Date Sept. 11 1941
 Name of Deceased Frank Costello - alias - Francisco Costellano Mexico
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1301 Clark Street Husband—Wife—Widow—
 or..... of }

Charge to.....
 Address.....
 Order given by Frank Morado
(or informant)
 How Secured 1301 Clark Street
 Occupation of Deceased Labourer
 Name of Employer.....
 Address.....
 Date of Death Sept 11 - 1941 5:00 AM
(Date) (Hour)
 Date of Birth.....
 Age abt 41
(Years) (Months) (Days)
 Date of Funeral Oct 2 2 P. M.
(Date) (Day of Week) (Hour)
 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 Leech Farm
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes.....
 Certifying Physician Dr. P. J. Kenney
(or Coroner)
 His Address.....
 Name of Father Unknown
 His Birthplace Mexico
 Maiden Name of Mother Unknown
 Her Birthplace Mexico
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$ 55.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$ 55.00
Total Footing of Bill <u>Oct 1, 1941</u>	\$
Less	\$
Balance	\$
Entered into Ledger, page	or below.



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$	To Balance Forward	\$	\$
	By Payment	\$	By Payment	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$

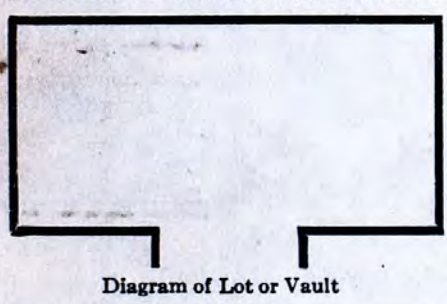
Insurance \$.....
 Names of Lodges.....
 Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1390 Yearly No. 76 Date Oct. 2 1941
 Name of Deceased Germaine Barrett (Single — Married — Divorced) W (What Race) Pgh (Where Born)
 Residence of Deceased 382 Mc Kee Place Husband—Wife—Widow—
 or..... of }

Charge to Wm G Barrett
 Address 382 Mc Kee Place
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased none
 Name of Employer.....
 Address.....
 Date of Death Oct 2 1050 AM (Date) (Hour)
 Date of Birth June 21 1941 (Date) (Month) (Day)
 Age 3 11 (Years) (Months) (Days)
 Date of Funeral Oct 4 2 P M (Date) (Day of Week) (Hour)
 Services at 356 Sample St
 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 Hospital Certif. Copies of Death Certificates No..... (State Number and District)
 Cause of Death Broncho Pneumonia (State Physician's or Coroner's)
 Contributory Causes Malnutrition
 Certifying Physician B J Weisband (or Coroner)
 His Address Montefiore Hospital
 Name of Father Wm G Barrett
 His Birthplace Pgh Pa
 Maiden Name of Mother Catherine Walsh
 Her Birthplace Pgh Pa
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at Caldvary { Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	
Casket		39 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	8 00
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in	Papers	3 96
Flowers, \$	(Names of Newspapers)	
Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	10 00
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	80 96
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

195

Total No. 1391 Yearly No. 77 Date Oct 4 1941
 Name of Deceased Ralph Mastroianno (Single - Married - Divorced) or (What Race) Italy (Where Born)

Residence of Deceased 1726 Watson St Husband—Wife—Widow—
 Charge to Madeleine Mastroianna or of }
 Address 1726 Watson
 Order given by Social Security-211-01-7429 (or informant)

How Secured
 Occupation of Deceased Gardener
 Name of Employer Allegheny Country Club

Address Swickley Heights
 Date of Death Oct 4th 10:30 AM (Date) (Hour)
 Date of Birth Dec 9 1889 (Date) (Month) (Day) (Year)

Age 51 (Years) 9 (Months) 25 (Days)
 Date of Funeral Oct 7 9:30 A.M. (Date) (Day of Week) (Hour)
 Services at St Peters

Clergyman
 His Address
 Religion of the Deceased Catholic

Resided in the State About 40 (or U.S. or City or County) (Years) (Months)
 Place of Death Allegheny Country Club
 Cause of Death Coronary Thrombosis

Contributory Causes
 Certifying Physician P. J. Henney Cor. (or Coroner)
 His Address

Name of Father Salvatore Mastroianno
 His Birthplace Italy
 Maiden Name of Mother Josephine Mulnari

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

Manufactured by
 Interment at Calvary { Cemetery
 Crematory
 Plot No. 6
 Grave No. 118
 Section No. 14
 Owner

Complete Funeral	\$ 280 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill <u>10-23-41</u>	\$ 300 00
Less	
Per Balance	
Entered into Ledger, page	or below.

EDW. J. MCAVOY
PAID

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. 13921 Yearly No. 78 Date Oct 6, 1941

Name of Deceased Infant white (Single - Married - Divorced) st (What Race) Pgh (Where Born)

Residence of Deceased 17 Summer Ave Husband—Wife—Widow— }
or of }

Charge to Forest Hills

Address.....

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

How Secured.....

Occupation of Deceased.....

Name of Employer.....

Address.....

Date of Death Oct 6, 1941 (Date) (Hour)

Date of Birth Oct 6, 1941 (Date) (Hour)

Age 2 hours (Years) (Months) (Days)

Date of Funeral Oct 7, 1941 (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 Mercy Hospital

Cause of Death Premature Infant

Contributory Causes 5 Mo. Gestation

Certifying Physician Dr. P. A. Hillis (or Coroner)

His Address Mercy Hospital

Name of Father Alfred White

His Birthplace South Bend, Ind

Maiden Name of Mother Mary Hibbens

Her Birthplace Freeland Ill

Motor Ship } Remains to.....

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

Manufactured by.....

Interment at Calvary { Cemetery Crematory

Lot No.....

Grave No. 33

Section No. 6 Row 13

Owner.....

Diagram of Lot or Vault

Complete Funeral..... \$ 13

Casket.....

Outside Box..... (State Kind)

Burial Vault..... (State Kind)

Embalming Body..... (Name of Embalmer)

Lady Attendant.....

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress \$..... Slippers \$..... Hose \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

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

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery..... @ \$.....

Autos to R. R. Station..... @ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver 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, \$..... Use of Chapel, \$.....

Personal Service.....

Gross Total for Sales Tax..... \$

Outlay for Lot..... ~~25~~

Cremation.....

..... line Death Notices in..... Papers

Flowers, \$..... (Names of Newspapers) Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero- plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Sales Tax..... Paid in full

Total Footing of Bill..... \$ 1300

Less..... \$ 1800

Balance..... \$

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1393..... Yearly No. 79..... Date Oct 9, 1941

Name of Deceased Anthony Spero - Married - It Italy
(Single Married Divorced) (What Race) (Where Born)

Residence of Deceased 1708 Justin Street Husband—Wife—Widow— } Leona Spero
or..... of } 400

Charge to Leona Spero
 Address 1708 Justin Street

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

How Secured.....
 Occupation of Deceased Cab Driver

Name of Employer.....
 Address.....

Date of Death Oct 9, 1941 5 AM
(Date) (Hour)

Date of Birth Jan 21, 1899
 Age 42 8 18
(Years) (Months) (Days)

Date of Funeral Oct 13, 1941 M.
(Date) (Day of Week) (Hour)

Services at St. Peter's 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 Mercy Hospital

Cause of Death Carcinoma of Larynx

Contributory Causes.....
 Certifying Physician Dr. J. A. Perrone
(or Coroner)

His Address Mercy Hospital

Name of Father Patay Spero
 His Birthplace Italy

Maiden Name of Mother Marie Pacella
 Her Birthplace Italy

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

Manufactured by.....

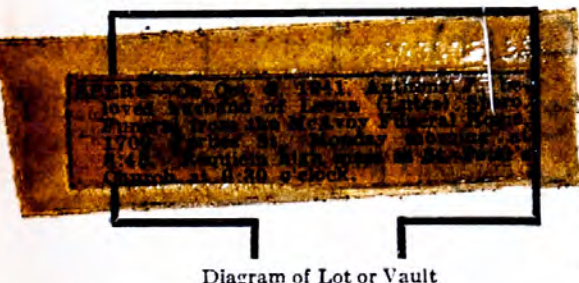
Interment at St. Michaels } Cemetery
Crematory

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

Section No.....
 Owner.....

Complete Funeral	\$ 415.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
6 line Death Notices in 31 Papers	5.94
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 420.94
Less	
Per <u>J.M.</u> Balance	\$
Entered into Ledger, page..... or below.	

EDW. J. McAVOY
PAID
Oct 22, 1941
 Per J.M.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

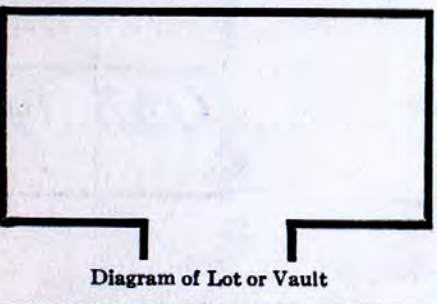
Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1294 Yearly No. 80 Date Oct 12 1941
 Name of Deceased Oliver Kirthcart Johnston - Minn St. - Steubenville Ohio
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1112 Jackson St Husband—Wife—Widow—
 or Hidomew } Loyce Simmons

Charge to
 Address
 Order given by John P Jones
(or informant)
 How Secured
 Occupation of Deceased Night Clerk
 Name of Employer Friendly Inn
 Address 1112 Jackson St
 Date of Death Oct 12, 1941
(Date) (Hour)
 Date of Birth Sept 1, 1886
 Age 55 1 11
(Years) (Months) (Days)
 Date of Funeral Oct 15, 1941 M.
(Date) (Day of Week) (Hour)
 Services at Hellsville, Ohio
 Clergyman
 His Address
 Religion of the Deceased Protestant
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death 1112 Jackson St
 Cause of Death Cerebral Hemorrhage
 Contributory Causes
 Certifying Physician Dr. P. J. Kenney, Coroner
(or Coroner)
 His Address Johnston
 Name of Father Ohio
 His Birthplace
 Maiden Name of Mother Margaret
 Her Birthplace Ohio
 Motor } Remains to
 Ship }
 Size and Style of Casket
(State Color)
 Manufactured by
 Interment at { Cemetery
 Crematory

Complete Funeral	\$	
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
—Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service <u>Professional Fee</u>		<u>30.00</u>
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	<u>30.00</u>
Less	\$	
Per <u>E. J. McAvoy</u>	\$	
Entered into Ledger, page		or below.



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1395 Yearly No. 81 Date Oct. 12, 1941

Name of Deceased Leroy (Lee) Britton (Single - Married - Divorced) W (What Race) W. Va. (Where Born)

Residence of Deceased 2022 Fifth Ave Husband—Wife—Widow—
or..... of } 658.00

Charge to Catherine Britton
Address 2022 F

Order given by.....
How Secured Social Security-200-01-2105

Occupation of Deceased Truck Driver

Name of Employer.....
Address.....

Date of Death Oct 12 1941 7:30 PM (Date) (Hour)

Date of Birth Sept 23 1907 (Date) (Hour)

Age 34 (Years) 0 (Months) 28 (Days)

Date of Funeral Oct 15 1941 9 A M. (Date) (Day of Week) (Hour)

Services at St. Agnes
Clergyman.....

His Address.....
Religion of the Deceased Catholic

Resided in the State.....
Place of Death South Side Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death Toxemia following Second
Contributory Causes Third degree Burns

Certifying Physician P. J. Henney (or Coroner)
His Address.....

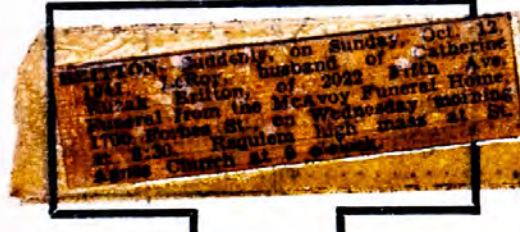
Name of Father John Britton
His Birthplace Kingwood W. Va.

Maiden Name of Mother Gertrude Banks
Her Birthplace Kingwood W. Va.

Motor } Remains to.....
Ship }

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

Manufactured by.....
Interment at Calvary { Cemetery
Crematory

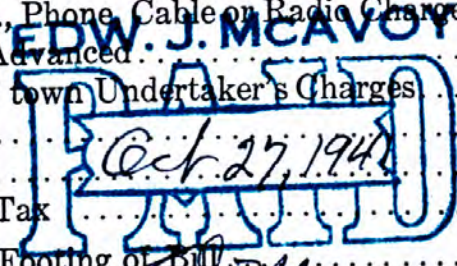


Lot No.....
Grave No. 122-6 Row

Section No. 14

Owner.....

Complete Funeral	\$	460	00	
Casket				
Outside Box				
Burial Vault	100.00	100	00	
Embalming Body				
Lady Attendant				
Barber, \$				
Hair Dressing, \$				
Dressing Body, \$				
Underwear, \$				
Suit or Dress \$				
Shippers \$				
Hose \$		22	00	
Folding Chairs, \$				
Tarpaulin, \$				
Candelabrum, \$				
Candles, \$				
Door Spray, \$				
Gloves, \$				
Funeral Car, \$				
Ambulance, \$				
Limousines to Cemetery @ \$				
Autos to R. R. Station @ \$				
Getting Remains from				
Taking Remains to				
Trip to Coroner's Inquest				
Delivering Box to				
Deliver Flowers to				
Removal Charges				
Procuring Burial Permit				
Certif. Copies of Death Certificates No.		1	00	
Pall Bearer Service, \$				
Use of Chapel, \$				
Personal Service				
Gross Total for Sales Tax	\$			
Outlay for Lot		75	00	
Cremation				
7-line Death Notices in 2 Papers		4	62	
Flowers, \$				
Palms, \$				
Matting, \$				
Rental of Tent, \$				
of Temporary Vault, \$				
Opening of Grave or Tomb				
Lining Grave, \$				
Lowering Device, \$				
Outlay for Shipping Charges				
Clergyman, \$				
Singers, \$				
Organist, \$			15	00
Railroad } Tickets, \$				
or Motor } Aero-plane Service, \$				
Telegr., Phone, Cable or Radio Charges				
Cash Advanced				
Out of town Undertaker's Charges				
Sales Tax				
Total Footing of Bill	\$	678	12	
Less	\$			
Balance	\$			



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

RECORD OF FUNERAL

Total No. 1396 Yearly No. 82 Date Oct 17 1941

Name of Deceased Agnes Kennedy - Married - White (Single - Married - Divorced) (What Race) (Where Born) Pgh

Residence of Deceased 902 Watson Street Husband—Wife—Widow— } or..... of }

Charge to D.P.A. 26 Boyd Street

Address.....

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

How Secured.....

Occupation of Deceased at Home

Name of Employer.....

Address.....

Date of Death Oct 11, 1941 (Date) (Hour)

Date of Birth May 2 -

Age About 44 years (Years) (Months) (Days)

Date of Funeral Oct 16, 1941 9 P.M. (Date) (Day of Week) (Hour)

Services at St. Ignace 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 Mayview City Home + Hosp

Cause of Death acute & chronic osteomyelitis of bones of foot foot central nervous system

Contributory Causes Syphilis

Certifying Physician Dr. J. H. Mason (or Coroner)

His Address Mayview City Home + Hosp

Name of Father Edw. Brennan

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 Calvary { Cemetery Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$	
Casket <u>Case</u>		50.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body <u>Preservation</u>	(Name of Embalmer)	10.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Auto Services</u>		5.00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Grave, Incl open casket</u>		25.00
Cremation		
.....line Death Notices in..... Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	100.00
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

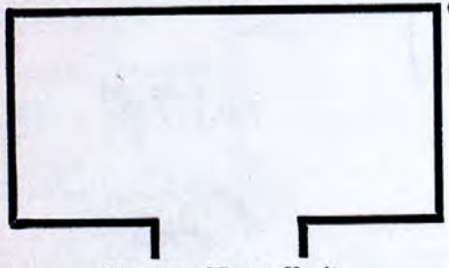


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

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

Address.....

RECORD OF FUNERAL

Total No. 1297 Yearly No. 83 Date Oct 19 1941

Name of Deceased Elizabeth Ferris - Married (Single - Married - Widowed) St (What Race) Syria (Where Born)

Residence of Deceased 512 Jefferson Street ~~Husband - Wife~~ } Isaac or of

Charge to Mississippi

Address

Order given by (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Oct 19, 1941 (Date) (Hour)

Date of Birth Nov 11, 1893 (Date) (Hour)

Age 48 - 1 - 10 (Years) (Months) (Days)

Date of Funeral Oct 22, 1941 (Date) (Day of Week) (Hour) M.

Services at St. Titus 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 512 Jefferson St.

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Dr. A. C. McCarter, Coroner (or Coroner)

His Address 1315 - 8th Ave, Beaver Falls

Name of Father Nicholas M. Roma

His Birthplace Syria

Maiden Name of Mother Sadie Kalem

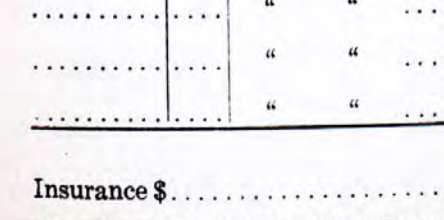
Her Birthplace Syria

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Mt. Olivet { Cemetery Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 520.00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 14.00 (State Color)	Slippers \$ 2.00 Hose \$ 1.60
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers (Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax <u>Dec. 16, 1941</u>	
Total Footing of Bill	\$ 536.00
Less	
Balance	\$
Entered into Ledger, page or below	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of % per annum.

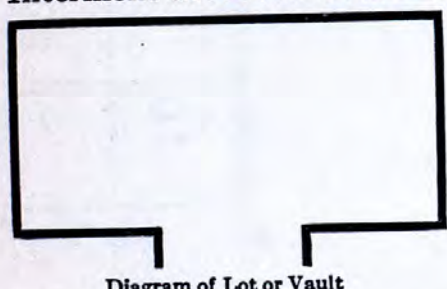
Signed Address

RECORD OF FUNERAL

Total No. 1398 Yearly No. 84 Date Oct 25 1941
 Name of Deceased John Jarvis - married - sk (Single - Married - Divorced) Scotland (What Race) (Where Born)
 Residence of Deceased 1112 Forbes St Husband - Wife - Widow } Catherine
 or Widow }

Charge to
 Address
 Order given by John R. Jones (or informant)
 How Secured
 Occupation of Deceased Granite Cutter
 Name of Employer
 Address
 Date of Death Oct 25, 1941 7:15 PM (Date) (Hour)
 Date of Birth Apr 6, 1871
 Age 70 10 25 (Years) (Months) (Days)
 Date of Funeral Oct 28, 1941 2:30 M. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman
 His Address
 Religion of the Deceased Protestant
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death 1112 Forbes Street
 Cause of Death Hypersensitive Heart
 Contributory Causes Myocardial Failure
 Certifying Physician Dr. H. A. Black (or Coroner)
 His Address 1231 Fifth Ave
 Name of Father McVoughdunsden Jarvis
 His Birthplace Scotland
 Maiden Name of Mother Mary Cobban
 Her Birthplace Scotland
 Motor Ship } Remains to
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Woodlawn { Cemetery Crematory

Complete Funeral	\$	
Casket <u>P. Case</u>	50	00
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Dressing Body, \$		
Suit or Dress \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl open & closing</u>	25	00
Cremation		
line Death Notices in		
Papers		
Flowers, \$		
Rental of Tent, \$		
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		
Sales Tax		
Total Footing of Bill	\$	100 00
Less	\$	
Balance	\$	



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1379 Yearly No. 85 Date Oct 27 1941

Name of Deceased Rose Spencer Raspatrich - m - st - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1626 Trustin St Husband - Wife - Widow - } Anthony H.
or of }

Charge to

Address

Order given by

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Oct 27, 1941
(Date) (Hour)

Date of Birth Oct 3, 1918
(Date) (Hour)

Age 23 0 24
(Years) (Months) (Days)

Date of Funeral Oct 30, 1941 9A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death Magee Hospital
(or U. S. or City or County) (Years) (Months)

Cause of Death acute hemorrhage & arteriosclerosis

Contributory Causes lymphatic leukemia

Certifying Physician Edw. A. Brethauer
(or Coroner)

His Address Magee Hospital

Name of Father Charles McClelland

His Birthplace Pittsburgh

Maiden Name of Mother Margaret Marshall

Her Birthplace Pittsburgh

Motor } Remains to

Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary { Cemetery
Crematory

Complete Funeral	\$ 515 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dresser, \$
Dressing Body, \$	Underwear, \$
Shirts or Dress \$ 16.50	Slippers \$ 4.00
(State Color)	Hose \$ 16.50
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	40 00
Cremation	
8 line Death Notices in 5 Papers	13 20
Flowers, \$	Palms, \$
(Names of Newspapers)	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 613 70
Less	\$
Balance	\$
Entered into Ledger, page	..... or below.



Lot No.

Grave No.

Section No.

Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
Nov 12	By Payment	\$ 226 00		By Payment	\$
Jan 14 1942		\$ 5 00		" "	\$
" 21	" "	\$ 5 00		" "	\$
Feb 5	" "	\$ 10 00		" "	\$
Mar 4	" "	\$ 15 00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. 1400 Yearly No. 86 Date Nov 4, 1941

Name of Deceased Baby James Carfagno - S. - H. - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1807 Bedford Ave. Husband—Wife—Widow—
or..... of }

Charge to Carmen Carfagno

Address 1803 Bedford

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

How Secured.....

Occupation of Deceased.....

Name of Employer.....

Address.....

Date of Death Nov 4, 1941
(Date) (Hour)

Date of Birth Nov 4, 1941

Age.....
(Years) (Months) (Days)

Date of Funeral Nov 5, 1941 M.
(Date) (Day of Week) (Hour)

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 Baselia Maternity Hosp.

Cause of Death Still born full term

Contributory Causes Male infant. Delivered 3:36 PM

Certifying Physician Dr. Albert Goldblum
(or Coroner)

His Address 1710 Bedford Ave

Name of Father Carmen Carfagno

His Birthplace Pgh

Maiden Name of Mother Margaret Hanneley

Her Birthplace Pgh

Motor } Remains to.....
Ship }

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

Manufactured by.....

Interment at Colvang { Cemetery
Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$	25	00
Casket			
Outside Box			
Burial Vault			
Embalming Body			
Lady Attendant			
Barber, \$			
Dressing Body, \$			
Suit or Dress \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
line Death Notices in			
Flowers, \$			
Rental of Tent, \$			
Opening of Grave or Tomb			
Lining Grave, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Railroad } Tickets, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Sales Tax			
Total Footing of Bill	\$	25	00
Less	\$		
Balance	\$		



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1401 Yearly No. 87 Date Nov 6th 1941
 Name of Deceased Elizabeth (Betty) Badrack ^{Danichik} + - M - H Penton Pa
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1215 Locust Street Daniel Danichik
Husband - Wife - Widow - or of
 Charge to Mrs. Josephine

Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death Nov 6, 1941 2:05 PM
(Date) (Hour)
 Date of Birth Oct 23, 1921
 Age 20 0 13
(Years) (Months) (Days)
 Date of Funeral Nov 10, 1941 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 Leach Farm
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes.....
 Certifying Physician Dr. M. Frishman
(or Coroner)
 His Address City T. B. Hospital
 Name of Father Sam Badrack
 His Birthplace Russia
 Maiden Name of Mother Josephine Mack
 Her Birthplace Poland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Calvary Cemetery Cemetery
Crematory

Complete Funeral	\$ <u>525.00</u>
Casket	
Outside Box	
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(State Kind)</small>
Lady Attendant	<small>(Name of Embalmer)</small>
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suitor Dress \$ <u>21.00</u>	Slippers \$ <u>2.50</u> Hose \$ <u>1</u>
	<small>(State Color)</small>
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	\$ <u>2.90</u>
Cremation	
6 line Death Notices in <u>3</u> Papers	\$ <u>5.94</u>
	<small>(Names of Newspapers)</small>
Flowers \$2.00 Palms, \$	Matting, \$ 2.00
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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>No + Notary Fee</u>	\$ <u>3.50</u>
Sales Tax	
Total Footing of Bill	\$ <u>892.94</u>
Less	
Balance	\$
Entered into Ledger page <u>12-16-41</u> or below.	

NOTICE - On Thursday, November 8, 1941, Betty, beloved daughter of Mrs. Josephine Badrack, Funeral from the McAvoy Funeral Home, 1700 Locust Street, Monday, Nov 11, 10:00 A.M. to 12:00 P.M. at the Church of the Epiphany at 1 o'clock.

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed..... Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1402 Yearly No. 88 Date Nov. 16 1941

Name of Deceased Nicola Gattuso - married - It - Italy
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 53 Van Buren St Husband Wife Virginia 550
or of

Charge to Vincenzina Gattuso

Address

Order given by (or informant)

How Secured

Occupation of Deceased Laborer Road Const

Name of Employer Ben Construction Co.

Address

Date of Death Nov 16, 1941 1:30 PM
(Date) (Hour)

Date of Birth Feb 4, 1890

Age 51 9 12
(Years) (Months) (Days)

Date of Funeral Nov 19, 1941 9:30 M.
(Date) (Day of Week) (Hour)

Services at St Peter's Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State U.S.A. 35 years
(or U. S. or City or County) (Years) (Months)

Place of Death Rochester Genl Hospital

Cause of Death Burns

Contributory Causes

Certifying Physician Dr. H. M. Caster Beaver Falls
(or Coroner)

His Address 1315 - 8th Ave, Rochester

Name of Father Casper Gattuso

His Birthplace Italy

Maiden Name of Mother Fortinatti

Her Birthplace Italy

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Galaxy { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral	\$ 415.00
Casket	
Outside Box (State Kind)	
Burial Vault (State Kind)	75.00
Embalming Body (Name of Embalmer)	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Hose \$
Candelabrum, \$	Tarpaulin, \$
Door Spray, \$	Candles, \$
Funeral Car, \$	Gloves, \$
Limousines to Cemetery @ \$	10.00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 80.00
Outlay for Lot	
Cremation	
9 line Death Notices in 1X Papers	2.97
(Names of Newspapers)	
Flowers, \$	Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	of Temporary Vault, \$
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Organist, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Notary Fee	2.00
Sales Tax	
Total Footing of Bill	\$ 584.97
Less	
Balance	\$
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

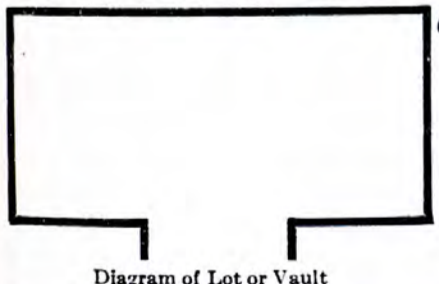
Signed Address

RECORD OF FUNERAL

Total No. 1403 Yearly No. 89 Date Nov 16, 1941
 Name of Deceased Nick Bellay - Married - white Poland
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 428 Duquesne St Husband—Wife—Widow—
 Charge to D. P. a. or..... of }

Address.....
 Order given by Frank Bellay (Brother)
1112 Duquesne St.
 How Secured.....
 Occupation of Deceased Laborer
 Name of Employer D. P. a.
 Address.....
 Date of Death Nov 16, 1941
(Date) (Hour)
 Date of Birth about 52 years
(Years) (Months) (Days)
 Date of Funeral Nov 20, 1941 M.
(Date) (Day of Week) (Hour)
 Services at St. Marys of the Parrot
 Clergyman Rev. Lawless
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Allegheny Genl. Hosp.
 Cause of Death Generalized peritonitis
 Contributory Causes secondary undiagnosed abdominal
constipation
 Certifying Physician Dr. P. J. Henney, Cor.
(or Coroner)
 His Address.....
 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.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$	
Casket <u>& Case</u>		50 00
Outside Box		
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(State Kind)</small>	
Lady Attendant	<small>(Name of Embalmer)</small>	
Barber, \$		
Dressing Body, \$	<u>Clackey</u>	5 00
Suit or Dress \$	<small>(State Color)</small>	
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		10 00
Ambulance, \$		
Limousines to Cemetery <u>paid for</u>		5 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
<small>(State Physician's or Coroner's)</small>		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl. Open & Close</u>		25 00
Cremation		
..... line Death Notices in..... Papers		
<small>(Names of Newspapers)</small>		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$	<small>of Temporary Vault, \$</small>	
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Singers, \$		
Organist, \$		
Railroad } Tickets, \$		
or Motor } <small>Aero-plane Service, \$</small>		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	95 00
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1404 Yearly No. 90 Date Nov 19th 1941

Name of Deceased William J. Nolte (Single Married - Divorced) White (What Race) Bgh Pa (Where Born)

Residence of Deceased 6316 Burchfield Ave Husband—Wife—Widow— }
Charge to Mrs Amelia Alchurch or of } 350

Address 6316 Burchfield Ave

Order given by Amelia Alchurch (or informant)

How Secured

Occupation of Deceased Labourer

Name of Employer

Address

Date of Death Nov 19 - 7:40 am (Date) (Hour)

Date of Birth Sept 22 - 1882 (Date) (Year) (Month) (Day)

Age 59 1 27 (Years) (Months) (Days)

Date of Funeral Nov 22 9 A M. (Date) (Day of Week) (Hour)

Services at St. Philomena's Clergyman

His Address

Religion of the Deceased Catholic

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

Place of Death 6316 Burchfield Ave

Cause of Death Diabetes mellitus

Contributory Causes

Certifying Physician G. J. Henney (or Coroner)

His Address Coroner

Name of Father Jacob Nolte

His Birthplace Bgh Pa

Maiden Name of Mother Elizabeth Hartman

Her Birthplace Bgh Pa

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Cemetery { Cemetery Crematory

Lot No. Grave No. Section No. Owner

Diagram of Lot or Vault

NOLTE—On Wednesday, Nov. 19, 1941, William J. son of the late Jacob and Elizabeth Nolte, of 6316 Burchfield Ave. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Requiem high mass in St. Philomena's Church at 9 o'clock.

Complete Funeral	\$ 295 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Shippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	40 00
Cremation	
7 line Death Notices in 3 Papers	6 93
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 361 93
Less	
Balance	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1405 Yearly No. 91 Date Nov 23, 1941

Name of Deceased John Murphy - Widowed - White - Buffalo, N.Y.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1112 Forbes St
Husband—Wife—Widow— or of

Charge to John R. Jones
 Address 1112 Forbes St

Order given by D. P. A.
(or informant)

How Secured _____
 Occupation of Deceased Laborer

Name of Employer _____
 Address _____

Date of Death Nov 23, 1941
(Date) (Hour)

Date of Birth Oct 6, 1875
(Years) (Months) (Days)

Age 66 - 1 - 17
(Years) (Months) (Days)

Date of Funeral Nov 25, 1941
(Date) (Day of Week) (Hour) M.

Services at Epiphany 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 1112 Forbes Street
 Cause of Death _____

Contributory Causes _____
 Certifying Physician Dr. H. W. Black
(or Coroner)

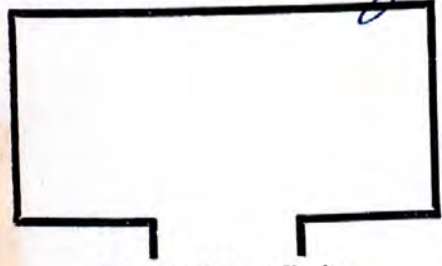
His Address _____
 Name of Father Redman Murphy

His Birthplace N.Y. State
 Maiden Name of Mother Margaret Rudd

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>Case</u>		50	00
Outside Box	<small>(State Kind)</small>		
Burial Vault	<small>(State Kind)</small>		
Embalming Body	<small>(Name of Embalmer)</small>	10	00
Lady Attendant			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress \$	Shippers \$	5	00
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$	10	00
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax			
Outlay for Lot <u>Incl open & close</u>		25	00
Cremation			
line Death Notices in	Papers		
Flowers, \$	<small>(Names of Newspapers)</small> Palms, \$		
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
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			
Sales Tax <u>paid in full Jan 20, 1942</u>			
Total Footing of Bill		100	00
Less			
Balance			
Entered into Ledger, page _____ or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____
 Names of Lodges _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1406 Yearly No. 92 Date Dec 4 1941

Name of Deceased Thomas Danna - Single - white - Italy
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 486 Ashby St Husband—Wife—Widow—
Charge to Mrs. Joseph Baker or..... of }

Address.....

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

How Secured.....

Occupation of Deceased Cafe Keeper
Name of Employer.....

Address.....

Date of Death Dec 4, 1941 - 8:56 PM
(Date) (Hour)

Date of Birth Sept 7, 1875
Age 66 2 27
(Years) (Months) (Days)

Date of Funeral Dec 9, 1941 - 9.9 M.
(Date) (Day of Week) (Hour)

Services at Holy Angels Church
Clergyman.....

His Address 408 Baldwin Road
Religion of the Deceased Catholic

Resided in the State 54 years
(or U. S. or City or County) (Years) (Months)

Place of Death 486 Ashby St
Cause of Death Myocardial Heart Disease
Coronary Heart Failure

Contributory Causes Hemiplegia, thrombosis
Certifying Physician Dr. M. Knoepf
(or Coroner)

His Address 701 Brownsville Road
Name of Father Pantalin Danna

His Birthplace Italy
Maiden Name of Mother Elizabeth

Her Birthplace Italy
Motor } Remains to
Ship }

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

Manufactured by.....

Interment at St Marys - Somerset Cemetery
Crematory

Complete Funeral	\$	9.25	00
Casket			
Outside Box	(State Kind)		
Burial Vault	(State Kind)	1.00	00
Embalming Body	(Name of Embalmer)		
Lady Attendant		1.25	
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress \$	Slippers \$	Hose \$	
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	1. @ \$	10.50	
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to	Blanket	10.00	
Deliver 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, \$	Use of Chapel, \$		
Personal Service		2.50	
Gross Total for Sales Tax	\$		
Outlay for Lot		30.00	
Cremation			
8 line Death Notices in 6 Papers		15.84	
Flowers, \$	Palms, \$	Matting, \$	10.00
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad } Tickets, \$	Aero- plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of Over Undertaker's Charges			
Sales Tax			
Total Footing of Bill	\$	1084.59	
Less	\$		
Balance	\$		

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DANNAY - On Thursday, Dec. 4, 1941, Thomas (Sharkey) Danna, at the home of his sister, Mrs. Joseph Bauer, 486 Ashby St., Hays, Pa., uncle of Joseph and Elizabeth Bauer. Funeral from the home of his sister on Tuesday morning at 8:30 o'clock. Solemn requiem high mass at Holy Angels Church at 9 o'clock.

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1407 Yearly No. 99 Date Dec 3, 1941 1941
 Name of Deceased Frank Levak - Deceased - White Hungary
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1112 Forbes St Husband—Wife—Widow—
 Charge to D.P.A. or..... of }

Address.....
 Order given by Mr John R. Jones
(or informant)
 How Secured.....
 Occupation of Deceased Laborer
 Name of Employer.....
 Address.....
 Date of Death Dec 3, 1941 9:50 AM
(Date) (Hour)
 Date of Birth June 13, 1941
 Age 51 5 20
(Years) (Months) (Days)
 Date of Funeral Dec 12, 1941 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 Merry Hospital
 Cause of Death Fractured Skull
Due to being struck by street car
 Contributory Causes.....
 Certifying Physician Dr. P. J. Henney, Cor.
(or Coroner)
 His Address #
 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

Complete Funeral	\$	
Casket <u>Case</u>		50 00
Outside Box	<small>(State Kind)</small>	
Burial Vault	<small>(State Kind)</small>	
Embalming Body	<small>(Name of Embalmer)</small>	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ <u>Clayton</u>	Hose \$	5 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$ <input checked="" type="checkbox"/>	Ambulance, \$	10 00
Limousines to Cemetery @ \$		5 00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in	Papers	
Flowers, \$	<small>(Names of Newspapers)</small>	
Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>Clayton</u>		25 00
Lining Grave, \$	Lowering Device, \$	
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>Feb 21, 1942</u>		
Sales Tax		
Total Footing of Bill	\$	95 00
Less	\$	
<u>EJM</u>	Balance	\$
Entered into Ledger, page.....		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

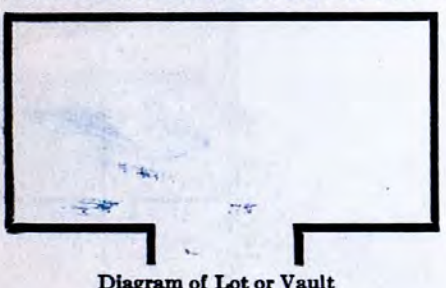
RECORD OF FUNERAL

Total No. 1408 Yearly No. 94 Date Dec 15 1941
 Name of Deceased BESSIE SMITH - Futzinger - White Pennsylvania
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 2032 Forbes St Husband—Wife—Widow—
 Charge to Mr Clinton Smith or of } 350
 Address 2032 Forbes St

Order given by
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death Dec 15, 1941 - 7 A.M.
(Date) (Hour)
 Date of Birth Mar 5, 1873
 Age 68 9 10
(Years) (Months) (Days)
 Date of Funeral Dec 17, 1941 2:30 M.
(Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev. Kaufmann
 His Address
 Religion of the Deceased Protestant
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death 2032 Forbes St
 Cause of Death Cerebral Hemorrhage
 Contributory Causes
 Certifying Physician Dr P. J. Haney, Cor
(or Coroner)
 His Address
 Name of Father Munro Smith Munnich
 His Birthplace Pennsylvania
 Maiden Name of Mother Katherine Hall
 Her Birthplace Pennsylvania
 Motor } Remains to
 Ship }
 Size and Style of Casket
(State Color)
 Manufactured by
 Interment at St. Ann's Memorial Cemetery
 Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 340.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 15	Slippers \$ 3
	Hose \$ 2
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in 4 Papers	7.92
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$ 367.92

EDW. J. MCAVOY
PAID
 Dec 22, 1941
 Balance



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1409 Yearly No. 95 Date Dec 21, 1941

Name of Deceased Baby Ray Hoose - S - 24 - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1716 Locust St Husband—Wife—Widow—
or..... of

Charge to Paul G Hoose Sr
 Address.....

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

How Secured.....

Occupation of Deceased.....

Name of Employer.....

Address.....

Date of Death Dec 21, 1941 5 AM
(Date) (Hour)

Date of Birth Dec 20, 1941
(Date)

Age.....
(Years) (Months) (Days)

Date of Funeral Dec 22, 1941 M.
(Date) (Day of Week) (Hour)

Services at.....

Clergyman.....

His Address Catholic

Religion of the Deceased.....

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

Place of Death Montefiore Hospital

Cause of Death Premature Birth

Contributory Causes.....

Certifying Physician Dr. Stutz per Goldstein
(or Coroner)

His Address.....

Name of Father Paul Hoose

His Birthplace Pgh, Pa.

Maiden Name of Mother Julia Cybak

Her Birthplace Russia

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	\$ 15.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	25.00
Cremation	
line Death Notices in	Papers
Flowers, \$	(Names of Newspapers) Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 40.00
Less <u>Dec 22, 1941</u>	\$ 20.00
Balance	\$ 20.00

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1410 Yearly No. 96 Date Dec 24, 1941

Name of Deceased Margaret McCullough - H - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 805 Lenox St Husband - Wife - Widow - John S.
or of

Charge to

Address

Order given by John H. McCullough
(or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Dec 24, 1941
(Date) (Hour)

Date of Birth July 21, 1882

Age 59 5 3
(Years) (Months) (Days)

Date of Funeral Dec 27, 1941 10:00 M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death 805 Lenox St

Cause of Death

Contributory Causes

Certifying Physician Dr H.H. Black
(or Coroner)

His Address

Name of Father Peter Miller

His Birthplace Pa.

Maiden Name of Mother Not Known

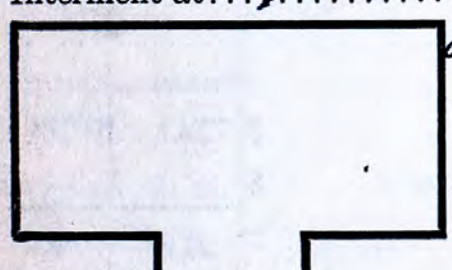
Her Birthplace

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at St. Marys Cemetery
Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	(225)	\$ 325.00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Chaps \$	26.75
	Hose \$	
	Slippers \$	
Folding Chairs, \$	Parapaulin \$	3.00
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax		\$
Outlay for Lot		
Cremation		
8 line Death Notices in \$	Papers	7.92
	(Names of Newspapers)	
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		40.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		\$ 403.17
Less		\$
Balance		\$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed Address

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

Sec. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 926,806

PENSION CERTIFICATE OF

Margaret A. McCullough.

MONTHLY
~~PAYABLE QUARTERLY~~

BY THE

DISBURSING CLERK

BUREAU OF PENSIONS

Group 1.

July 26, 1916.

KFS

Clerk.

United States of America



BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the United States, Margaret A. McCullough,
 Widow of John S. McCullough, who was
 a Private, Co. M, 3rd Regiment United States Infantry,
is entitled
 to a pension at the rate of Twelve dollars per month, to
 commence February 10, 1919 and Twenty dollars per month from
September 1, 1922,
 and to continue during her widowhood, unless she shall forfeit her right thereto.
 She is also entitled to two dollars per month additional for each of the
 following-named children while living and under the age of sixteen years:

	Commencing	Sixteen
John W. McCullough	February 10, 1919	July 19, 1921
Walter P. McCullough	" " "	February 12, 1923
Henry N. McCullough	" " "	July 8, 1928.
"	"	"
"	"	"
"	"	"

The additional pension for minor children is increased to
\$4 per month from September 1, 1922.

Given at the Department of the Interior this
tenth day of January
one thousand nine hundred and twenty-three
 and of the Independence of the United States of
 America the one hundred and forty-seventh.

Allen S. Fair
 Secretary of the Interior.

Counter-signed:
Washington Gardner
 Commissioner of Pensions

Widow's Pension

Act of July 16, 1918, and Any Amendments

Mrs. Margaret M. Cullough
Widow of John S. McCullough
Late of Co. M. Third Regiment of
Infantry

After the death of the husband the widow may execute this Declaration for Widow's Pension before a notary public, justice of the peace, clerk of the court, or other official empowered by law to administer oaths and to take acknowledgments for general purposes.

When executed mail to Edgar T. Gaddis, Attorney-at-Law, Washington, D. C. It will be filed in the Bureau of Pensions for official action, and, thereupon, instructions will be given as to the official requirements to establish title to pension, and affidavit forms upon which to make the necessary proof will be supplied.

Upon the allowance of pension, the Commissioner of Pensions directs the disbursing clerk who makes payment of the pension allowed to pay the lawful fee, as officially approved, to the attorney of record.

FILED BY
EDGAR T. GADDIS
Attorney-at-Law
WASHINGTON, D. C.

This form to be used ONLY to make claim for pension as widow under the provisions of Section 1 of the Act of July 16, 1918, entitled An Act "To pension widows and minor children of officers and enlisted men who served in the War with Spain, Philippine insurrection, or in China," as follows:

SEC. 1. "That from and after the passage of this Act if any volunteer officer or enlisted man who served ninety days or more in the Army, Navy, or Marine Corps of the United States, during the War with Spain or the Philippine insurrection, between April twenty-first, eighteen hundred and ninety-eight, and July fourth, nineteen hundred and two, inclusive, service to be computed from date of enlistment to date of discharge, or any officer or enlisted man of the Regular Establishment who rendered ninety days or more actual military or naval service in the United States: Army, Navy, or Marine Corps in the War with Spain or the Philippine insurrection between April twenty-first, eighteen hundred and ninety-eight, and July fourth, nineteen hundred and two, inclusive, or as a participant in the Chinese Boxer rebellion campaign between June sixteen, nineteen hundred, and October first, nineteen hundred, and who has been honorably discharged therefrom, has died or shall hereafter die leaving a widow without means of support other than her daily labor, and an actual net income not exceeding \$250 per year, or leaving a minor child or children under the age of sixteen years, such widow shall upon due proof of her husband's death, without proving his death to be the result of his Army or Navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act, at the rate of \$12 per month during her widowhood, and shall also be paid \$2 per month for each child of such officer or enlisted man under sixteen years of age, and in case of the death or remarriage of the widow, leaving a child or children of such officer or enlisted man under the age of sixteen years, such pension shall be paid such child or children until the age of sixteen: *Provided*, That in case a minor child is insane, idiotic, or otherwise permanently helpless, the pension shall continue during the life of said child, or during the period of such disability, and shall commence from the date of application therefor after the passage of this Act: *Provided further*, That said widow shall have married said officer or enlisted man previous to the passage of this Act: *Provided, however*, That this Act shall not be so construed as to reduce any pension under any Act, public or private."

DECLARATION FOR WIDOW'S PENSION

Act of July 16, 1918, and any Amendments

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes and Thence to be Mailed to EDGAR T. GADDIS, Attorney-at-Law, Washington, D. C.

State of Pennsylvania County of Allegheny ss:

Personally appeared before me the undersigned, duly authorized to administer oaths within the County and State aforesaid..... who, being duly sworn according to

law, declares that she is years of age; that she is the widow of John S. McCullough Name of soldier, sailor or marine

who was enrolled in the Military or Naval Service of the United States under the name of John S. McCullough Name under which he served, on or about the Tenth day of January 1899, a private Rank in Co. M. Third Regiment of Infantry

and who was honorably discharged about the Ninth day of January, 1902

If any other service in Army, Navy, or Marine Corps allege here

That he served ninety days or more in the Army, Navy or Marine Corps of the United States during the War with Spain or the Philippine insurrection, between April 21, 1898, and July 4, 1902, inclusive, or rendered ninety days or more of actual military or naval service in the United States Army, Navy or Marine Corps in the War with Spain or the Philippine insurrection between the said dates, inclusive, or as a participant in the Chinese Boxer rebellion campaign, between June 16, 1900, and October 1, 1900, and received a final honorable discharge; that he was not in the military or Naval service of the United States otherwise than as averred; that she relies on the official record to verify or show the dates of enrollment and of discharge, or term of actual service, as may be required by the Act of July 16, 1918, aforesaid.

That he died on the second day of June, 1916 That she was married to said soldier under the name of Margaret Miller Widow's name before marriage on the Tenth day of August, 1904, there being no legal barrier to said marriage.

If neither spouse had been married previously state that fact. If claimant or her husband had been previously married, state how the former marriage was dissolved, whether by death or divorce

That she has not remarried since the death of said soldier above named, and that she was never divorced from said soldier, and is without means of support other than her daily labor, and an actual net income not exceeding \$250 per year. That the names and dates of birth of all the children of the soldier now living and under sixteen years of age at the date of the soldier's death are as follows:

If no children under 16 years, so state here. The widow is entitled to \$2 per month extra for each child under 16

John S. McCullough born July 21, 1905
Walter McCullough February 13, 1907
Florence McCullough July 19, 1912

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of July 16, 1918, and any amendments thereof; also for accrued pension due to her husband's death. That she appoints EDGAR T. GADDIS, of Washington, D. C., his successor or legal representative, her attorney to prosecute this claim. That her Post Office address is 829 Second Pittsburgh, County of Allegheny State of Pennsylvania

Widow sign here

(1) (Signature of first witness.)
(Address of first witness.)
(2) (Signature of second witness.)
(Address of second witness.)

Subscribed and sworn to before me this day of, 19..... and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words..... erased, and the words, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(Signature.)
(Official Character.)
(Address of Official.)

IMPRESS
SEAL HERE

* The two witnesses must be persons who write their own names, and the address of each witness must be stated.

RECORD OF FUNERAL

Total No. 1411 Yearly No. 1 Date Jan 2 1942
 Name of Deceased Rose Mannini - M - Pitt - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1017 Swarth St
 Charge to Homer Mannini
 Address 1017 Swarth St
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____

Date of Death Jan 2, 1942 - 2:30 AM
(Date) (Hour)
 Date of Birth April 23, 1917
 Age 24 8 9
(Years) (Months) (Days)
 Date of Funeral Jan 5, 1942 9 A.M.
(Date) (Day of Week) (Hour)


Services at Epiphany 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 D. O. A. at Mercy Hospital

Cause of Death Acute Gastroenteritis
Due to undetermined poison
 Contributory Causes suicide while temp. insane
 Certifying Physician Dr. F. J. Henney Coroner
(or Coroner)
 His Address _____

Name of Father Emmett Serena
 His Birthplace Berry, Pa
 Maiden Name of Mother Margaret Leonard
 Her Birthplace Pittsburgh, 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	\$ 270 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ 1.50
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
7-line Death Notices in 4 Papers	9 24
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	40 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 330 74
Less	
Per Balance	

PAID
 FEB 7 1942
 EDW. J. MCAVOY

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1412 Yearly No. 2 Date Jan 6 1942

Name of Deceased Sadie Koerner (Single - Married - Divorced) sk (What Race) Pittsburgh (Where Born)

Residence of Deceased 1616 Edna St Husband—Wife—Widow—Alexander or..... of 359

Charge to Jean Koerner
Address 1616 Edna Street

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

Occupation of Deceased Housewife

Name of Employer.....
Address.....

Date of Death Jan 6, 1942 (Date) (Hour)

Date of Birth June 5, 1865
Age 77 7 1 (Years) (Months) (Days)

Date of Funeral Jan 9, 1942 (Date) (Day of Week) (Hour) 11A.M.

Services at E. Gipsburg
Clergyman.....

His Address.....
Religion of the Deceased Catholic

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

Place of Death 1616 Edna Street

Cause of Death Carcinoma of Stomach

Contributory Causes Metastatic Carcinoma of Liver
Certifying Physician Dr. J. L. Stutz (or Coroner)

His Address 1745 Fifth Ave

Name of Father John Owens
His Birthplace Ireland

Maiden Name of Mother Sadie McLaughlin
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	\$ 275.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ 20.00
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 4 Papers	9.24
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	40.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$

Stamp: JUN 30 1942
Signature: [Handwritten]

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

RECORD OF FUNERAL

Jan 13

Total No. 1413 Yearly No. 2 Date Jan 9 1942

Name of Deceased William Webster - single - W - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 301 Mellenberger St Husband—Wife—Widow—
 Charge to D. P. A. or..... of }

Address.....
 Order given by Mrs Lydia Tutthill
(Informant)
 How Secured 301 Mellenberger St
 Occupation of Deceased Unknown
 Name of Employer.....
 Address.....

Date of Death Jan 8 1942
(Date) (Hour)
 Date of Birth May 4 1866
 Age 75 - 8 - 4
(Years) (Months) (Days)
 Date of Funeral Jan 9 1942 M.
(Date) (Day of Week) (Hour)

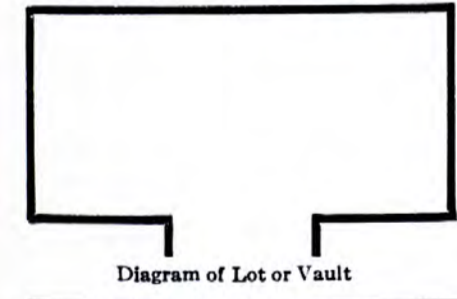
Services at.....
 Clergyman.....
 His Address.....
 Religion of the Deceased Protestant
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Mayview Hospital
 Cause of Death Arterio Sclerotic
 Contributory Causes Heart Disease
 Certifying Physician Dr Bryant
(or Coroner)
 His Address.....

Name of Father William Webster
 His Birthplace Scotland
 Maiden Name of Mother Jane Ann
 Her Birthplace Scotland

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.....

Complete Funeral	\$	
Casket <u>a Case</u>	50	00
Outside Box		
Burial Vault		
Embalming Body	10	00
Lady Attendant		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Clothing Underwear, \$.....	5	00
Suit or Dress \$..... Slippers \$..... Hose \$.....		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$.....	10	00
Limousines to Cemetery @ \$.....		
Autos to R. R. Station @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....		
____ Certif. Copies of Death Certificates No.....		
<small>(State Physician's or Coroner's)</small>		
Pall Bearer Service, \$..... Use of Chapel, \$.....		
Personal Service.....		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Cemetery Club</u>	20	00
Cremation.....		
..... line Death Notices in..... Papers		
<small>(Names of Newspapers)</small>		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Lowering Device, \$.....		
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.....		
Sales Tax <u>Mar 10 1942</u>		
Total Footing of Bill	\$	95 00
Less.....	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1414 Yearly No. 4 Date Jan 8, 1942

Name of Deceased Sr. M. Guido - Mary Bigelow (Single - Married - Divorced) W (What Race) Ontario, Canada (Where Born)

Residence of Deceased 3333 Fifth Ave. Husband—Wife—Widow—
or..... of }

Charge to Mother, M. Ineaus

Address.....

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

How Secured.....

Occupation of Deceased In Religion

Name of Employer.....

Address.....

Date of Death Jan 8, 1942 (Date) (Hour)

Date of Birth Feb 25, 1873

Age 68 - 11 - 13 (Years) (Months) (Days)

Date of Funeral Jan 12, 1942 (Date) (Day of Week) (Hour) 8:30 P.M.

Services at Mt. Mercy -

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 Hypertensive Heart Disease

Contributory Causes Cerebral Hemorrhage

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Louis Bigelow

His Birthplace France

Maiden Name of Mother Sophia Beza

Her Birthplace Canada

Motor } Remains to
Ship }

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

Manufactured by.....

Interment at St. Xavier { Cemetery
Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

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

Address.....

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

Complete Funeral	\$	
Casket		70
Outside Box		15
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	15
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1 50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	35 00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
8 line Death Notices in 2 Papers		5 28
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	141 78
Less	\$	
Balance	\$	
Entered into Ledger, page..... or below.		

BIGELOW—Sr. M. Guido, on Thursday Jan. 8, 1942. Sr. M. Guido Bigelow of the Order of Mercy. Remains may be viewed at Mercy Hospital until Sunday afternoon at 2 o'clock. Then at St. Mary's Convent, 3333 Fifth Ave., where requiem high mass will be celebrated Monday morning at 8:30 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Jan 19

Total No. 1415 Yearly No. 5 Date Jan 11 1942

Name of Deceased Jacob Margolf - et - et - France
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1112 Forbes St Husband—Wife—Widow— } Unknown
or..... of

Charge to D.P.A.

Address.....

Order given by J. B. Jones (or informant)

How Secured.....

Occupation of Deceased Retired

Name of Employer.....

Address.....

Date of Death Jan 11, 1942 (Date) (Hour)

Date of Birth Jan 4, 1861 (Date) (Hour)

Age 81-0-7 (Years) (Months) (Days)

Date of Funeral Jan 13, 1942 (Date) (Day of Week) (Hour) 2:30 M.

Services at Chapel

Clergyman.....

His Address.....

Religion of the Deceased Protestant

Resided in the State Community 1 year - 1 month (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death arterio sclerosis

Contributory Causes Heart Disease

Certifying Physician Dr. H. M. D. McClelland (or Coroner)

His Address.....

Name of Father Unknown

His Birthplace.....

Maiden Name of Mother.....

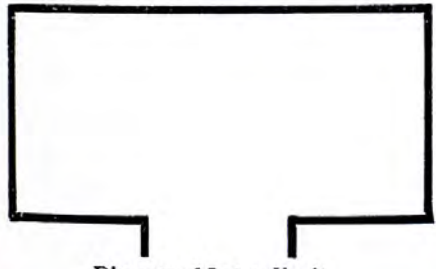
Her Birthplace.....

Motor Ship } Remains to.....

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

Manufactured by.....

Interment at Woodlawn { Cemetery Crematory



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

Complete Funeral	\$ 50.00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	10.00
Lady Attendant (Name of Embalmer)	
Barber, \$	
Dressing Body, \$	5.00
Suit or Dress \$ (State Color)	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	10.00
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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	
Gross Total for Sales Tax	
Outlay for Lot <u>Cemetery clips</u>	20.00
Cremation	
.....line Death Notices in..... Papers	
Flowers, \$ (Names of Newspapers)	
Rental of Tent, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 95.00
Less.....	
Per <u>EDW. J. MCAVOY</u> Balance	


Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.

Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1416 Yearly No. 6 Date Jan. 16 1942
 Name of Deceased Maria Sesto - Married - It - Italy
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1211 Pasture Street Husband - Wife - Widow } Anthony 600.00
or of
 Charge to
 Address T
 Order given by Ernest Sesto 1324 Madison St. N.S.
(or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer
 Address
 Date of Death Jan 16, 1942 (Date) (Hour)
 Date of Birth July 18, 1881 (Date) (Hour)
 Age 60 - 5 - 29 (Years) (Months) (Days)
 Date of Funeral Jan 20, 1942 (Date) (Day of Week) (Hour) 9:30 AM
 Services at St. Peter's Church
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State 39 years (or U. S. or City or County) (Years) (Months)
 Place of Death 1211 Pasture St
 Cause of Death
 Contributory Causes
 Certifying Physician Dr. A. E. Felvo (or Coroner)
 His Address 1001 Wylie Ave
 Name of Father Giuseppe Stagliano
 His Birthplace Italy
 Maiden Name of Mother Isabella Cocciniglio
 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
 Diagram of Lot or Vault 

Complete Funeral	\$ 550.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 23.00	Slippers \$ 3.00
Hose \$	26.00
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to <u>Flower Car</u>	10.00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 4 Papers	9.24
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	40.00
Lining Grave, \$	Lowering Device, \$
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	
1 Certified copy of death	1.00
Sales Tax	
Total Footing of Bill	\$ 636.24
Less	
Balance	
Entered into Ledger page	or below.

EDW. J. MCAVOY
 Jan 31 1942
 Balance

Date	Amount Paid	Balance	Date	Per	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$	
	By Payment	\$		By Payment	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	

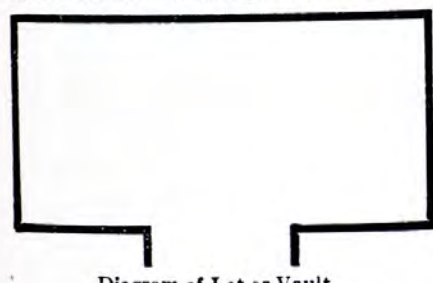
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed Address
 Witness

RECORD OF FUNERAL

Total No. 1417 Yearly No. 7 Date Jan 17, 1942
 Name of Deceased Albert Nelson - Single - White - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1405 Hazel St
Husband - Wife - Widow - } or of }

Charge to
 Address
 Order given by
(or informant)
 How Secured
 Occupation of Deceased Student
 Name of Employer
 Address
 Date of Death Jan 17, 1942 - 5:47 AM
(Date) (Hour)
 Date of Birth Feb 21, 1926
 Age 15 - 10 - 21
(Years) (Months) (Days)
 Date of Funeral Jan 20, 1942 M.
(Date) (Day of Week) (Hour)
 Services at
 Clergyman Rev E. St. Duesel
 His Address 1618 Suffolk St.
 Religion of the Deceased Protestant
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital
 Cause of Death Chronic Nephritis
& Uremia
 Contributory Causes
 Certifying Physician Dr. McClelland Cor.
(or Coroner)
 His Address
 Name of Father Lauri Nelson
 His Birthplace Finland
 Maiden Name of Mother Melia Koskimen
 Her Birthplace Finland
 Motor } Remains to
 Ship }
 Size and Style of Casket
(State Color)
 Manufactured by
 Interment at Mineraville { Cemetery
 Crematory

Complete Funeral	\$ 255 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
<u>1 Coroners transcript</u>	.50
Sales Tax	
Total Footing of Bill	\$ 255 50
Less	\$
Balance	\$



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
2-5-42	To Above Balance	243 74		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$
 Names of Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 days from date. Interest to accrue from
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. 1418 Yearly No. 8 Date Jan 30 1942
 Name of Deceased Robert McCarthy - Single - Wh - Pgh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1112 Forbes Street Husband—Wife—Widow—
 or of }

Charge to D.P.A.
 Address
 Order given by Mr. Cornelius McCarthy
(or informant)
 How Secured 314 Rustic Ave, Mt. Oliver
 Occupation of Deceased
 Name of Employer
 Address
 Date of Death
 Date of Birth July 3, 1890
(Date) (Hour)
 Age 51 - 6 - 27
(Years) (Months) (Days)
 Date of Funeral Feb 2, 1942 9:17 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 1112 Forbes St
 Cause of Death Chronic myocarditis
 Contributory Causes
 Certifying Physician Dr. H. H. Black
(or Coroner)
 His Address
 Name of Father Cornelius McCarthy
 His Birthplace Wales
 Maiden Name of Mother Catherine Croak
 Her Birthplace Wales CROAK
 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>& Case</u>		50 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$ <u>Clasby</u>	Hose \$	5 00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$ <u>✓</u>	Ambulance, \$	10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		20 00
Lining Grave, \$	Lowering Device, \$	
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>4-8</u>		
Sales Tax		
Total Footing of Bill	\$	95 00
Less	\$	
Balance	\$	

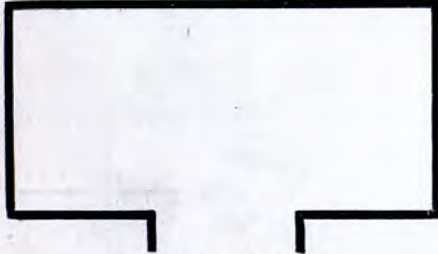


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1419 Yearly No. 9 Date Jan 31, 1942
 Name of Deceased Stephen P. Satnik - M - St - Braddock, Pa
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 76 Van Broom St.
 Charge to Mrs. Angela Satnik
 Address 76 Van Broom St.
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased Machinist
 Name of Employer Mesta Machine Co
 Address _____
 Date of Death Jan 31, 1942
(Date) (Hour)
 Date of Birth Dec 26, 1911
 Age 30 1 5
(Years) (Months) (Days)
 Date of Funeral Feb 4, 1942 9 A.M.
(Date) (Day of Week) (Hour)
 Services at St. Michaels Church
 Clergyman Braddock, Pa.
 His Address _____

Religion of the Deceased Catholic
 Resided in the State Pa.
in front of 755 Mifflin St. U. S. or City or County (Years) (Months)
 Place of Death D. O. A. at South Side Hos

Cause of Death Body crushed due to collision of automobile & trailer
 Contributory Causes crush
 Certifying Physician Dr. H. D. McClelland
(or Coroner)
 His Address Coroner, per Plato

Name of Father Andrew Satnik
 His Birthplace Czecho - Slovakia
 Maiden Name of Mother Mary O'Leary
 Her Birthplace Czecho - Slovakia

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

Manufactured by _____
 Interment at St. Michaels, Braddock Cemetery
Crematory



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

Complete Funeral	\$ 395 00
Casket	
Outside Box	
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(State Kind)</small>
Lady Attendant	<small>(Name of Embalmer)</small>
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	FLOWER CAR 10 00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates	<small>(State Number and District) No.</small>
Pall Bearer Service, \$	<small>(State Physician's or Coroner's) Use of Chapel, \$</small>
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
8. line Death Notices in 6 Papers	15 84
Flowers, \$	<small>(Names of Newspapers) Palms, \$ Matting, \$</small>
Rental of Tent, \$	<small>of Temporary Vault, \$</small>
Opening of Grave or Tomb	Cam, chp 40 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$ Organist, \$
Railroad or Motor } Tickets, \$	<small>Aero-plane Service, \$</small>
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	\$ 3-20-42
Total Footing of Bill	\$ 460 84
Less	\$
Balance	\$

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1420 Yearly No. 10 Date Feb 1, 1942

Name of Deceased Robert Hays - S - H - (Single - Married - Divorced) Pittsburgh (What Race) (Where Born)

Residence of Deceased 1407 Calwell Street Husband - Wife - Widow - }
or of }

Charge to Mr. Frank Hays

Address

Order given by (or informant)

How Secured

Occupation of Deceased at Home

Name of Employer

Address

Date of Death Feb 1, 1942 (Date) (Hour)

Date of Birth Mar 31, 1941

Age 10 - 1 (Years) (Months) (Days)

Date of Funeral Feb 2, 1942 (Date) (Day of Week) 2 P. M. (Hour)

Services at St. M.

Clergyman

His Address

Religion of the Deceased Catholic

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

Place of Death Childrens Hospital

Cause of Death Bilateral Bronchopneumonia

Contributory Causes mongolism, malnutrition

Certifying Physician Dr. Rita M. Carey (or Coroner)

His Address Childrens Hospital

Name of Father Frank Hays

His Birthplace McKeesport, Pa.

Maiden Name of Mother Stella Kulak

Her Birthplace Pittsburgh, Pa.

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at St. Marys, McKeesport Cemetery or Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

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Complete Funeral	\$	
Casket		33 00
Outside Box		5 00
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	5 00
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	5 00
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
..... line Death Notices in	..... Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	63 00
Less	\$	
Balance	\$	
Entered into Ledger, page	..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed.....

Address.....

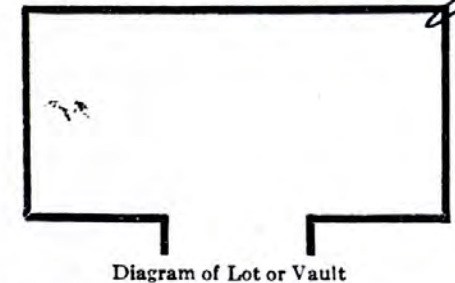
Witness.....

RECORD OF FUNERAL

Total No. 1421 Yearly No. 11 Date Jan 26 1942
 Name of Deceased Michael O'Hara (Single — Married — Divorced) (What Race) (Where Born)
 Residence of Deceased 1112 Forbes Street Husband—Wife—Widow— }
 or of }

Charge to
 Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Salesman
 Name of Employer
 Address
 Date of Death Jan 26, 1942 (Date) (Hour)
 Date of Birth
 Age about 65 (Years) (Months) (Days)
 Date of Funeral Feb 4, 1942 (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 D. O. St. Hubards Ave
 Cause of Death Coronary Occlusion
 Contributory Causes
 Certifying Physician Dr. Wm. D. McCalland (or Coroner)
 His Address
 Name of Father Unknown
 His Birthplace Unknown
 Maiden Name of Mother Unknown
 Her Birthplace Unknown
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	<u>No Charge</u>
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
..... line Death Notices in	Papers
Flowers, \$	(Names of Newspapers)
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$
Less	\$
Balance	\$
Entered into Ledger, page	..... or below.



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1422 Yearly No. 12 Date Feb 4 1942

Name of Deceased Ella Gotthart - M - H
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 200 Henning Place Husband - Wife - Widow } John 540
or of

Charge to Complete Funeral \$ 470.00

Address Casket

Order given by John Manion (or informant) Outside Box (State Kind)

How Secured Burial Vault (State Kind)

Occupation of Deceased Embalming Body (Name of Embalmer)

Name of Employer Lady Attendant

Address Barber, \$ Hair Dressing, \$

Date of Death Feb 4, 1942 (Date) (Hour) Dressing Body, \$ Underwear, \$

Date of Birth ~~Set~~ or Dress \$ 21 Slippers \$ 2.25 Hose \$ 24 25
(Years) (Months) (Days) (State Color)

Age about 72 Folding Chairs, \$ Tarpaulin, \$

Date of Funeral Feb 7, 1942 10 A.M. Candelabrum, \$ Candles, \$

Services at St. Bridget's Church (Date) (Day of Week) (Hour) Door Spray, \$ Gloves, \$

Clergyman Rev. C. Deasey Funeral Car, \$ Ambulance, \$

His Address Limousines to Cemetery @ \$

Religion of the Deceased Catholic Autos to R. R. Station @ \$

Resided in the State Getting Remains from

Place of Death Mayview State Hospital Taking Remains to

Cause of Death Cerebral Thrombosis Trip to Coroner's Inquest

Contributory Causes Arteriosclerosis, Venous Thrombosis Delivering Box to

Certifying Physician Deliver Flowers to

His Address Removal Charges

Name of Father Patrick Manion 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 Mary Pall Bearer Service, \$ Use of Chapel, \$

Her Birthplace Personal Service

Motor } Remains to Gross Total for Sales Tax \$

Ship } Size and Style of Casket Outlay for Lot

Manufactured by Cremation

Interment at Calvary { Cemetery } 8 line Death Notices in 2 Papers 7.92

Lot No. Flowers, \$ Palms, \$ Matting, \$

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

Section No. Opening of Grave or Tomb 20.00 42.00

Owner Lining Grave, \$ 20.00 Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$ 15.00

Railroad } Tickets, \$ Aero-plane Service, \$

or Motor } Telegr., Phone, Cable or Radio Charges 4.5

Cash Advanced Paid in full

Out of town Undertaker's Charges 557.62

Sales Tax Total Footing of Bill \$

Less Balance \$

Entered into Ledger, page or below.

Diagram of Lot or Vault

GOTTHART—On Wednesday, Feb. 4, 1942, Ella, wife of the late John Gotthart and daughter of the late Patrick and Mary Manion. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 9:30. Requiem high mass at St. Bridget's Church at 10 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$ <u>220.00</u>
	" "	\$		" "	\$ <u>155.00</u>
	" "	\$		" "	\$ <u>1.75.00</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

Total No. 1422 Yearly No. 13 Date Feb 8 1942

Name of Deceased Fredrick Uhl Single - M - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1208 Gibson Street Husband—Wife—Widow—
or..... of }

Charge to D.P.A. -
Albert F. Uhl - 211 Mays St Pgh 40
Address.....

Order given by (M. Seanlon, Myview Pa)
(or informant)

How Secured.....

Occupation of Deceased Mgr. of Confectionery

Name of Employer now retired

Address.....

Date of Death Feb 8, 1942
(Date) (Hour)

Date of Birth Oct 20, 1874

Age 67 3 18
(Years) (Months) (Days)

Date of Funeral Feb 10, 1942 M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Woods

His Address.....

Religion of the Deceased Protestant

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

Place of Death Myview

Cause of Death Carcinoma of hard
Palate

Contributory Causes.....

Certifying Physician Dr. Albright
(or Coroner)

His Address.....

Name of Father Andrew Uhl

His Birthplace Germany

Maiden Name of Mother Margaret Kengel

Her Birthplace Germany

Motor } Remains to
Ship }

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

Manufactured by.....

Interment at St. Paul's Cemetery
mt. Oliver Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$	
Casket <u>Case</u>		50 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10 00
Limousines to Cemetery @ \$		5 00
Autos to R. R. Station @ \$		
Getting Remains from <u>Myview</u>		5 00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb <u>Closing</u>		18 00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax <u>April 8, 1942</u>		
Total Footing of Bill	\$	93 00
Less	\$	
Per <u>E. J. McAvo</u> Balance	\$	
Entered into Ledger, page		or below.

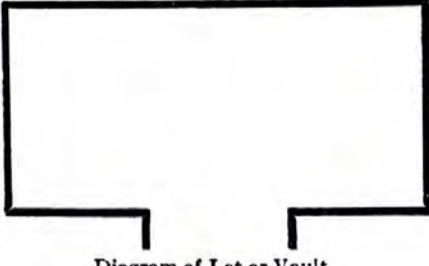


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

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

RECORD OF FUNERAL

Total No. 1424 Yearly No. 14 Date Feb. 11, 1942

Name of Deceased George A. Wrigley - Single - St - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1512 Locust Street Husband—Wife—Widow—
or..... of } 435

Charge to Miss Isabella Wrigley
Address 1512 Locust Street

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

Occupation of Deceased Retired

Name of Employer.....
Address.....

Date of Death Feb. 11, 1942 4:30 PM
(Date) (Hour)

Date of Birth Jan 5, 1867
Age 75-1-6
(Years) (Months) (Days)

Date of Funeral Feb 14, 1942 2:30 PM
(Date) (Day of Week) (Hour)

Services at Chapel
Clergyman Rev. Stymet R. Stoods

His Address.....
Religion of the Deceased Protestant

Resided in the State 75 years
(or U. S. or City or County) (Years) (Months)

Place of Death 1512 Locust Street

Cause of Death Strangulation due to hanging self with rope
Contributory Causes.....

Certifying Physician Dr. Stm McClelland
(or Coroner)

His Address.....
Name of Father John Wrigley

His Birthplace Pottsville, Pa.

Maiden Name of Mother Mary McCabe

Her Birthplace Pgh, Pa.

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

Manufactured by.....
Interment at Uniondale { Cemetery
Crematory

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

Owner.....

WRIGLEY—On Wednesday, Feb. 11, 1942, George A. son of the late John and Mary McCabe Wrigley of 1512 Locust St. Funeral services at the McAvoy Funeral Home, 1700 Forbes St., on Saturday afternoon at 2:30 o'clock.

Diagram of Lot or Vault

Complete Funeral	\$ 385 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Shirt Underwear, \$ 15
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery 2 @ \$ 10.50	21 00
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest <u>the Coroners trans.</u>	2 00
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
2 Certif. Copies of Death Certificates No. 2	2 00
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
6 line Death Notices in 5 Papers	9 90
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	22 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Organist, \$ 10 00
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	EDW. J. MCAVOY
Total Footing of Bill	\$ 453 65
Less	\$
Balance	\$
Entered into Ledger, page	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Signed.....
Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1425 Yearly No. 15 Date Feb 14 1942
 Name of Deceased Joseph Betters - M - H - Syria
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1614 Webster Ave Husband—Wife—Widow— } Anna
or..... of

Charge to 1
 Address.....
 Order given by Thomas Betters
(or informant)
 How Secured.....
 Occupation of Deceased Stationery Engineer
 Name of Employer Penna Railroad
 Address.....
 Date of Death Feb 14, 1942
(Date) (Hour)
 Date of Birth Not Known
 Age about 62
(Years) (Months) (Days)
 Date of Funeral Feb 17, 1942 9:15 M.
(Date) (Day of Week) (Hour)
 Services at St Ann's Church
 Clergyman Rev. Elias Basil
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State 52 years
(or U. S. City or County) (Years) (Months)
 Place of Death Presbyterian Hospital
 Cause of Death Chronic degenerative
Myocarditis
 Contributory Causes due to Bronchial Asthma
 Certifying Physician Dr. E. A. Falvo
(or Coroner)
 His Address 1003 Mylie Ave
 Name of Father Peter Betters
 His Birthplace Syria
 Maiden Name of Mother Margaret David
 Her Birthplace Syria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$ <u>555.00</u>
Casket	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(Name of Embalmer)</small>
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ <u>1.50</u>
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to <u>Flower Car</u>	<u>10.00</u>
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
_____ (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot <u>Cemetery Chgs</u>	<u>40.00</u>
Cremation	
<u>7</u> line Death Notices in <u>4</u> Papers	<u>9.24</u>
Flowers, \$	<small>(Names of Newspapers)</small>
Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ <u>645.74</u>
Less	\$
Balance	\$

DEATH NOTICES

BETTERS—On Saturday, Feb. 14, 1942, Joseph, husband of Anna Betters. Funeral from the home of his son, Anthony, 1822 Webster Ave., on Tuesday morning at 9 o'clock. Requiem high mass at St. Ann's Church at 9:30 o'clock.

Diagram of Lot or Vault.....
 Owner.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>2/24/42</u>	By Payment	\$ <u>187.00</u>
	" "	\$	<u>2/28/42</u>	" "	\$ <u>400.00</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$.....
 Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1426 Yearly No. 16 Date Feb 15, 1942

Name of Deceased Helen E. McCormick (Sr. Mary Eustochia - H - Pgh.)
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased St. Marys Convent 3333-5th Husband—Wife—Widow— }
or of }

Charge to Maxwell M. Cranceus
Address

Order given by Sr. Rose Marie
(or informant)

How Secured 319 Walnut St. Homestead

Occupation of Deceased In Religion

Name of Employer

Address

Date of Death Feb. 15, 1942
(Date) (Hour)

Date of Birth Oct. 18, 1868
(Date) (Hour)

Age 74 3 27
(Years) (Months) (Days)

Date of Funeral Feb. 18, 1942 8:30 AM
(Date) (Day of Week) (Hour)

Services at Mt. Mercy Convent

Clergyman Fr. Hugo

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death Mercy Hospital
(or U. S. or City or County) (Years) (Months)

Cause of Death Generalized carcinoma of the abdomen

Contributory Causes due to carcinoma of colon

Certifying Physician E. H. J. ...
(or Coroner)

His Address Mercy Hospital

Name of Father Julius McCormick

His Birthplace Pittsburgh, Pa.

Maiden Name of Mother Mary E. Pope

Her Birthplace Allegheny Co. Pa.

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at St. Bonifacio Cemetery

McCORMICK—On Sunday, February 15, 1942, Sister Mary Eustochia of the Order of Mercy. Funeral from Mount Mercy Convent, 3333 Fifth Ave., on Wednesday morning with high mass of requiem at 8:30 o'clock.
MERRIMAN—On Saturday, Feb. 14, 1942, at 10 a. m., William T. Merriman, at

Complete Funeral	\$	
Casket		70.00
Outside Box		15.00
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	15.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	1.50
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	35.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
6 line Death Notices in	1 Papers	1.98
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		138.48
Less		
Per Balance		
Entered into Ledger, page		or below.

EDW. J. MCAVOY
PAID
3-27-42
Per Balance

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1427 Yearly No. 17 Date Feb 19, 1942

Name of Deceased Paul (Lepiano) Alpino - M - St - Italy
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1504 Forbes St Husband Wife Widow of Emilia
or of

Charge to _____

Address _____

Order given by Mrs. M. Richard
(or informant)

How Secured _____

Occupation of Deceased Retired

Name of Employer _____

Address _____

Date of Death Feb 19, 1942
(Date) (Hour)

Date of Birth Jan 29, 1877

Age 65 0 29
(Years) (Months) (Days)

Date of Funeral Feb 21, 1942 - 9 A.M.
(Date) (Day of Week) (Hour)

Services at St. Peter's Church

Clergyman _____

His Address _____

Religion of the Deceased Catholic

Resided in the State COUNTRY - 45 years
(or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes _____

Certifying Physician Dr. J. D. McChilland
(or Coroner)

His Address _____

Name of Father Joseph Alpino

His Birthplace Italy

Maiden Name of Mother Mary Dattelo

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	\$ 385 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 40 00
Outlay for Lot	
Cremation	
8 line Death Notices in 3 Papers	7 92
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 432 92
Less	
Balance	

Entered into Ledger, page _____ or below.

ALPINO—On Thursday, Feb. 19, 1942, Pellegrino, husband of Amelia and father of Mrs. Dominic Richards, of 1504 Forbes St. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 9 o'clock. Requiem high mass at St. Peter's Italian Church at 9:30 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ 75 00		By Payment	\$ 15 00
May 12, 1942	"	\$ 10 00		"	\$ 15 00
July 3 '42	"	\$ 15 00		"	\$ 15 00
Feb 26	"	\$ 15 00		"	\$ 10 00
April 10	"	\$ 15 00		"	\$
May	"	\$ 15 00		"	\$
June	"	\$ 15 00		"	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1428 Yearly No. 18 Date Mar 1 1942

Name of Deceased James C. Carr - Deceased - M - Braddock, Pa.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1112 Forbes Street Husband Wife Widow Mary Lambert Carr
or of

Charge to Mrs. Anna Grace Killen
Fort Pitt Hotel
Address # 6 Mueller Ave Crafton Pa.
PAID BY - Mrs. Chas St. Rebbun
Order given by Royal York, Upto, Pgh., Pa.
(or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Mar 1, 1942
(Date) (Hour)

Date of Birth Apr 16, 1873

Age 68 - 10 - 15
(Years) (Months) (Days)

Date of Funeral Mar 4, 1942 M.
(Date) (Day of Week) (Hour)

Services at St. Brendan's Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 68 years
(or U. S. or City or County) (Years) (Months)

Place of Death 1112 Forbes Street

Cause of Death Cancer of Neck

Contributory Causes

Certifying Physician Dr. H. H. Black
(or Coroner)

His Address 1231 - 7th Ave.

Name of Father John A. Carr

His Birthplace Ireland

Maiden Name of Mother Mary Ann O'Connor

Her Birthplace Pennsylvania

Motor } Remains to
 Ship }

Size and Style of Casket
(State Color)

Manufactured by

Interment at Braddock Catholic Cemetery Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 200.00
Casket	
Outside Box	
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(State Kind)</small>
Lady Attendant	<small>(Name of Embalmer)</small>
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ 10	Slippers \$ 12.00 Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
9 line Death Notices in 6 Papers	17.82
<small>(Names of Newspapers)</small>	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 229.82
Less	\$ 9.82
Balance	\$ 220.00
Entered into Ledger, page	or below.

CARR - On Sunday, March 1, 1942, James C. son of the late John A. and Mary O'Connor Carr; brother of Mrs. Grace Killen, Mrs. Elizabeth Rebbun, Charles J., Paul D. and John A. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 9 o'clock. Requiem high mass at St. Brendan's Church, Braddock, Pa., at 10 o'clock.

EDW. J. MCAVOY
PAID
 3-3-42

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. 1429 Yearly No. 19 Date Mar 7, 1942

Name of Deceased Mary Samransy Nossif (Single - Married - Divorced) st - Syria (What Race) (Where Born)

Residence of Deceased 1010 Stylic Ave. Michael (Husband - Wife - Widow) of

Charge to Michael Samransy Address

Order given by James N. Samransy (or informant)

How Secured 1010 Stylic Ave.

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Mar 7, 1942 (Date) (Hour)

Date of Birth June 15, 1890 (Date) (Hour)

Age 52 1 22 (Years) (Months) (Days)

Date of Funeral Mar 10, 1942 9:30 PM (Date) (Day of Week) (Hour)

Services at St. Pauls St Annis

Clergyman Rev. E. Basel

His Address

Religion of the Deceased Catholic

Resided in the State 35 years (or U. S. or City or County) (Years) (Months)

Place of Death 1010 Stylic Ave.

Cause of Death Congestive Heart Failure

Contributory Causes Hypertension

Certifying Physician S. J. Marcus (or Coroner)

His Address 1407 - 5th Ave.

Name of Father Peter Stur

His Birthplace Syria

Maiden Name of Mother Zoia Hassan

Her Birthplace Syria

Motor Ship } Remains to

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	\$ <u>460.00</u>
Casket	
Outside Box	
Burial Vault	(State Kind)
Embalming Body	(State Kind)
Lady Attendant	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ <u>2.00</u>
Suit or Dress \$	Slippers \$
	Hose \$ <u>19.50</u>
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	<u>75.00</u>
Cremation	
..... line Death Notices in	Papers
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	<u>Paid in full</u>
Total Footing of Bill	<u>\$ 557.50</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>3-27-42</u>	By Payment	\$ <u>460.00</u>
	" "	\$	<u>4-27-40</u>	" "	\$ <u>20</u>
	" "	\$		" "	\$ <u>20</u>
	" "	\$		" "	\$ <u>20</u>
	" "	\$		" "	\$ <u>150</u>
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$
	" "	\$			\$

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within

maturity at the rate of

Witness

Signed

Address

Insurance Companies

(Firm Name of Funeral Directors.)

days from date. Interest to accrue from

% per annum.

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

RECORD OF FUNERAL

Total No. 1420 Yearly No. 20 Date Mar 8 1942

Name of Deceased Clarence H. Lutz - M. - Wh. - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 207 S. Neville St Husband Wife Maude Parr
or of

Charge to Mrs. Maude Lutz
Address 207 S. Neville St.

Order given by Edwin Lutz
(or informant)

How Secured
Occupation of Deceased Chef

Name of Employer
Address

Date of Death Mar 8, 1942
(Date) (Hour)

Date of Birth Aug 29
Age 50 7 9
(Years) (Months) (Days)

Date of Funeral Mar 11, 1942 10 P. M.
(Date) (Day of Week) (Hour)

Services at St. Paul's Cathedral
Clergyman

His Address
Religion of the Deceased Catholic

Resided in the State 50 years
(or U. S. of City or County) (Years) (Months)

Place of Death Mercy Hospital
Cause of Death Gastric Hemorrhage

Contributory Causes Cirrhosis of Liver
Certifying Physician Dr. J. J. McCarthy
(or Coroner)

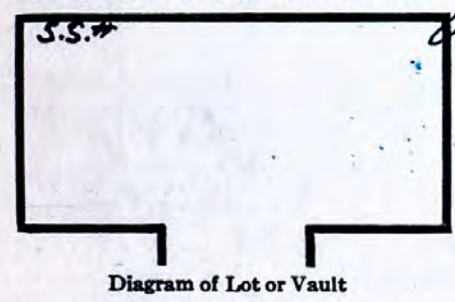
His Address 2016 7th Ave
Name of Father Frank Lutz

His Birthplace Pittsburgh
Maiden Name of Mother Mary Gardner

Her Birthplace Whelling, W. Va.
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	\$	325.00
Casket		325.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	25.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	2.00
Door Spray, \$	Gloves, \$	3.00
Funeral Car, \$	Ambulance, \$	14.00
Limousines to Cemetery @ \$		21.00
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		40.00
Cremation		
10 line Death Notices in 4 Papers		12.00
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	442.00
Less	\$	22.00
Balance	\$	420.00

EDWIN MCAVOY
Per E. J. McCarthy
Disc

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. 1431 Yearly No. 21 Date Mar 11 1942

Name of Deceased James A. Kelly - 1 - St - Ireland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 99 Harwood St Husband—Wife—Widow— }
 or of } 350 00

Charge to Estate of James A. Kelly
 Address Thomas Mulvaney
James for Bldg

Order given by Miss Stella Kelly
(or informant)

How Secured

Occupation of Deceased Shipping Clerk

Name of Employer B & O Railroad

Address

Date of Death Mar 11, 1942
(Date) (Hour)

Date of Birth Nov 9, 1859

Age 83 4 2
(Years) (Months) (Days)

Date of Funeral Mar 14, 1942 9A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 54 years
(or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Generalized Carcinomatous
due to Carcinoma of Esophagus

Contributory Causes

Certifying Physician L. D. O'Donnell
(or Coroner)

His Address Mercy Hospital

Name of Father James Kelly

His Birthplace Ireland

Maiden Name of Mother Catherine Donahue

Her Birthplace Ireland

Motor } Remains to
 Ship }

Size and Style of Casket
(State Color)

Manufactured by

Interment at Calvary { Cemetery
 Crematory

S.S. # 705-12-1013

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral \$ 350 00

Casket

Outside Box
(State Kind)

Burial Vault
(State Kind)

Embalming Body
(Name of Embalmer)

Lady Attendant

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress \$ Slippers \$ Hose \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver 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, \$ Use of Chapel, \$

Personal Service

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

8 line Death Notices in 4 Papers 10 56

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

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

EDW. J. MCAVOY

Sales Tax
PAID

Total Footing of Bill \$ 385 56

Less \$ 350 00

Per [Signature] Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

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

RECORD OF FUNERAL

Total No. 1432 Yearly No. 22 Date Mar 12 1942
 Name of Deceased James Kelly - S - 21 - Rochester Pa.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1842 Webster Ave Husband—Wife—Widow—
 Charge to Catharine Kelly or..... of } 500 00

Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Truck Driver
 Name of Employer.....
 Address.....
 Date of Death Mar 12, 1942
(Date) (Hour)
 Date of Birth July 12, 1913
 Age 28 8 0
(Years) (Months) (Days)
 Date of Funeral Mar 14, 1942 M.
(Date) (Day of Week) (Hour)
 Services at St. Georges Church
 Clergyman.....

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

Place of Death Mercy Hospital
 Cause of Death Encephalitis
 Contributory Causes (Virus Type)


Certifying Physician H. H. S. MacLachlan
(or Coroner)
 His Address Mercy Hospital

Name of Father George Kelly
 His Birthplace Syria

Maiden Name of Mother Anna Salem
 Her Birthplace Syria

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

Manufactured by.....
 Interment at Manassasville { Cemetery
 Crematory

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

Complete Funeral..... \$ 475 00
 Casket.....
 Outside Box.....
 Burial Vault.....
(State Kind)
 Embalming Body.....
(State Kind)
 Lady Attendant.....
(Name of Embalmer)
 Barber, \$..... Hair Dressing, \$.....
 Dressing Body, \$..... Underwear, \$.....
 Suit or Dress \$..... Slippers \$..... Hose \$.....
(State Color)
 Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....
 Door Spray, \$..... Gloves, \$.....
 Funeral Car, \$..... Ambulance, \$.....
 Limousines to Cemetery..... @ \$.....
 Autos to R. R. Station..... @ \$.....
 Getting Remains from.....
 Taking Remains to.....
 Trip to Coroner's Inquest.....
 Delivering Box to.....
 Deliver 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, \$..... Use of Chapel, \$.....
 Personal Service.....

Gross Total for Sales Tax..... \$
 Outlay for Lot..... 49 00
 Cremation.....
 line Death Notices in..... Papers

Flowers, \$..... Palms, \$..... Matting, \$.....
(Names of Newspapers)
 Rental of Tent, \$..... of Temporary Vault, \$.....
 Opening of Grave or Tomb.....
 Lining Grave, \$..... Lowering Device, \$.....
 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.....
Completing Insurance forms 2 10

Sales Tax.....
 Total Footing of Bill..... \$ 527 10
 Less.....
 Balance Mar 12 1942..... \$
 Entered into Ledger, page..... or below

Date	Amount Paid	Balance	Date	Per	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....	\$.....
	" ".....	\$.....		" ".....	\$.....	\$.....
	" ".....	\$.....		" ".....	\$.....	\$.....
	" ".....	\$.....		" ".....	\$.....	\$.....
	" ".....	\$.....		" ".....	\$.....	\$.....
	" ".....	\$.....		" ".....	\$.....	\$.....
	" ".....	\$.....		" ".....	\$.....	\$.....

Insurance \$.....
 Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1433 Yearly No. 27 Date Mar 13 1942

Name of Deceased Anna Mooney - M - M - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 71 Magee Street Husband—Wife—Widow—
or..... of }

Charge to Ellen Jane Mooney
 Address 71 Magee St.

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

How Secured.....
 Occupation of Deceased Housewife

Name of Employer.....
 Address.....

Date of Death Mar 13, 1942
(Date) (Hour)

Date of Birth July 8, 1885
 Age 56 9 5
(Years) (Months) (Days)

Date of Funeral Mar 17, 1942 9:00 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
Labor Pneumonia
 Cause of Death Carcinomatous Meningeal

Contributory Causes.....
 Certifying Physician Dr. S. J. Marcus
(or Coroner)

His Address.....
 Name of Father John Noon

His Birthplace Pittsburgh
 Maiden Name of Mother Jane Cannon

Her Birthplace Pittsburgh
 Motor } Remains to.....
 Ship }

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

Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

MOONEY—On Friday, March 13, 1942, Anna Noon, wife of the late James J. Mooney, of 71 Magee St. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Tuesday 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	\$ 140 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
	<small>(State Number and District)</small>
	<small>(State Physician's or Coroner's)</small>
—Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	25 00
Cremation	
7-line Death Notices in <u>3</u> Papers	6 92
	<small>(Names of Newspapers)</small>
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 180 92
Less	\$
Balance	\$
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Mar 14, 1942</u>	By Payment	\$ 120 00		By Payment	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$

Insurance \$.....
 Names of Lodges.....
 Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1434 Yearly No. 24 Date Mar 15 1942

Name of Deceased Phillip John Jaibur - S. - H.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1734 Cliff St. Husband—Wife—Widow—
or..... of }

Charge to Mrs. Jennie Jaibur 585.00
Address 1734 Cliff St.

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

How Secured..... (State Kind)

Occupation of Deceased..... (Name of Embalmer)

Name of Employer.....

Address.....

Date of Death Mar 15 1942 (Date) (Hour)

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

Age 29

Date of Funeral Mar 18 1942 9 A. M. (Date) (Day of Week) (Hour)

Services at St. Ann's Church

Clergyman Rev. E. Bail

His Address.....

Religion of the Deceased Catholic

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

Place of Death State Hospital at Potosi Certif. Copies of Death Certificates No. (State Number and District)

Cause of Death Pulmonary Tuberculosis (State Physician's or Coroner's)

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.....

Diagram of Lot or Vault

Complete Funeral	\$ 490.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Gross Total for Sales Tax	\$ 25.00
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	42.68
Sales Tax	
Total Footing of Bill	\$ 622.68
Less	
Par Balance	
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Signed..... Address.....
Witness.....

RECORD OF FUNERAL

Total No. 14,250 Yearly No. 25 Date Mar 17, 1942
 Name of Deceased Robert C. Boehler - Husband - Switzerland
(Single - Married - Divorced) (What Race) (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 Chairman
 Name of Employer County of Allegheny
 Address.....
 Date of Death Mar 17, 1942
(Date) (Hour)
 Date of Birth.....
 Age about 71
(Years) (Months) (Days)
 Date of Funeral Mar 20, 1942 M.
(Date) (Day of Week) (Hour)
 Services at Johnstown
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State.....
(or F. St. or City or County) (Years) (Months)
 Place of Death #4 Stevenson St
 Cause of Death Valvular Heart Disease
 Contributory Causes.....
 Certifying Physician Dr. Wm. McClelland (Co)
(or Coroner)
 His Address.....
 Name of Father Simon Boehler
 His Birthplace Switzerland
 Maiden Name of Mother Anna Graf
 Her Birthplace Switzerland
 Motor } Remains to.....
 Ship }

Complete Funeral	\$ <u>380</u> <u>400 00</u>
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7-line Death Notices in 2 Papers	<u>4 62</u>
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	<u>120 00</u>
Sales Tax	
Total Footing of Bill	\$ <u>404 62</u>
Less	
Balance	\$ <u>531 00</u>

Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Johnstown Cemetery
 Crematory
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

BOEHLER—Suddenly, on Tuesday, March 17th, Robert C., husband of the late Grace Neff Boehler. Remains may be viewed at the McAvoy Funeral Home, 1700 Forbes St., until 11 p. m. Wednesday. Services and interment at Johnstown, Pa., on Friday morning.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Executor)

RECORD OF FUNERAL

Total No. 1436 Yearly No. 26 Date Mar 19 1942

Name of Deceased Infant Schilken (Single - Married - Divorced) St. Pittsburgh (What Race) (Where Born)

Residence of Deceased 636 Dewalt Drive Husband - Wife - Widow - } or of }

Charge to Donald Schilken

Address

Order given by

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Mar 19 1942 (Date) (Hour)

Date of Birth Mar 17 1942 (Date) (Hour)

Age

Date of Funeral Mar 19 1942 (Date) (Day of Week) (Hour) M.

Services at Youngstown

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Mercy Hospital

Cause of Death Respiratory Failure

Contributory Causes Asphyxial Neumonatorum

Certifying Physician

His Address

Name of Father Donald Schilken

His Birthplace Minnesota

Maiden Name of Mother Ruth E. Torrey

Her Birthplace Youngstown, Ohio

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Youngstown Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

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.....

Complete Funeral	\$	20.00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	20.00
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

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

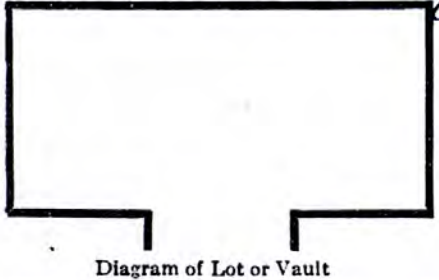
Address.....

RECORD OF FUNERAL

Total No. 1437 Yearly No. 27 Date Mar 9, 1942
 Name of Deceased Martin O Keefe (Single - Married - Divorced) Single (What Race) St. Pittsburgh (Where Born)
 Residence of Deceased 1806 Forbes St Husband—Wife—Widow—
 Charge to Katherine Keefe or..... of }

Address 5339 Broad St
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death Mar 9, 1942 (Date) (Hour)
 Date of Birth Nov 22, 1871
 Age 70 3 28 (Years) (Months) (Days)
 Date of Funeral Mar 25, 1942 (Date) (Day of Week) (Hour) 9:30 M.
 Services at Epiphany 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 In front of # 29 Capon St
 Cause of Death Acute Lobar Pneumonia
& acute alcoholic Gastro
enteritis
 Contributory Causes.....
 Certifying Physician Dr. D. McClelland (or Coroner)
 His Address.....
 Name of Father Martin O Keefe
 His Birthplace Unknown
 Maiden Name of Mother Johanna Colbert
 Her Birthplace Unknown
 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		140.00
Outside Box		
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	12.50
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
_____ line Death Notices in _____ Papers		
	(Names of Newspapers)	
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		25.00
Lining Grave, \$	Lowering Device, \$	
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>Beavers 4-14-42</u>		10.00
Sales Tax <u>paid in full</u>		
Total Footing of Bill	\$	197.50
Less <u>E. J. McCoy</u>	\$	
Balance	\$	



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1438 Yearly No. 28 Date Mar 27 1942

Name of Deceased Mary Hurley Driscoll - M - H Ireland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1405 F. J. Ave Husband - Wife - Widow - or of John

Charge to
 Address
 Order given by
(or informant)
 How Secured
 Occupation of Deceased Housewife
 Name of Employer

Address
 Date of Death Mar 27, 1942
(Date) (Hour)
 Date of Birth
 Age About 83
(Years) (Months) (Days)

Date of Funeral Mar 30, 1942 9A M.
(Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman Fr. Murray
 His Address

Religion of the Deceased Catholic
 Resided in the State 54 years
(or U. S. or City or County) (Years) (Months)

Place of Death West Penn Hospital
 Cause of Death Pulmonary Edema
 Contributory Causes Congestive failure

Certifying Physician Dr. Adams
(or Coroner)
 His Address West Penn Hospital

Name of Father Michael Hurley
 His Birthplace Ireland
 Maiden Name of Mother Margaret Flinn
 Her Birthplace Ireland

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

Manufactured by
 Interment at Columbus { Cemetery
 Crematory

DRISCOLL - On Friday, March 27, 1942, Mary Hurley, wife of John Driscoll, and mother of Cornelius, Nellie, Mrs. J. D. Rosa and Michael Driscoll, Funeral from the McEvoy Funeral Home, 1700 Forbes Street, on Monday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9:00 o'clock.

Lot No.
 Grave No.
 Section No.
 Owner

Complete Funeral	\$ 300.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ <u>10.50</u>	Slippers \$ <u>10.50</u>
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery <u>1</u> @ \$	<u>10.50</u>
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificate No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	25.00
Cremation	
8 line Death Notices in <u>4</u> Papers	10.56
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$	Organist, \$ <u>10.00</u>
Aero-plane } Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 370.06
Less	
Balance	
Entered into Ledger, page	or below.

PAID
 APR 28 1942
 EDW. J. MCAVOY
 Undertaker

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$ 181.78
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1439 Yearly No. 29 Date Apr 1 1942

Name of Deceased Ella Gahagan S-24 (Single - Married - Divorced) Marietta Ohio (What Race) (Where Born)

Residence of Deceased 1028 Benton Ave Little St of Pa (Husband - Wife - Widow -) or of } 430

Charge to Mrs Bridget Lee Complete Funeral \$ 375.00

Address Casket Outside Box (State Kind)

Order given by (or informant) Burial Vault (State Kind)

How Secured Embalming Body (Name of Embalmer)

Occupation of Deceased Lady Attendant Barber, \$ Hair Dressing, \$

Name of Employer Dressing Body, \$ Underwear, \$ 3.50

Address Suit or Dress \$ Slippers \$ Hose \$ 10.00

Date of Death April 1, 1942 (Date) (Hour) Folding Chairs, \$ Tarpaulin, \$

Date of Birth Aug 30, 1868 (Date) (Hour) Candelabrum, \$ Candles, \$

Age 73 (Years) 7 (Months) 7 (Days) Door Spray, \$ Gloves, \$

Date of Funeral April 4, 1942 9:30 A.M. (Date) (Day of Week) (Hour) Funeral Car, \$ Ambulance, \$

Services at Epiphany Church Limousines to Cemetery @ \$ Autos to R. R. Station @ \$

Clergyman Getting Remains from Taking Remains to

His Address Trip to Coroner's Inquest Delivering Box to

Religion of the Deceased Catholic Deliver Flowers to Removal Charges

Resided in the State Ind Hospital 8 yrs (or U. S. or City or County) (Years) (Months) Procuring Burial Permit (State Number and District)

Place of Death Little Sisters of the Poor Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Cause of Death Carcinoma of Stomach Pall Bearer Service, \$ Use of Chapel, \$

Contributory Causes Personal Service

Certifying Physician Dr. John J. Boucek (or Coroner) Gross Total for Sales Tax \$ Outlay for Lot Cemetery chgs \$ 40.00

His Address 516 Federal Street Cremation 7 line Death Notices in 4 Papers \$ 9.24

Name of Father Michael Gahagan (Names of Newspapers) Flowers, \$ Palms, \$ Matting, \$

His Birthplace Ireland Rental of Tent, \$ of Temporary Vault, \$

Maiden Name of Mother Bridget McBeth Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$

Her Birthplace Ireland Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$ 10.00

Motor } Remains to Railroad } Tickets, \$ Aero-plane Service, \$

Ship } Telegr., Phone, Cable or Radio Charges Cash Advanced

Size and Style of Casket (State Color) Out of town Undertaker's Charges

Manufactured by Sales Tax Total Footing of Bill \$ 447.74

Interment at Calvary { Cemetery } Less Balance \$

Lot No. Entered into Ledger, page 74 of 74 below.

Grave No. Insurance \$ Names of Lodges Insurance Companies

Section No. I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

Owner for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1440 Yearly No. 30 Date Apr 1 1942

Name of Deceased Peter Holkenic (Hothkewic) (Single - Married - Divorced) H - Poland (What Race) (Where Born)

Residence of Deceased 1112 Lakeside Street Husband - Wife - Widow - } or of }

Charge to Veterans Adm.

Address

Order given by John R. Jones (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death April 1, 1942 (Date) (Hour)

Date of Birth May 15, 1888

Age 53 10 17 (Years) (Months) (Days)

Date of Funeral Apr 3, 1942 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 6 years in community (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Pneumococcus Meningitis

Contributory Causes Type # 2

Certifying Physician Dr. St. D. McClelland (or Coroner)

His Address

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

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	\$	
Casket <u>Case</u>		50.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10.00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl open & Close</u>		25.00
Cremation		
line Death Notices in	Papers	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	100.00
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1441 Yearly No. 31 Date Apr 6 1942

Name of Deceased Margaret Crothers - M - W
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 2203 Fifth Ave Husband - Wife - Widower - John
or of

Charge to Mrs Florence McNeil

Address 2203 Fifth Ave

Order given by 510 Arch Street
(or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death April 6, 1942
(Date) (Hour)

Date of Birth June 11, 1884

Age 57 9 25
(Years) (Months) (Days)

Date of Funeral April 9, 1942 M.
(Date) (Day of Week) (Hour)

Services at St Agnes Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death Presbyterian Hospital

Cause of Death Toxic Toxemia

Contributory Causes Chronic Cholecystitis

Certifying Physician N.R. Muscular
(or Coroner)

His Address Presbyterian Hospital

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor } Remains to
Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery Cemetery
(Crematory)

Lot No.

Grave No.

Section No.

Owner

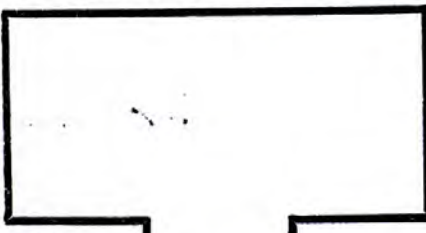


Diagram of Lot or Vault

Complete Funeral	\$	430.00
Casket		
Outside Box		
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		70.00
Cremation		
6 line Death Notices in 3 Papers		5.94
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		2.50
Sales Tax		
Total Footing of Bill	\$	523.44
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
April 17	" "	\$ 200.00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

Total No. 1442 Yearly No. 32 Date Apr 17 1942
 Name of Deceased Michael Branch - D - St - Austria
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased Verona Pa Husband—Wife—Widow—Mary
or of

Charge to.....
 Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Coal Miner
 Name of Employer.....
 Address.....
 Date of Death Found Apr. 17, 1942
(Date) (Hour)
 Date of Birth Sept. 24, 1879
 Age 62 6 23
(Years) (Months) (Days)
 Date of Funeral Apr. 20, 1942 M.
(Date) (Day of Week) (Hour)
 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 Found in Alley Room at 924
St. Budge, N. S.
 Cause of Death Found Drowned
 Contributory Causes.....
 Certifying Physician Dr. Wm. S. McClelland
(or Coroner)
 His Address.....
 Name of Father Unknown
 His Birthplace Austria
 Maiden Name of Mother Unknown
 Her Birthplace Austria
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
Local Lic# 171-14-5425 (State Color)
 Manufactured by.....
 Interment at Monaca Cemetery
Local Cemetery
 Lot No.....
 Grave No.....
 Section No.....
 Owner.....

Complete Funeral	\$ 140 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
___ Certif. Copies of Death Certificates No. _____	
	<small>(State Number and District)</small>
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$ 50 00
Outlay for Lot	
Cremation	
..... line Death Notices in Papers	
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 190 00
Less	
Balance	
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$ 100 00
	" "	\$		" "	\$ 25 00
	" "	\$		" "	\$ 25 00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$.....
Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness.....
 Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1443 Yearly No. 33 Date April 17 1942
 Name of Deceased Catherine Powers - M - St Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 5803 Walnut St Husband—Wife—Widow—Michael
or..... of

Charge to..... 325
 Address.....
 Order given by Mrs T. B. McConaughy
(or informant)
 How Secured.....
 Occupation of Deceased Retired
 Name of Employer.....
 Address.....
 Date of Death April 17, 1942
(Date) (Hour)
 Date of Birth Dec 9, 1858
(Date) (Hour)
 Age 83 4 8
(Years) (Months) (Days)
 Date of Funeral Apr 21, 1942 M.
(Date) (Day of Week) (Hour)
 Services at Seaside Baptist 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 Pittsburgh Hospital
 Cause of Death Circulatory Failure
arterio-sclerotic heart disease
 Contributory Causes due to hypertension
 Certifying Physician H. M. Ballantyne
(or Coroner)
 His Address Pittsburgh Hospital
 Name of Father Patrick Creighton
 His Birthplace Ireland
 Maiden Name of Mother Elizabeth Fenwick
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$	
Casket	175	00
Outside Box	20	00
Burial Vault	(State Kind)	
Embalsming Body	25	00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3
Door Spray, \$	Gloves, \$	3
Funeral Car, \$	Ambulance, \$	14
Limousines to Cemetery @ \$		10
Autos to R. R. Station @ \$		50
Getting Remains from		
Taking Remains to <u>Door Badge</u>		12
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
___Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		25
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
7 line Death Notices in 5 Papers		11
Flowers, \$	(Names of Newspapers)	
Rental of Tent, \$	Palms, \$	Matting, \$
Opening of Grave or Tomb	of Temporary Vault, \$	40
Lining Grave, \$	Lowering Device, \$	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		
Sales Tax		
Total Footing of Bill	\$	339
Less	\$	05
Balance	\$	

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1444 Yearly No. 3422 Date Apr 19 1942

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

Residence of Deceased 5016 Cypress St
Husband - Wife - Widow - }
or of }

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Apr 19, 1942 9 PM
(Date) (Hour)

Date of Birth Apr 19, 1942 6:45

Age 2 hours 15 min
(Years) (Months) (Days)

Date of Funeral Apr 21, 1942 M.
(Date) (Day of Week) (Hour)

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 West Penn Hospital

Cause of Death Prematurity

Contributory Causes Train Pregnancy

Certifying Physician Dr. A. Shapiro
(or Coroner)

His Address West Penn Hospital

Name of Father Madesta Capalbo

His Birthplace Italy

Maiden Name of Mother Nellie Gusegi

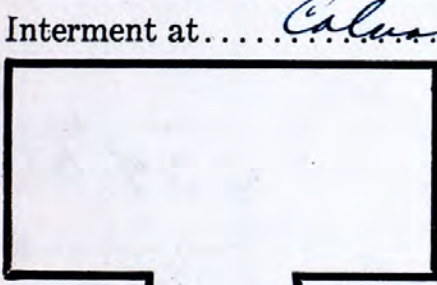
Her Birthplace Pittsburgh

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	\$	15	00
Casket			
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	(Name of Embalmer)		
Lady Attendant			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress \$	Slippers \$	Hose \$	
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
___ Certif. Copies of Death Certificates No. ___	(State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
... line Death Notices in ... Papers			
Flowers, \$	Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
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			
Sales Tax			
Total Footing of Bill	\$		
Less	\$		
Balance	\$		

Entered into Ledger, page ... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1445 Yearly No. 25 Date Apr 19 1942

Name of Deceased Baby John Capalbo (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 _____
Address _____

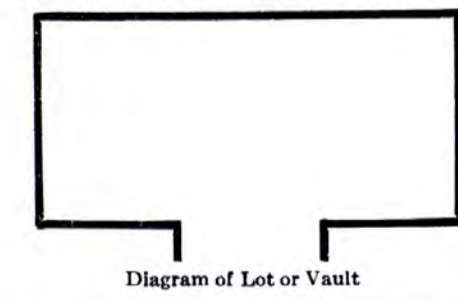
Date of Death Apr 19, 1942 - 9:25 PM
(Date) (Hour)
Date of Birth Apr 19, 1942 - 6:55 PM
(Date) (Hour)
Age 2 hours 3 min
(Years) (Months) (Days)
Date of Funeral _____ M.
(Date) (Day of Week) (Hour)

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 _____
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 _____ { Cemetery
Crematory



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

Complete Funeral	\$	
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Dressing Body, \$		
Suit or Dress \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car, \$		
Limousines to Cemetery		
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$		
Rental of Tent, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Outlay for Shipping Charges		
Clergyman, \$		
Railroad } Tickets, \$		
or Motor } Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Sales Tax		
Total Footing of Bill	\$	
Less	\$	
Balance	\$	

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Insurance Companies _____
Lodges _____
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
maturity at the rate of _____ % per annum.
Signed _____
Address _____
Witness _____

RECORD OF FUNERAL

Total No. 1446 Yearly No. 36 Date Apr. 22, 1942 1942

Name of Deceased Julia (Haley) Gardner - M - A - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 212 Southern Ave Husband—Wife—Widow— Benjamin A. Gardner
or..... of 990

Charge to 225 Fingal Street
Address.....

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

How Secured.....

Occupation of Deceased at home (housewife)

Name of Employer.....

Address.....

Date of Death Apr 22, 1942 2:30 AM
(Date) (Hour)

Date of Birth Aug 15, 1882
(Date)

Age 59 8 7
(Years) (Months) (Days)

Date of Funeral Apr 25, 1942 M.
(Date) (Day of Week) (Hour)

Services at St. Justus 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 212 Southern Ave

Cause of Death Coronary Occlusion

Contributory Causes.....

Certifying Physician Dr. H. D. McClelland
(or Coroner)

His Address.....

Name of Father John Haley

His Birthplace Pennsylvania

Maiden Name of Mother Mary Donovan

Her Birthplace Unknown

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	\$	690	00
Casket			
Outside Box			
Burial Vault			
Embalm Body			
Lady Attendant			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress \$			
Slippers \$			
Hose \$		24	00
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot		250	00
Cremation			
9 line Death Notices in 8 Papers		23	76
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb		40	00
Lining Grave, \$			
Lowering Device, \$			
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			
Sales Tax			
Total Footing of Bill	\$	1030	76
Less	\$		
Balance	\$		

GARDNER—At her residence, 213 Southern Ave., on Tuesday, April 21, 1942, Julia Haley, wife of Ben H. Gardner, sister of Mrs. John Flood, Timothy and Wallace Haley. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:15. Solemn requiem high mass at St. Justin's Church at 9 o'clock.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....
Address.....

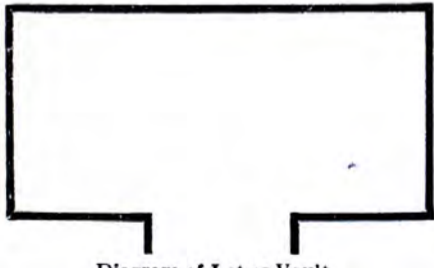
RECORD OF FUNERAL

Total No. 1447 Yearly No. 37 Date Apr 26 1942

Name of Deceased George Huber (Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1112 Forbes St Husband - ~~Wife~~ Mattie Baker
 Charge to D.P.A. or..... of }

Address.....
 Order given by John R. Jones (informant)
 How Secured.....
 Occupation of Deceased Miner
 Name of Employer.....
 Address.....
 Date of Death Apr 26, 1942 (Date) (Hour)
 Date of Birth Apr 22, 1877
 Age 65 0 4 (Years) (Months) (Days)
 Date of Funeral Apr 29, 1942 (Date) (Day of Week) (Hour) M.
 Services at Epiphany 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 Leech Farm
 Cause of Death Pulmonary Tuberculosis

Contributory Causes.....
 Certifying Physician Dr. Fetterhoff (or Coroner)
 His Address Leech Farm
 Name of Father John Huber
 His Birthplace Elk Co.
 Maiden Name of Mother Kate
 Her Birthplace Elk Co.
 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		50 00
Outside Box		
Burial Vault		
Embalming Body		10 00
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		5 00
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		10 00
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
_____ Certif. Copies of Death Certificates No. _____		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		25 00
Cremation		
..... line Death Notices in..... Papers		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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>94 2</u>		
Sales Tax		
Total Footing of Bill	\$	100 00
Less	\$	
Balance	\$	

Paid 17, 1942
 June 17, 1942
 J. M. Hoover

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1448 Yearly No. 38 Date Apr 30 1942

Name of Deceased William J. Cain (Single Married - Divorced) St (What Race) St (Where Born)

Residence of Deceased 1010 Chesward Rd Husband—Wife—Widow— }
or of } 475

Charge to Forest Hill Boro

Address

Order given by Francis Cain (or informant)

How Secured 3347 Webster Ave

Occupation of Deceased Carman

Name of Employer

Address

Date of Death Apr 30 1942 (Date) (Hour)

Date of Birth Jan 30 1880

Age 62 3 0 (Years) (Months) (Days)

Date of Funeral May 2 1942 (Date) (Day of Week) (Hour) M.

Services at St. Brigids

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 62 years (or U. S. or City or County) (Years) (Months)

Place of Death Cassavant Hospital

Cause of Death Myocardial Failure

Contributory Causes

Certifying Physician Dr S Kaetz (or Coroner)

His Address 1636 Center Ave

Name of Father James Cain

His Birthplace Scotland

Maiden Name of Mother Ellen Mackin

Her Birthplace England

Motor } Remains to
Ship }

Size and Style of Casket 33. # 705 - 03 - 8886 (State Color)

Manufactured by

Interment at Cassavant { Cemetery
Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 435 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
1 Certif. Copies of Death Certificates No.	1 00
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	40 00
Cremation	
8 line Death Notices in 4 Papers	10 56
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 501 56
Less	
Balance	

EDW. J. MCAVOY
PAID
7-14-42

CAIN—On Wednesday, April 29, 1942, William J., husband of the late Margaret Haley Cain. Funeral from the home of his daughter, Mrs. Bernard Cressy, 3330 McNeill Place, on Saturday morning at 9:30. Requiem high mass at St. Bridgets Church at 10 o'clock. (Take Car 85 to McNeill Pl.)

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. 1449 Yearly No. 39 Date Apr 30 1942
 Name of Deceased Martha Ross - M - St - Bellaville, Pa
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 25 Miltzenberger St (Rear) Husband - Wife - Widow -
 Charge to Margaret McKee or Joseph of

Address 25 Miltzenberger St
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased Housewife
 Name of Employer _____

Date of Death Apr 30, 1942
(Date) (Hour)
 Date of Birth Mar 1, 1878
 Age 64 - 1 - 29
(Years) (Months) (Days)
 Date of Funeral May 3, 1942 M.
(Date) (Day of Week) (Hour)

Services at _____
 Clergyman _____
 His Address _____
 Religion of the Deceased Protestant
 Resided in the State 40 yrs
(or U. S. or City or County) (Years) (Months)

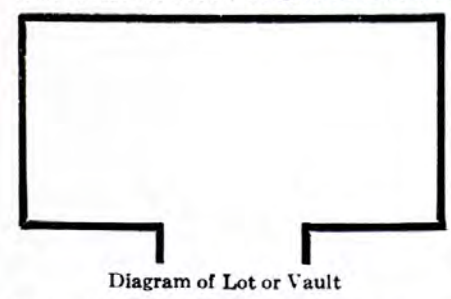
Place of Death Passavant Hospital
 Cause of Death Carcinoma of Cervix
 Contributory Causes _____
 Certifying Physician Dr. J. L. Stutz
(or Coroner)
 His Address _____

Name of Father Thomas Guthrie
 His Birthplace Bellaville, Pa
 Maiden Name of Mother Margaret Jorty
 Her Birthplace Penna.

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

Manufactured by _____
 Interment at Redstone, Brownsburg, Pa Cemetery
Redstone, Pa Crematory

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



Complete Funeral	\$ 410	00
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$	19	00
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery	@	\$
Autos to R. R. Station	@	\$
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot	40	00
Cremation		
6 line Death Notices in 4 Papers	7	92
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$ 486	92
Less <u>Discount</u>	\$ 21	00
Balance	\$ 465	92
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
May 16	To Above Balance	438 95		To Balance Forward	
July 10	By Payment	\$ 5 00		By Payment	
July 23	" "	\$ 5		" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1450 Yearly No. 40 Date May 3, 1942

Name of Deceased Mary Jane McCabe - M - W - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 252 Nobles Lane Husband - Wife - Widow } John J.
or of

Charge to
Address
Order given by Joseph McCabe
(or informant)
How Secured
Occupation of Deceased Retired
Name of Employer

Address
Date of Death May 3, 1942 15 AM
(Date) (Hour)
Date of Birth Dec 15, 1866
Age 75 4 18
(Years) (Months) (Days)
Date of Funeral May 6, 1942 9 A.M.
(Date) (Day of Week) (Hour)
Services at St. Basil Church
Clergyman Fr. Walsh

His Address
Religion of the Deceased Catholic
Resided in the State 75 years
(or U. S. City or County) (Years) (Months)
Place of Death 252 Nobles Lane

Cause of Death Myocarditis
Contributory Causes Senility
Certifying Physician Dr. L. J. Barnett
(or Coroner)
His Address 2004 Fifth Ave.

Name of Father Michael Farrell
His Birthplace Ireland
Maiden Name of Mother Ellen McSullivan
Her Birthplace Ireland

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

Manufactured by
Interment at Celvary { Cemetery
Crematory

McCABE—On Sunday, May 3, 1942, Mary Jane Farrell, wife of the Late John J. McCabe of 252 Nobles Lane, Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 8:15. Requiem high mass at St. Basil's Church at 9 o'clock.

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$ 440.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ <u>19.25</u>	Slippers \$ <u>3</u> Hose \$ <u>2</u>
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 4 Papers	9.24
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	40.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 513.49
Less	
Balance	\$
Entered into Ledger, page	or below.

EDW. J. MCAVOY
July 1, 1942

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$ 250.00	\$
" "	\$	\$	" "	\$ 260.00	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum. Signed
Witness Address

No 0885

Date Apr 3 1942

Mr. J. M. Cahill
Mrs. McCabe

You and your client, Mr. Mrs. McCabe, made the following selection from our Display Rooms, today:

Wholesale Price

CASKET and INTERIOR with complete bed room 440⁰⁰

OUTSIDE CASE
GARMENT and SLIPPERS # 229 Child 19²⁵

SUNDRIES

TOTAL

TOTAL \$459²⁵

SALESMAN



ORDER NO

Bill Power



Form 147

FILE THIS RECORD FOR FUTURE REFERENCE

STATEMENT

PITTSBURGH, PA. June 5, 1942.

IN ACCOUNT WITH

EDWARD J. McAVOY

Funeral Director

1700 FORBES STREET

Mr. Joseph M. McCabe.
252 Nohles Lane
Pgh. Pa.

GRANT 1000

Funeral expense

\$ 13 48

Legal expense

16 00

529.48

By cash

250 00

\$ 279.48

Wis 12 48

\$ 267.00

RECORD OF FUNERAL

Total No. 1451 Yearly No. 41 Date May 1 1942

Name of Deceased Otto C. Wallroth - unknown - at - Canada
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1207 Hibban St Husband—Wife—Widow—
or..... of

Charge to.....
 Address.....
 Order given by Geo Bender
(or informant)
 How Secured 1207 Hibban St
 Occupation of Deceased Lobster
 Name of Employer.....

Date of Death May 1, 1942 7:40 PM
(Date) (Hour)

Date of Birth.....
 Age About 51
(Years) (Months) (Days)

Date of Funeral May 8, 1942 9 A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany 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 Mercy Hospital
 Cause of Death Coronary Thrombosis
 Contributory Causes.....

Certifying Physician A. D. Mclelland, Co
(or Coroner)
 His Address.....

Name of Father Unknown
 His Birthplace.....

Maiden Name of Mother.....
 Her Birthplace.....

Motor Ship } Remains to.....
 Size and Style of Casket.....
(State Color)
SS. # 211-01-3548

Manufactured by.....
 Interment at Colony } Cemetery
 Crematory



Diagram of Lot or Vault

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

Complete Funeral	\$ 9.50
Casket	
Outside Box	<small>(State Kind)</small>
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(Name of Embalmer)</small>
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
<small>(State Color)</small>	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	70.00
Cremation	
..... line Death Notices in..... Papers	
<small>(Names of Newspapers)</small>	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	1.00
Railroad } Tickets, \$	Aero-
or Motor } <small>(State Color)</small>	plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 175.00
Less	\$
Balance	\$
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Oct 24/42</u>	By Payment	\$ 75.00		By Payment	\$ 100.00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$.....
 Names of Lodges.....
 Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

Lay out	10.00
Embalming	10.00
Hearse	10.00
Automobiles	10.00
Casket	50.00
Grave	70.00
Incidentals	<u>15.00</u>

county Total.....\$175.00

#####

Otto C. Vollrath

Vets adm

<i>Casket</i>	<i>50.00</i>
<i>✓ Emb</i>	<i>10.00</i>
<i>Grave</i>	<i>70.00</i>
<i>✓ auto</i>	<i>10.00</i>
<i>✓ Hearse</i>	<i>10.00</i>
<i>Relig serv</i>	<i>10.00</i>
<i>Clathing</i>	<i>5.00</i>
<i>✓ Outside Case</i>	<i>10.00</i>

RECORD OF FUNERAL

Total No. 1452 Yearly No. 72 Date May 8, 1942 1942
 Name of Deceased John Cuff - single - # - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 2505 Fifth Ave Husband—Wife—Widow— }
 or of } 300.00

Charge to
 Address
 Order given by Joseph Lilly
(or informant)
 How Secured 2505 Fifth Ave
 Occupation of Deceased Laborer
 Name of Employer
 Address
 Date of Death May 8, 1942 10:20 AM
(Date) (Hour)
 Date of Birth
 Age about 58
(Years) (Months) (Days)
 Date of Funeral May 11, 1942 10 A.M.
(Date) (Day of Week) (Hour)
 Services at St Agnes Church
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State 58 years
(or U. S. of City or County) (Years) (Months)
 Place of Death Leech Farm
 Cause of Death Pulmonary Tuberculosis
 Contributory Causes
 Certifying Physician Dr. K. Fetterhoff
(or Coroner)
 His Address City Tuberculosis Hospital
 Name of Father Thomas Cuff
 His Birthplace Ireland
 Maiden Name of Mother Ann Joyce
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size and Style of Casket
(State Color)
 Manufactured by
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$	265.00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
8 line Death Notices in 4 Papers		10.56
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		40.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	315.56
Less	\$	
Balance	\$	

CUFF—On Friday, May 8, 1942, John, son of the late Thomas and Ann Joyce Cuff and brother of Mrs. Edward Deiseroth, of New Kensington, Pa.; Funeral from the home of his niece, Mrs. Charles McClelland, 1712 Forbes St., on Monday morning at 9:30. Requiem high mass at St. Agnes Church at 10 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1453 Yearly No. 43 Date May 9, 1942

Name of Deceased Pasquale Casilli - S. - It - Italy
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1624 Forbes St Husband Wife Tommasina
or of

Charge to 925.00

Address

Order given by

How Secured

Occupation of Deceased Merchant

Name of Employer

Address

Date of Death May 9, 1942 2:30 PM
(Date) (Hour)

Date of Birth May 18, 1872

Age 69 11 20
(Years) (Months) (Days)

Date of Funeral May 12, 1942 9:30 AM
(Date) (Day of Week) (Hour)

Services at St. Peter's Church

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 46 years
(or U. S. or City or County) (Years) (Months)

Place of Death 1624 Forbes St

Cause of Death Cerebral Hemorrhage

Contributory Causes arteriosclerosis with hypertension

Certifying Physician Dr. L. J. Barnett
(or Coroner)

His Address 2004 7th Ave

Name of Father Frank Casilli

His Birthplace Italy

Maiden Name of Mother Josephine Petracatelli

Her Birthplace Italy

Motor } Remains to
 Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary Cemetery

Lot No. 89

Grave No. 4

Section No. Y

Owner

CASILLI—On Saturday, May 9, 1942, Pasquale, husband of Tommasina Tamburriello and father of Frank, Sylvio, George, Joseph, Mrs. Frank Ducatelli and Mrs. Anthony Figliola. Funeral from his late residence, 1624 Forbes St., on Tuesday morning at 9 o'clock. Solemn requiem high mass at St. Peter's Church, Fernando St. at 9:30 o'clock.

Complete Funeral	\$ 840 00
Casket	
Outside Box	
Burial Vault <input checked="" type="checkbox"/>	100 00
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
2 Certif. Copies of Death Certificates No. _____	2 00
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
2 Flower Cars @ 10.00	20 00
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
9 line Death Notices in 4 Papers	11 88
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 973 88
Less	
Balance	

EDW. J. MCAVOY
PAID
 June 5, 1942

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____

Address _____

Witness _____

No. 891

Date

May 9 1942

Mr.

McEvoy

Basille

You and your client, Mr. Basille made the following selection from our Display Rooms, today:

CASKET and
INTERIOR

Funeral Service

840⁰⁰

OUTSIDE CASE
GARMENT and
SLIPPERS

Cement Vault

100⁰⁰

SUNDRIES

TOTAL

940⁰⁰

Paul T. Sumi



RECORD OF FUNERAL

Total No. 1454 Yearly No. 44 Date May 11 1942

Name of Deceased Infant Connor - 2d (Single - Married - Divorced) Pittsburgh (What Race) (Where Born)

Residence of Deceased 664 9th St by rail Husband - Wife - Widow - }
or of }

Charge to Joseph E. Connor
Address

Order given by
(or informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death May 11, 1942 10:58 PM
(Date) (Hour)

Date of Birth May 11, 1942

Age 8 hrs. 8 min
(Years) (Months) (Days)

Date of Funeral May 13, 1942 M.
(Date) (Day of Week) (Hour)

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 Mercy Hospital

Cause of Death Prematurity, (Imo. gestation)
due to Essential hypertension in
Contributory Causes mother

Certifying Physician Dr. Jas. H. Carroll
(or Coroner)

His Address Mercy Hospital

Name of Father Jas. E. Connor

His Birthplace Brooklyn, N. Y.

Maiden Name of Mother Anna H. Fahey

Her Birthplace Brooklyn, 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	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$ Hose \$
(State Color)	
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	25 00
Cremation	
..... line Death Notices in Papers	

Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		

MEVOY FUNERAL HOME

PAID
May 27, 1942

Sales Tax	
Total Footing of Bill	\$ 40 00
Less	
Balance	
Entered into Ledger, page or below.	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
<u>7/16/42</u>	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$ 20 00	\$ 20 00		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Signed
Witness Address

6649 Ridgeville St.
Pittsburgh, Pa.

July 15, 1942.

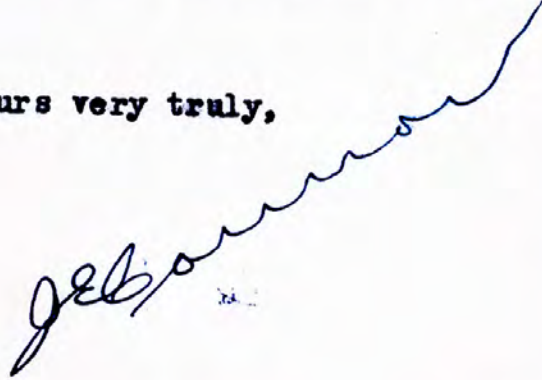
Mr. Edward J. McAvoy,
1700 Forbes Street,
Pittsburgh, Pa.

Dear Mr. McAvoy:

Attached find check for \$20.
in part payment of your recent bill. Will
try to clear up the balance as quickly as
possible.

Want to thank you for your
very fine services during our recent trying
time.

Yours very truly,



STATEMENT

PITTSBURGH, PA., June 8, 1942

IN ACCOUNT WITH

EDWARD J. McAVOY

Funeral Director

1700 FORBES STREET

Mr. Joseph E. Connor

6649 Ridgeville Street

Pittsburgh, Pa.

GRANT 1000



To burial of Infant Connor.

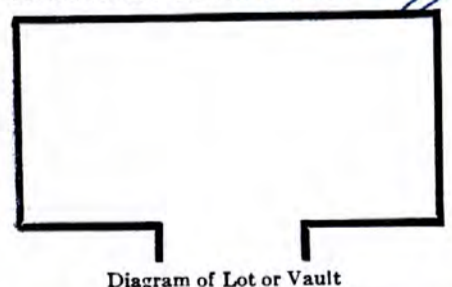
Casket & Professional Services	15.00
Cemetery Charges	<u>25.00</u>
Total.....	\$40.00

RECORD OF FUNERAL

Total No. 1455 Yearly No. 45 Date May 15 1942
 Name of Deceased James Anthony Bird (Single - Married - Divorced) D (What Race) St (Where Born) Pittsburgh
 Residence of Deceased P.D.#1 Route 51 Jefferson Husband - Wife - Widow - }
 Charge to Mrs Rose Bird or of }

Address
 Order given by (or informant)
 How Secured
 Occupation of Deceased Electrician
 Name of Employer Calvin Owners
 Address
 Date of Death May 15 1942 - 7:15 PM
 (Date) (Hour)
 Date of Birth May 31 1885
 Age 56 11 14
 (Years) (Months) (Days)
 Date of Funeral May 20 1942 9:30 AM
 (Date) (Day of Week) (Hour)
 Services at St. Peter's Church
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State 3 years (Community)
 (or U.S. or City or County) (Years) (Months)
 Place of Death McKeasport Hospital
 Cause of Death Coronary Thrombosis
 Contributory Causes
 Certifying Physician Wm D. McChesney
 (or Coroner)
 His Address
 Name of Father Anthony Bird
 His Birthplace Italy
 Maiden Name of Mother Rose Cuneo
 Her Birthplace Washington, D.C.
 Motor } Remains to
 Ship }
 Size and Style of Casket (State Color)
 Manufactured by
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$ <u>495.00</u>
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
8 line Death Notices in 4 Papers	10.56
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	45.00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 550.56
Less	
Balance	\$



Lot No.
 Grave No.
 Section No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Sept 18</u>	By Payment	\$ 200.00		By Payment	\$
<u>May 11</u>	" "	\$ 200.00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

RECORD OF FUNERAL

Total No. 1456 Yearly No. 46 Date May 16 1942

Name of Deceased Mary Talbot - S - St - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1102 Vickroy St Husband - Wife - Widow - }
or of }

Charge to Martin Howard 470
Address 1102 Vickroy

Order given by
(or informant)

How Secured
Occupation of Deceased Retired

Name of Employer
Address

Date of Death May 16, 1942 8:30 AM
(Date) (Hour)

Date of Birth Not Known
Age about 60
(Years) (Months) (Days)

Date of Funeral May 19, 1942 10:00 A.M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church
Clergyman

His Address
Religion of the Deceased Catholic

Resided in the State 50 years
(or U. S. of City or County) (Years) (Months)

Place of Death 1102 Vickroy St
Cause of Death Intestinal Obstruction
Cachexia - Carcinoma of ovary

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

His Address 702 E. Jenkins Arcade
Name of Father James Talbot

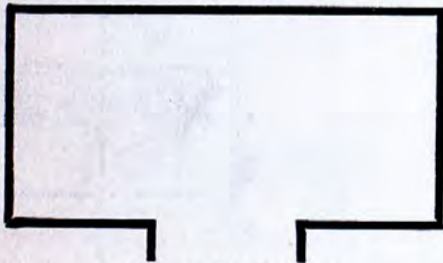
His Birthplace Ireland
Maiden Name of Mother Elizabeth Lee

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

Complete Funeral	\$	440.00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	3.00
Suit or Dress \$	Slippers \$	1.00
	Hose \$	1.00
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
8 line Death Notices in 4 Papers		9.24
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		40.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	508.24
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	5/28/42	By Payment	\$ 323.21
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed
Address

No 820

Date

May 16 1942

Mr.

W. J. McCarty
Talbot

You and your client, Mr. Talbot made the following selection from our Display Rooms, today:

Wholesale Price

CASKET and INTERIOR

Complete Bookcase Linen 440

OUTSIDE CASE GARMENT and SLIPPERS

White Linen 16

SUNDRIES

TOTAL

TOTAL

\$ 456 00

SALESMAN



ORDER NO.

Ballou



RECORD OF FUNERAL

Total No. 1457 Yearly No. 47 Date May 23 1942

Name of Deceased Coleman Lydon (Single - Married - Divorced) M (What Race) St. Ireland (Where Born)

Residence of Deceased 1616 Station St Husband - Wife - Widow - Ellen O'Toole or of 540

Charge to _____

Address _____

Order given by Mary Young (informant)

How Secured _____

Occupation of Deceased Retired Paver

Name of Employer _____

Address _____

Date of Death May 23, 1942 (Date) (Hour)

Date of Birth May 16, 1876 (Date) (Hour)

Age 66 6 7 (Years) (Months) (Days)

Date of Funeral May 27, 1942 9 A. M. (Date) (Day of Week) (Hour)

Services at E. Epiphany Church

Clergyman _____

His Address _____

Religion of the Deceased Catholic

Resided in the State 41 years (or U. S. or City or County) (Years) (Months)

Place of Death Passavant Hospital

Cause of Death Uremia

Contributory Causes Broncho-pneumonia

Certifying Physician Dr. J. L. Stutz (or Coroner)

His Address 1743 7th Ave

Name of Father Patrick Lydon

His Birthplace Ireland

Maiden Name of Mother Mary Foley

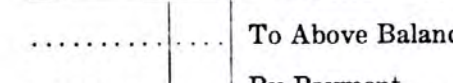
Her Birthplace Ireland

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 \$ 485.00

Casket _____

Outside Box _____ (State Kind)

Burial Vault _____ (State Kind)

Embalming Body _____ (Name of Embalmer)

Lady Attendant _____

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress \$ _____ Slippers \$ _____ Hose \$ 3.50

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains from _____

Taking Remains to _____

Trip to Coroner's Inquest _____

Delivering Box to _____

Deliver 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, \$ _____ Use of Chapel, \$ _____

Personal Service _____

Gross Total for Sales Tax \$ _____

Outlay for Lot \$ 45.00

Cremation _____

9 line Death Notices in 4 Papers \$ 11.88

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ (Names of Newspapers)

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____

Lining Grave, \$ _____ Lowering Device, \$ _____

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 _____

EDW. J. MCAVOY

PAID

Sales Tax _____

Total Footing of Bill 8,144.2 \$ 570.38

Less _____ \$ _____

Per [Signature] Balance \$ _____

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

No. 893

Date

5/24/42

Mr.

McAroy

You and your client, Mr.

Sydan

made the

following selection from our Display Rooms, today:

Shirt &
Undershirts
3.50

CASKET and
INTERIOR

SERVICE

485.00

OUTSIDE CASE
GARMENT and
SLIPPERS

SUNDRIES

Cem. Chgs
Relig. Svs

45.00
25.00

TOTAL

192.50
563



RECORD OF FUNERAL

Total No. 1458 Yearly No. 48 Date May 23, 1942

Name of Deceased Theodore Hess (Single - Married - Divorced) Single (What Race) St. (Where Born) Pittsburgh

Residence of Deceased 1112 Forbes Street Husband - Wife - Widow - }
or of }

Charge to D.P.A.

Address

Order given by John R. Jones (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death May 23, 1942 (Date) (Hour)

Date of Birth Nov 15, 1859

Age 83 6 8 (Years) (Months) (Days)

Date of Funeral May 27, 1942 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman

His Address

Religion of the Deceased Protestant

Resided in the State 53 years (or U. S. of City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Cardiac Failure due to
Arterio Sclerotic Heart Disease

Contributory Causes Fracture of Hip

Certifying Physician Dr. J. W. Frellette (or Coroner)

His Address Mercy Hospital

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at Woodlawn Cemetery Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

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Complete Funeral	\$	
Casket <u>Case</u>		50.00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	1.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	5.00
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10.00
Limousines to Cemetery	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl. grave close</u>		20.00
Cremation		
..... line Death Notices in	Papers	
Flowers, \$	Palms, \$	
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	95.00
Less	\$	
Balance	\$	

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC ASSISTANCE

ALLEGHENY COUNTY
BOARD OF ASSISTANCE

4 Smithfield St., Pittsburgh, Pa.

May 26, 1942

Re: Hess

Family Name

Theodore Hess

Name of Deceased

1112 Forbes St.

Address

Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Pa.

Dear Sir:

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 \$75.00, 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. Three 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. Please request the person arranging for burial to fill out and sign three copies of Statement of Relationship with Deceased, DPA Form 121-R (on the reverse of the DPA Form 121), specifying the reason why the Department is requested to pay burial costs. All three copies must then be returned to this office accompanied by three 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 \$25.00. These additional charges must be included in the itemized 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
by *mg*
A. P. L. Turner
Assistant Executive Director

Encs.
AC FORM 102 (Rev. 12-11-40)

-bs-

RECORD OF FUNERAL

Total No. 1459 Yearly No. 49 *Pittsburgh* Date May 24 1942
 Name of Deceased Mary Stiles *Widowed* - *St* - *Pittsburgh*
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1215 Locust St Husband—Wife—Widow— } Frank Stiles
 Charge to Frank Stiles or of }
 Address 1515 Locust St
 Order given by Mrs Joseph Hefferman
(or informant)
 How Secured 224 Suncrest St *mt. Alton*
 Occupation of Deceased Retired
 Name of Employer
 Address
 Date of Death May 24, 1942 (Date) (Hour)
 Date of Birth May 10, 1867
 Age 75 - 14
(Years) (Months) (Days)
 Date of Funeral May 27, 1942 (Date) (Day of Week) (Hour) M.
 Services at E. piphany
 Clergyman
 His Address
 Religion of the Deceased Catholic
 Resided in the State
(or U. S. or City or County) (Years) (Months)
 Place of Death Vincennes Home
 Cause of Death Peritonitis, Cholecystitis
 Contributory Causes Myocarditis
 Certifying Physician Dr. John Bausch
(or Coroner)
 His Address Federal St
 Name of Father Richard Malloy
 His Birthplace Ireland
 Maiden Name of Mother Anna
 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	\$ 275 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	2 00
Suit or Dress \$	
Slippers \$	
Hose \$	15 00
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 45 00
Outlay for Lot	
Cremation	
8-line Death Notices in 4 Papers	10 56
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 357 56
Less	
Balance	

Entered into Ledger, page or below.

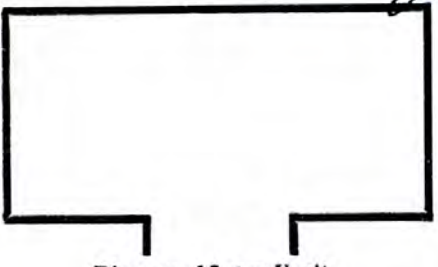


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

No. 894

Date

5/24/42

Mr.

Mr. Arroy

Wiles

You and your client, Mr. _____ made the following selection from our Display Rooms, today:

Undergarments
2.00

CASKET and
INTERIOR

SERVICE.

275.00

OUTSIDE CASE
GARMENT and
SLIPPERS

Dress

15.00

SUNDRIES

Cemetery Chgs 45.00
Religious 10.00

TOTAL



RECORD OF FUNERAL

Total No. 1460 Yearly No. 50 Date May 26 1942

Name of Deceased Alice Duffy Batz - Divorced - St. Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 914 Steubens Ave Husband - Wife - Widow } Louis Batz
or..... of } 475

Charge to Echel De Basi

Address 1003 Stylic Ave

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

How Secured.....

Occupation of Deceased Waitress

Name of Employer.....

Address.....

Date of Death May 26, 1942 4:40 PM
(Date) (Hour)

Date of Birth Aug 13, 1902

Age 39 9 14
(Years) (Months) (Days)

Date of Funeral May 30, 1942 M.
(Date) (Day of Week) (Hour)

Services at Epiphany 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 Magee Hospital

Cause of Death Chronic Pyonephrosis
Carcinoma of Cervix

Contributory Causes.....

Certifying Physician Dr. Robert M. Fancett
(or Coroner)

His Address Magee Hospital

Name of Father Peter Duffy

His Birthplace Pittsburgh

Maiden Name of Mother Anna Spence

Her Birthplace Pittsburgh

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.....

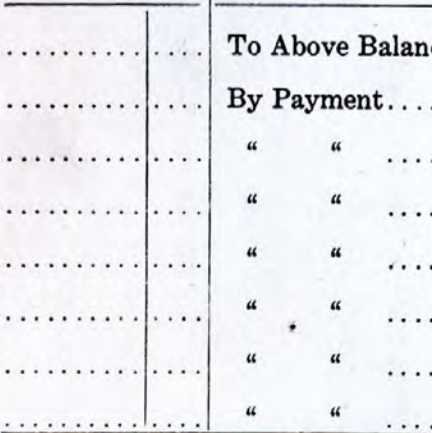


Diagram of Lot or Vault

Complete Funeral	\$ 4.00 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
_____ Certif. Copies of Death Certificates No. _____	
	(State Number and District)
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot <u>Cemetery Chgs</u>	70 00
Cremation	
9 line Death Notices in 2 Papers	5 94
	(Names of Newspapers)
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 513 44
Less	
Per <u>Edw. J. McAvoy</u>	
Balance	
Entered into Ledger, page..... or below.	

EDWARD J. MCAVOY
PAID
June 12, 1942
Per [Signature]

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

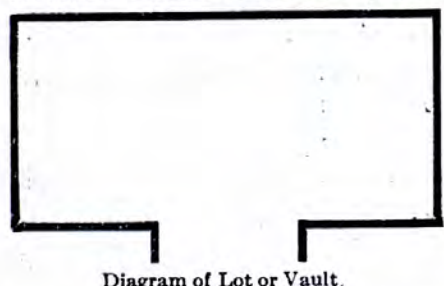
Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1461 Yearly No. 51 Date June 2, 1942
 Name of Deceased Infant Furis (Single - Married - Divorced) st (What Race) Pgh (Where Born)
 Residence of Deceased 855 Beech Ave Husband—Wife—Widow—
 Charge to John Furis or..... of }

Address.....
 Order given by..... (or informant)
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Address.....
 Date of Death June 2, 1942 (Date) (Hour)
 Date of Birth June 1, 1942
 Age 15 hours (Years) (Months) (Days)
 Date of Funeral June 3, 1942 (Date) (Day of Week) (Hour) M.
 Services at.....
 Clergyman.....
 His Address.....
 Religion of the Deceased Protestant
 Resided in the State..... (or U. S. or City or County) (Years) (Months)
 Place of Death Mercy Hospital
 Cause of Death Spontaneous atelectasis
 Contributory Causes.....
 Certifying Physician J. H. Carroll (or Coroner)
 His Address Mercy Hospital
 Name of Father John Furis
 His Birthplace Pittsburgh
 Maiden Name of Mother Margery Murphy
 Her Birthplace Ohio
 Motor } Remains to.....
 Ship }
 Size and Style of Casket..... (State Color)
 Manufactured by.....
 Interment at St. Ann. Memorial Cemetery Crematory

Complete Funeral	\$	
Casket		15 50
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
(State Color)		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
<hr/>		
Gross Total for Sales Tax	\$	
Outlay for Lot		15 50
Cremation		
..... line Death Notices in	Papers	
<hr/>		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill <u>June 11, 1942</u>		\$ 15 50
Less		
Per <u>J. H. Carroll</u> Balance		
Entered into Ledger, page..... or below.		



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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

RECORD OF FUNERAL

Total No. 1462 Yearly No. 52 Date June 12 1942

Name of Deceased Leslie Clark Waddell - m - St - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 528 Hallock St Husband—Wife—Widow—Mary Honan
or..... of

Charge to Mary H. Waddell

Address.....

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

How Secured.....

Occupation of Deceased clerk

Name of Employer U.S. Post Office

Address.....

Date of Death June 12, 1942 5:35 AM
(Date) (Hour)

Date of Birth Mar 31, 1890

Age 52 2 12
(Years) (Months) (Days)

Date of Funeral June 15, 1942 2:30 PM
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Wayne R. Woods

His Address.....

Religion of the Deceased Protestant

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

Place of Death South Side Hospital

Cause of Death Self inflicted gunshot wound of head

Contributory Causes.....

Certifying Physician Dr. Tom D. McCelland
(or Coroner)

His Address.....

Name of Father Leslie Waddell

His Birthplace Pittsburgh, Pa.

Maiden Name of Mother Unknown

Her Birthplace Pittsburgh, Pa.

Motor } Remains to
Ship }

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

Manufactured by.....

Interment at Uniondale #3 Cemetery
Crematory

WADDELL—On Friday June 12, 1942, Leslie Clark, husband of Mary Honan Waddell, of 528 Hallock St., Mt. Wash. Funeral services at the McAvoy Funeral Home, 1700 Forbes St., on Monday afternoon at 2:30 o'clock.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$ 360.00
Casket	240.00
Outside Box	20.00
Burial Vault	
Embalming Body	25.00
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	2 @ \$ 21.00
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	50.00
Cremation	
6 line Death Notices in 4 Papers	7.92
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
4 Transcripts @ .50	2.00
Sales Tax	
Total Footing of Bill	\$ 389.92
Less	
Balance	
Entered into Ledger, page.....	

EDW. J. MCAVOY
June 30, 1942
Balance

Date	Amount Paid	Balance	Date	Per	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$	
	By Payment	\$		By Payment	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

OFFICE OF THE CORONER

Nº 4422

WILLIAM D. McCLELLAND, Coroner,
Allegheny County, Pa.

Pittsburgh, Pa. *June 18* 194 *✓*
Fee \$ *2.00* Paid *June 18* 194 *✓*

Please furnish *Howe* Transcript(s) in the case of *Leslie B. Waddell*
McAvoy Funeral Home

Will Call _____
Mail to *Call for* _____ *Joney* _____

	3 03
Basket	2 40 00
Out dresses	20 00
Emb	25 00
Shoes	5 00
Hearse	14 00
Autos	21 00
	<hr/>
	3 20 00
Grave	50 00
Mineral	10 00
Death M.	7 92
Trans	2 00
	<hr/>
	3 89 92

RECORD OF FUNERAL

Total No. 1462 Yearly No. 53 Date June 18 1942
 Name of Deceased Annie Mary Donahoe - S - St - Noblestown Pa.
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1029 Bluff Street Husband—Wife—Widow—
 or..... of } 473

Charge to.....
 Address.....
 Order given by P. H. Donahoe & J. S.
(or informant)
 How Secured.....
 Occupation of Deceased at Home
 Name of Employer.....
 Address.....
 Date of Death June 18, 1942
(Date) (Hour)
 Date of Birth April 1, 1873
 Age 69 2 17
(Years) (Months) (Days)
 Date of Funeral June 22, 1942 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 Mercy Hospital
 Cause of Death Congestive Failure
 Contributory Causes arterio-sclerotic Heart
 Certifying Physician Dr. J. P. Henry
(or Coroner)
 His Address Mercy Hospital
 Name of Father Patrick T. Donahoe
 His Birthplace Ireland
 Maiden Name of Mother Anne Carr
 Her Birthplace Ireland
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Calvary { Cemetery
 Crematory

Complete Funeral	\$ 420.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ 3.00
Suit or Dress \$	Slippers \$ Hose \$ 16.50
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in 5 Papers	13.20
Flowers, \$	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	45.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax <u>July 8, 1942</u>	
Total footing of Bill	\$ 417.20
Less	\$
Per <u>J. P. M.</u> Balance	\$
Entered into Ledger, page..... or below.	

NOTED.
DONAHOE—On Thursday, June 18, 1942, Annie M., daughter of the late Patrick T. and Anne Carr Donahoe of 1029 Bluff St. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 9:30. Solemn requiem high mass at The Church of The Epiphany at 10 o'clock.

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum. Signed.....
 Address.....
 Witness.....

No. 911

Date

June 19, 1942

Mr.

McGowan
Donahoe

You and your client, Mr. Donahoe made the following selection from our Display Rooms, today:

CASKET and INTERIOR

Funeral Service

42000

OUTSIDE CASE GARMENT and SLIPPERS

Shoes

1650

SUNDRIES

Funeral Home

TOTAL

43650



Form 147

FILE THIS RECORD FOR FUTURE REFERENCE

Annie Mary Donahoe
of 1029 Bluff St. Age 69 years
Daughter of Patrick Jrd and Anne Donahoe
the late

RECORD OF FUNERAL

Total No. 1464 Yearly No. 54 Date June 25, 1942

Name of Deceased Mike Nudak - L - Poland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 112 Forbes Street
Husband—Wife—Widow— }
or..... of }

Charge to D.P.U.

Address.....

Order given by John R. Jones
(or informant)

How Secured.....

Occupation of Deceased Laborer

Name of Employer.....

Address.....

Date of Death June 25, 1942
(Date) (Hour)

Date of Birth Jan 27, 1889
(Date) (Hour)

Age 53 4 28
(Years) (Months) (Days)

Date of Funeral June 27, 1942 9 P.M.
(Date) (Day of Week) (Hour)

Services at E. Epiphany

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State 35 years
(or U. S. City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Chronic Myocarditis

Contributory Causes.....

Certifying Physician Dr. H. H. Black
(or Coroner)

His Address 1231 7th Ave

Name of Father Stanley Nudak

His Birthplace Poland

Maiden Name of Mother Anna Caleska

Her Birthplace Poland

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>4 Case</u>		50 00
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	10 00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	5 00
	Hose \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	10 00
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot <u>Incl. grave & case</u>		25 00
Cremation		
..... line Death Notices in	Papers	
	(Names of Newspapers)	
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
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		
Sales Tax		
Total Footing of Bill	\$	100 00
Less	\$	
Balance	\$	
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC ASSISTANCE

ALLEGHENY COUNTY
BOARD OF ASSISTANCE

4 Smithfield St., Pittsburgh, Pa.

June 29, 1942

Re: Nudak

Family Name

Mike Nudak

Name of Deceased

1112 Forbes Street

Address

Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Pennsylvania

Dear Sir:

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 \$75.00, 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. Three 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. Please request the person arranging for burial to fill out and sign three copies of Statement of Relationship with Deceased, DPA Form 121-R (on the reverse of the DPA Form 121), specifying the reason why the Department is requested to pay burial costs. ~~All 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 \$25.00. These additional charges must be included in the itemized 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

A. P. L. Turner *by MG*
Assistant Executive Director

RECORD OF FUNERAL

Total No. 1465 Yearly No. 55 Date June 25 1942
 Name of Deceased Louis Tavano widowed - white - Italy
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1317 Locust St Husband Wife Widow Sophia Pugliese
or of of

Charge to Wm. A.
 Address 4628 Lounsvlew Dr.
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased (Retired) Laborer
 Name of Employer _____
 Address _____

Date of Death June 25, 1942
(Date) (Hour)
 Date of Birth _____
 Age about 84 years
(Years) (Months) (Days)
 Date of Funeral June 29, 1942 9:30 AM
(Date) (Day of Week) (Hour)
 Services at St. Peter's Church
 Clergyman Rev. Gabriel
 His Address _____

Religion of the Deceased Catholic
 Resided in the State 52 years
(or U. S. or City or County) (Years) (Months)
 Place of Death D. C. A. Presbyterian Way

Cause of Death Carcinoma of stomach
 Contributory Causes obstruction of bladder
 Certifying Physician Dr. L. L. Stutz
(or Coroner)
 His Address 1745 7th Ave

Name of Father Tavano
 His Birthplace Italy
 Maiden Name of Mother Not known
 Her Birthplace Italy

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

Manufactured by _____
 Interment at Calvary { Cemetery
 Crematory

DECEASED
 TAVANO—On Thursday, June 25, 1942,
 Louis, husband of the late Sophia Ta-
 vano and father of W. A., Frank J.,
 Lawrence and Thomas Tavano. Funeral
 from McAvoy Funeral Home, 1700 Forbes
 St., on Monday morning at 9 o'clock.
 Requiem high mass at St. Peter's Church
 at 9:30 o'clock.

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

Complete Funeral	\$ 530 00
Casket	
Outside Box	
Burial Vault	<small>(State Kind)</small>
Embalming Body	<small>(State Kind)</small>
Lady Attendant	<small>(Name of Embalmer)</small>
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ <u>2 00</u>
Suit or Dress \$	Slippers \$ <u>18 25</u> Hose \$
Folding Chairs, \$	Tarpaulin, \$ <u>2 00</u>
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to <u>Flower Car</u>	<u>10 50</u>
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
8-line Death Notices in <u>3</u> Papers	<u>7 92</u>
Flowers, \$	<small>(Names of Newspapers)</small> Palms, \$
Rental of Tent, \$	Matting, \$
Opening of Grave or Tomb	of Temporary Vault, \$
Lining Grave, \$	<u>40 00</u>
Outlay for Shipping Charges	
Clergyman, \$	Lowering Device, \$
Railroad } Tickets, \$	<u>20 00</u>
or Motor } Aero- plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ <u>631 67</u>
Less _____	\$
Balance	\$
Entered into Ledger, page _____ or below.	

EDW. J. MCAVOY
 PAID
 June 27, 1942
 Per _____

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$ <u>400 00</u>		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

N^o

763

Date

June 26, 1942

Mr.

E. J. M'away

You and your client, Mr.

Iavano

made the

following selection from our Display Rooms, today:

CASKET and
INTERIOR

* Funeral Service

530.00

OUTSIDE CASE

GARMENT and
SLIPPERSSuit
Slippers18.25
3.00

SUNDRIES

* Except, cemetery
Death notice
Religious service

TOTAL

551.25



RECORD OF FUNERAL

Total No. 1466 Yearly No. 56 Date June 26 1942

Name of Deceased Bernard C. Grotter Jr. (Single - Married - Divorced) M. (What Race) Ireland (Where Born)

Residence of Deceased 34 East Street Husband—Wife—Widow—Mary Morris or..... of 504 84

Charge to Mrs. Mary Grotter

Address.....

Order given by B. C. Grotter Jr. (or informant)

How Secured.....

Occupation of Deceased Retired

Name of Employer P.G. Railway Co.

Address.....

Date of Death June 26, 1942 1216 PM (Date) (Hour)

Date of Birth July 14

Age about 65 years (Years) (Months) (Days)

Date of Funeral June 30, 1942 9AM (Date) (Day of Week) (Hour)

Services at St. Joseph's Church

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State 50 years in America (or U. S. or City or County) (Years) (Months)

Place of Death Meigs Hospital

Cause of Death Coronary Occlusion

Contributory Causes H.M. S. McClelland, Co.

Certifying Physician..... (or Coroner)

His Address.....

Name of Father John Grotter

His Birthplace Ireland

Maiden Name of Mother Unknown

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.....

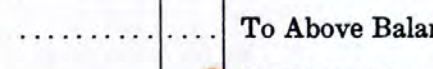


Diagram of Lot or Vault

Complete Funeral	\$	
Casket		3.15 00
Outside Box		20 00
Burial Vault	(State Kind)	
Embalming Body	(State Kind)	25 00
Lady Attendant	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	3 00
Door Spray, \$	Gloves, \$	3 00
Funeral Car, \$	Ambulance, \$	14 00
Limousines to Cemetery @ \$		10 50
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Palm Decoration		15 00
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
8 line Death Notices in 6 Papers		15 84
Flowers, \$	Palms, \$	18 00
Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		75 00
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	25 00
Organist, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
1. Coroners Transcript		50
Sales Tax		
Total Footing of Bill	\$	521 84
Less	\$	
Entered into Ledger, page		July 15, 1942
or below.		

EDW. J. MCAVOY
PAID
July 15, 1942

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

No

764

Date

June 26, 1942

Mr.

E. J. M^r away
Grattan

You and your client, Mr. Grattan made the following selection from our Display Rooms, today:

CASKET and
INTERIOR

315.00

OUTSIDE CASE
GARMENT and
SLIPPERS

SUNDRIES

TOTAL

315.00

W. L. Turner



RECORD OF FUNERAL

Total No. 1467 Yearly No. 57 Date July 1, 1942
 Name of Deceased Mary Flaherty - S - at - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1845 Blvd of the Allies
 Charge to Mrs. M. Hanrahan
 Address 1845 Blvd of the Allies
 Order given by _____
(or informant)
 How Secured _____
 Occupation of Deceased At home
 Name of Employer _____
 Address _____

Date of Death July 1, 1942
(Date) (Hour)
 Date of Birth May 16, 1876
 Age 66 1 16
(Years) (Months) (Days)
 Date of Funeral July 4, 1942 9:00 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 1845 Blvd of Allies
 Cause of Death arterio sclerosis
 Contributory Causes _____

Certifying Physician Dr. McCarthy
(or Coroner)
 His Address _____
 Name of Father John Flaherty
 His Birthplace Ireland
 Maiden Name of Mother Bridget O'Toole
 Her Birthplace Ireland

Motor } Remains to _____
 Ship }
 Size and Style of Casket _____
(State Color)
 Manufactured by _____
 Interment at Immaculate Conception Cemetery
Cemetery Crematory
Juwett, Pa.

Complete Funeral	\$ 190 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
9 line Death Notices in 2 Papers	5 94
Flowers, \$	
Rental of Tent, \$	
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	
Sales Tax	
Total footing of Bill	\$ 215 94
Less	
Balance	

FLAHERTY—At the home of her sister Mrs. Margaret Hanrahan, 1845 Blvd. of the Allies, on Wednesday, July 1, 1942. Mary Flaherty; also survived by sister Mrs. B. Coyle. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Saturday at 8:30 a. m. Requiem high mass at Church of the Epiphany at 9 o'clock.

EDW. J. MCAVOY
PAID
 July 15, 1942

Diagram of Lot or Vault

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1468 Yearly No. 58 Date July 3, 1942 1942
 Name of Deceased Fannie T. Brinham - 24 - 24 - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1929 Forbes Street Husband - Wife - Widow - } Randolph
or of

Charge to.....
 Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death July 3, 1942
(Date) (Hour)
 Date of Birth Feb 12, 1856
 Age 86 4 21
(Years) (Months) (Days)
 Date of Funeral July 6, 1942 2:30 P. M.
(Date) (Day of Week) (Hour)
 Services at Home
 Clergyman Rev. Berryhill
 His Address.....
 Religion of the Deceased Protestant
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death 1929 Forbes Street
 Cause of Death Cerebral Hemorrhage
 Contributory Causes & Arterio Sclerosis
 Certifying Physician Dr. L. J. Barnett
(or Coroner)
 His Address.....
 Name of Father Thomas Haulton
 His Birthplace Baltimore, Md.
 Maiden Name of Mother Fannie Hill
 Her Birthplace Pittsburgh
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)
 Manufactured by.....
 Interment at Homewood { Cemetery
 Crematory

Complete Funeral	\$ 540 00
Casket	
Outside Box	
Burial Vault	80 00
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Blanket</u>	15 00
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
9 line Death Notices in 3 Papers	8 91
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 720 66
Less	
Balance	
Entered into Ledger, page	or below.

BRINHAM—On Friday, July 3, 1942, Fannie T. in her 86th year, wife of the late Randolph Brinham and mother of Albert L. and Cora E. Brinham, Mrs. Bessie Laux, and Mrs. Francine Kiser of Miami Beach, Fla. Funeral from the family residence, 1929 Forbes St., on Monday afternoon at 2:30 o'clock. Interment in Homewood Cemetery.

EDW. J. MCAVOY
PAID
10-20-42
 Per EM

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Witness..... Signed.....
 Address.....

No

824

Date

July 3, 1942

Mr.

E. J. Mc away

You and your client, Mr.

Birmingham

made the

following selection from our Display Rooms, today:

CASKET and
INTERIOR

Funeral service 540.00

OUTSIDE CASE

Undecided

GARMENT and
SLIPPERS

Blanket

SUNDRIES

TOTAL

22.25
3.50
15.00
<hr/>
580.75

W. J. Turner



RECORD OF FUNERAL

Total No. 1469 Yearly No. 59 Date July 4 1942
 Name of Deceased Edward J. Griffin - M - W - Penna.
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 2209 1/2 Fifth Ave Husband—Wife—Widow—
 or..... of Margaret Morrow

Charge to.....
 Address.....
 Order given by E. J. & James Griffin
(or informant)
 How Secured.....
 Occupation of Deceased Labar Foreman
 Name of Employer City of Pgh.
 Address.....
 Date of Death July 4, 1942
(Date) (Hour)
 Date of Birth Dec 12, 1889
(Date) (Hour)
 Age 52 6 22
(Years) (Months) (Days)
 Date of Funeral July 8, 1942 M.
(Date) (Day of Week) (Hour)
 Services at St Agnes' Church
 Clergyman Rev. Mosearty
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Cemetery Road - Route 8
 Cause of Death.....
 Contributory Causes.....
 Certifying Physician.....
(or Coroner)
 His Address.....
 Name of Father Martin Griffin
 His Birthplace Pittsburgh
 Maiden Name of Mother Sarah Hague
 Her Birthplace Pittsburgh
 Motor } Remains to.....
 Ship }

Complete Funeral	\$ 480 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	10 00
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
10 line Death Notices in 5 Papers	16 50
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	45 00
Lining Grave, \$	Lowering Device, \$
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	
PAID	
Sales Tax	
Total Footing of Bill <u>Nov 5, 1942</u>	\$ 555 00
Less	
Per <u>Balance</u>	
Entered into Ledger, page..... or below.	

GRiffin—On Saturday, July 4th, 1942, Edward J. Sr., husband of Margaret Morrow Griffin and father of Edward J. Jr., James L. and Clarence Griffin and brother of Mrs. Mary Leheny and Martin J. Griffin. Funeral from the McAVOY Funeral Home, 1700 Forbes St., Wednesday morning at 9:30 o'clock. Requiem high mass at St. Agnes Church at 10:15 o'clock.

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

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$.....
 Names of Lodges.....
 Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

Date

7/5/42

No

775

Mr.

Mc Arroy
Drebbin

You and your client, Mr. Drebbin made the following selection from our Display Rooms, today:

CASKET and
INTERIOR

SERVICE

480⁰⁰

OUTSIDE CASE
GARMENT and
SLIPPERS

SUNDRIES

TOTAL



274
Bill Rend
July 16

RECORD OF FUNERAL

Total No. 1470 Yearly No. 60 Date July 7 1942
 Name of Deceased Anthony Krameski M. Poland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 2 Stevenson St Husband—Wife—Widow—
 or of }

Charge to D.P.A.
 Address.....
 Order given by J. J. [Signature] (or informant)

How Secured.....
 Occupation of Deceased Unknown
 Name of Employer.....

Address.....
 Date of Death July 2, 1942 (Date) (Hour)
 Date of Birth July 17, 1873 (Date) (Hour)

Age 68 11 18
(Years) (Months) (Days)
 Date of Funeral July 9, 1942 9 A. M.
(Date) (Day of Week) (Hour)

Services at Epiphany 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 Mayview

Cause of Death Nephritis
 Contributory Causes Abscess of Bladder

Certifying Physician Dr. J. A. Albrecht
(or Coroner)
 His Address Mayview

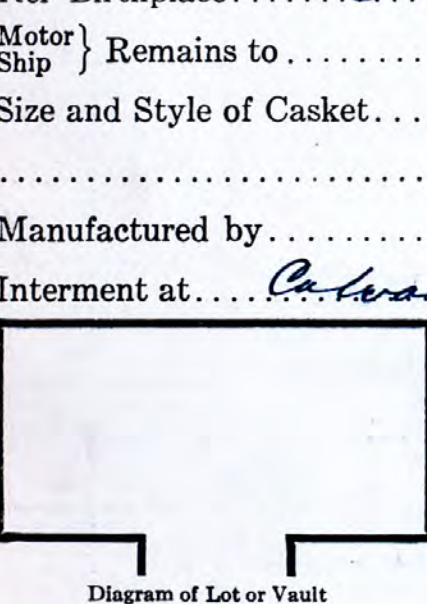
Name of Father Albert Krameski
 His Birthplace Poland

Maiden Name of Mother Mary
 Her Birthplace Poland

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>7 case</u>		50.00
Outside Box..... <small>(State Kind)</small>		
Burial Vault..... <small>(State Kind)</small>		
Embalming Body..... <small>(Name of Embalmer)</small>		10.00
Lady Attendant.....		
Barber, \$..... Hair Dressing, \$.....		
Dressing Body, \$..... Underwear, \$.....		
Suit or Dress \$..... Slippers \$..... Hose \$.....		5.00
<small>(State Color)</small>		
Folding Chairs, \$..... Tarpaulin, \$.....		
Candelabrum, \$..... Candles, \$.....		
Door Spray, \$..... Gloves, \$.....		
Funeral Car, \$..... Ambulance, \$.....		10.00
Limousines to Cemetery..... @ \$.....		
Autos to R. R. Station..... @ \$.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver 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, \$..... Use of Chapel, \$.....		
Personal Service.....		
Gross Total for Sales Tax.....	\$	
Outlay for Lot <u>Incl. open & close</u>		25.00
Cremation.....		
..... line Death Notices in..... Papers		
<small>(Names of Newspapers)</small>		
Flowers, \$..... Palms, \$..... Matting, \$.....		
Rental of Tent, \$..... of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		
Lining Grave, \$..... Lowering Device, \$.....		
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.....		
Sales Tax.....		
Total Footing of Bill.....	\$	100.00
Less.....	\$	
Balance.....	\$	
Entered into Ledger, page..... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC ASSISTANCE

ALLEGHENY COUNTY
BOARD OF ASSISTANCE

4 Smithfield St., Pittsburgh, Pa.

July 7, 1942

Re: Kraweski,

Family Name

Anthony Kraweski

Name of Deceased

2 Stevenson St.

Address

Edward J. McAvoy
1700 Forbes Street
Pittsburgh, Pennsylvania

Dear

Sir:

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 \$75.00, 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. Three 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. Please request the person arranging for burial to fill out and sign three copies of Statement of Relationship with Deceased, DPA Form 121-R (on the reverse of the DPA Form 121), specifying the reason why the Department is requested to pay burial costs. All three copies must then be returned to this office accompanied by three 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 \$25.00. These additional charges must be included in the itemized 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

A. P. L. Turner *by M.J.*
Assistant Executive Director

Encls.

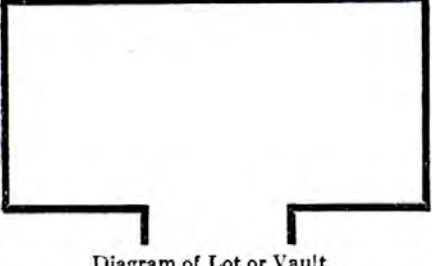
AC FORM 102 (Rev. 12-11-40)

RECORD OF FUNERAL

Total No. 1471 Yearly No. 61 Date July 8 1942
 Name of Deceased Margaret Morrow Griffin M - St - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 2209 Fifth Ave Husband—Wife—Widow— } Edw. J. Griffin
 Charge to Edw. & James Griffin or..... of }

Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death July 8, 1942
(Date) (Hour)
 Date of Birth Dec 18, 1894
(Date) (Hour)
 Age 47 - 6 - 20
(Years) (Months) (Days)
 Date of Funeral July 11, 1942 10:00 AM
(Date) (Day of Week) (Hour)
 Services at St. Agnes' Church
 Clergyman Rev. Moxmarty
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State.....
(or U. S. or City or County) (Years) (Months)
 Place of Death Brookline Reasmans Hall
 Cause of Death Decompression of skull
multiple fractures of skull
 Contributory Causes.....
 Certifying Physician Dr. J. A. Beggins (Cor)
(or Coroner)
 His Address Sharpsville, Pa.
 Name of Father Bernard Morrow
 His Birthplace Canada
 Maiden Name of Mother Margaret Haldyff
 Her Birthplace Pittsburgh
 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	\$ 7	
Casket	480	00
Outside Box		
<small>(State Kind)</small>		
Burial Vault		
<small>(State Kind)</small>		
Embalming Body		
<small>(Name of Embalmer)</small>		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		2
Underwear, \$		00
Shoe or Dress \$		28
Slippers \$		00
Hose \$		
<small>(State Color)</small>		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		10
		00
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, \$		
Use of Chapel, \$		
Personal Service		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
5 line Death Notices in 5 Papers		12
		20
<small>(Names of Newspapers)</small>		
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		
Opening of Grave or Tomb		40
		00
Lining Grave, \$		
Lowering Device, \$		
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		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of <u>July 5, 1942</u>		574
		20
Less		
Per <u>E. J. Mcavoy</u> Balance		
Entered into Ledger, page..... or below.		



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

PROCTOR HAIR SHOP

ESTABLISHED 1867

HAIR GOODS and DOLL HOSPITAL

Wigs, Toupets, Transformations and Switches
Scalp Treatment, Permanent Wave Specialists

616 FIFTH AVE. PITTSBURGH, PA.
NEAR SIXTH AVE.

TELEPHONE GRANT 4878

July 9, 1942

E. J. McEvoy
wig bought \$50.00

Paid in full
Proctor Hair Shop,
C. P. S.

Not Responsible For Goods Left Over 60 Days

No 776

Date

Mr.

Mrs. Dreyfus

You and your client, Mr. _____ made the following selection from our Display Rooms, today:

GASKET and INTERIOR

SERVICE

480.00

OUTSIDE CASE

GARMENT and SLIPPERS

NEGLECTEE

28.00

SUNDRIES

TOTAL



RECORD OF FUNERAL

Total No. 1472 Yearly No. 62 Date July 11 1942

Name of Deceased Donald F. Kelly - S - St - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1920 Bedford Ave Husband - Wife - Widow - }
or of }

Charge to Albert Kelly

Address

Order given by (or informant)

How Secured

Occupation of Deceased Student

Name of Employer

Address

Date of Death July 11, 1942 (Date) (Hour)

Date of Birth Aug 29, 1926 (Date) (Day of Week) (Hour)

Age (Years) (Months) (Days)

Date of Funeral July 13, 1942 1 P. M. (Date) (Day of Week) (Hour)

Services at St Georges Church

Clergyman

His Address

Religion of the Deceased Protestant

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

Place of Death 1920 Bedford Ave

Cause of Death Hodgkins Disease

Contributory Causes

Certifying Physician Dr. A. Diello (or Coroner)

His Address 909 Style Ave

Name of Father Albert Kelly

His Birthplace Syria

Maiden Name of Mother Mary Thomas

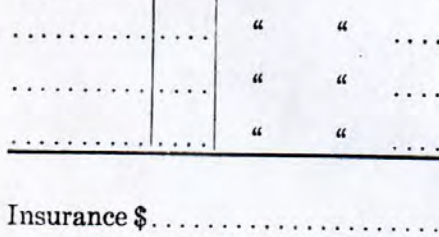
Her Birthplace West Virginia

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Jan 6, 1948 Reurposed to
Manufactured by Mr. Lebrun Lem.

Interment at Wooddale { Cemetery
Crematory



Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 275 00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$ (State Color)	Slippers \$ Hose \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to <u>Flower Car</u>	1.0 00
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$ Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 285 10
Less	\$
Balance	\$
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	8/10/42	By Payment	\$ 100 00
	" "	\$	4/26/43	" "	\$ 50 00
	" "	\$		" "	\$ 100 00
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Signed
Address

Witness

Date

July 11 - 1944

No

778

Mr.

E. J. McAulay

You and your client, Mrs. Kelly made the following selection from our Display Rooms, today:

CASKET and
INTERIOR

\$275⁰⁰/₁₀₀

(Service)

OUTSIDE CASE
GARMENT and
SLIPPERS

SUNDRIES

TOTAL

A. B. Johnson



RECORD OF FUNERAL

277

Total No. 1472 Yearly No. 63 Date July 14 1942

Name of Deceased Florence F. Sullivan - W Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 2521 - 7th Ave Husband—Wife—Widow— } Margaret Hughes
or..... of }

Charge to Mrs. Thos O'Connell

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

How Secured.....

Occupation of Deceased Retail storekeeper

Name of Employer Duquesne Light Co.

Address.....

Date of Death July 14, 1942

Date of Birth 7th 15, 1861

Age 81 4 29
(Years) (Months) (Days)

Date of Funeral July 17, 1942 M.

Services at St. Agnes Church

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State 81 yrs
(or U. S. City or County) (Years) (Months)

Place of Death 2521 7th Ave

Cause of Death Broncho Pneumonia

Contributory Causes.....

Certifying Physician Dr. M. A. Luongo
(or Coroner)

His Address 1108 Peoples E E Bldg

Name of Father Florence Sullivan

His Birthplace Ireland

Maiden Name of Mother Margaret Tracy

Her Birthplace Ireland

Motor } Remains to
 Ship }

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

Manufactured by.....

Interment at Celvary { Cemetery
 Crematory

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$ 550 00
Casket	
Outside Box	
Burial Vault	80 00
Embalsming Body	
Lady Attendant	
Barber, \$	2 00
Hair Dressing, \$	10 00
Dressing Body, \$	
Underwear, \$	
Suit or Dress, \$	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
10 line Death Notices in 6 Papers	19 80
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	50 00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	25 00
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 736 80
Less	
Balance	\$

SULLIVAN—On Tuesday, July 14, 1942, Florence F., husband of the late Margaret Hughes Sullivan, and father of John Sullivan, Mrs. James E. Kelly, Mrs. Catherine Cacesse, Mrs. Thomas O'Connell, and Mrs. John Walsh. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Friday morning, at 8:15 o'clock. Solemn requiem high mass in St. Agnes Church, at 9 o'clock.

SUSSMAN—On Tuesday, July 14, Morris Friends invited.
SULLIVAN—On Tuesday, July 14, 1942, Florence F., husband of the late Margaret Hughes Sullivan and father of John Sullivan, Mrs. James E. Kelly, Mrs. Catherine Cacesse, Mrs. Thomas O'Connell and Mrs. John Walsh. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Friday morning at 8:15 o'clock. Solemn requiem high mass at St. Agnes Church at 9 o'clock.

		Amount Paid	Balance	Date	Amount Paid	Balance
	By Payment	\$ 200 00	\$ 536 80			
7-21-42	"	\$ 100 00	\$ 436 80			
8-27-42	"	\$ 100 00	\$ 336 80			
9-17-42	"	\$ 100 00	\$ 236 80			
10-18-42	"	\$ 100 00	\$ 136 80			
11-20-42	"	\$	\$			
	"	\$	\$			
	"	\$	\$			
	"	\$	\$			
	"	\$	\$			

Insurance \$.....
 Names of Lodges.....
 Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.
 Signed.....
 Address.....
 Witness.....

No. 781

Date

7/14/42

Mr.

McAYOY

You and your client, Mr. SULLIVAN made the following selection from our Display Rooms, today:

CASKET and
INTERIOR

SERVICE - 550⁰⁰

OUTSIDE CASE
GARMENT and
SLIPPERS

SUIT 10⁰⁰

SUNDRIES

TOTAL



RECORD OF FUNERAL

Total No. 1474 Yearly No. 64 Date July 22 1942
 Name of Deceased Kathryn M. Clorey - m. St. Ireland
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1725 Tustin St Husband—Wife—Widow— } John
or..... of

Charge to.....
 Address.....
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death July 22, 1942
(Date) (Hour)
 Date of Birth June 12, 1863
 Age 79 1 20
(Years) (Months) (Days)
 Date of Funeral July 25, 1942 9:15 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman.....
 His Address.....
 Religion of the Deceased Catholic
 Resided in the State 45 yrs - U.S. 67
(or U. S. or City or County) (Years) (Months)
 Place of Death 1725 Tustin St
 Cause of Death arterio sclerosis
 Contributory Causes Respiratory Paralysis
 Certifying Physician Dr. Chas M. Halstead
(or Coroner)
 His Address 2106 Fifth Ave
 Name of Father Mullen
 His Birthplace Ireland
 Maiden Name of Mother Not known
 Her Birthplace Ireland
 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	\$ 375 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
	Hose \$
	14 00
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. _____	
<small>(State Physician's or Coroner's)</small>	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	75 00
Cremation	
10 line Death Notices in 4 Papers	13 20
Flowers, \$	Palms, \$
	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 502 24
Less	\$
Balance	\$
Entered into Ledger, page..... or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	502 20		To Balance Forward	\$
Aug 25, 42	By Payment	\$ 279 92		By Payment	\$
Oct 30, 42	" "	\$ 10 00		" "	\$
Jan 24, 43	" "	\$ 10 00		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Witness..... Signed.....
 Address.....

No

788

Date

7/23/42

Mr.

Mr. Arroy

You and your client, Mr.

Mr. Casey.

made the

following selection from our Display Rooms, today:

CASKET and
INTERIOR

SERVICE

375⁰⁰

OUTSIDE CASE

GARMENT and
SLIPPERS

DRESS

14⁰⁰

SUNDRIES

TOTAL



RECORD OF FUNERAL

Total No. 1475 Yearly No. 65 Date Aug 2 1942

Name of Deceased Patrick Mumford - A. - St - Pgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 330 Terrace Street Husband—Wife—Widow—
or of

Charge to Steve Andoff
 Address 235 Dunseith St.

Order given by
(or informant)

How Secured

Occupation of Deceased Stitchman

Name of Employer Mt Mercy Academy
 Address

Date of Death Aug 2, 1942 (Date) (Hour)

Date of Birth Jan 8, 1880 (Date) (Hour)

Age 62 - 6 - 24 (Years) (Months) (Days)

Date of Funeral Aug 5, 1942 9:17 M. (Date) (Day of Week) (Hour)

Services at St. Agnes

Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 62 years (or U. S. or City or County) (Years) (Months)

Place of Death Empyema of left chest

Cause of Death & abscess of chest wall

Contributory Causes

Certifying Physician Mr. Joseph Finegold (or Coroner)

His Address Montefiore Hospital

Name of Father John Mumford

His Birthplace Ireland

Maiden Name of Mother Mary O'Toole

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	\$ 265.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	1.50
Suit or Dress, \$	
Slippers \$	
Hose \$	13.50
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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)	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 4 Papers	9.24
(Names of Newspapers)	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb Extra Dup	45.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	15.00
Railroad or Motor } Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 349.24
Less	
Balance	\$
Entered into Ledger, page or below.	

MUMFORD—On Sunday, August 2, 1942, Patrick, brother of Mrs. Margaret Ondoff of 235 Dunseith St. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning, high mass of requiem at St. Agnes Church at 9 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
 Address

Date

August 21 1942

No. 929

Mr.

McAvoy

You and your client, Mr. Manford made the following selection from our Display Rooms, today:

CASKET and INTERIOR

Ans Funeral Service 265.00

OUTSIDE CASE
GARMENT and
SLIPPERS

Ans 13.50

SUNDRIES

TOTAL

278.50

Paul T. Dumm



RECORD OF FUNERAL

Total No. 1476 Yearly No. 66 Date Aug 3 1942

Name of Deceased Martin Howard - M. (Single - Married - Divorced) St - Belpre Ohio (What Race) (Where Born)

Residence of Deceased 1102 Vickroy St Husband—Wife—Widow— of Elizabeth

Charge to Local # 3 I.A.T.S.E.

Address * Mr. Philip J. Doyle
Edw. J. Howard, 308 Glenwood Ave
(or informant)

How Secured

Occupation of Deceased Stage Hand

Name of Employer

Address

Date of Death Aug 3, 1942 (Date) (Hour)

Date of Birth May 2, 1870

Age 72 (Years) 3 (Months) 1 (Days)

Date of Funeral Aug 6, 1942 (Date) (Day of Week) 9 A. (Hour) M.

Services at Epiphany 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 1102 Vickroy St

Cause of Death Senile Pneumonia

Contributory Causes Acute Bronchitis

Certifying Physician Dr. J. P. Hegarty (or Coroner)

His Address Medical Arts Bldg

Name of Father Michael Howard

His Birthplace Ireland

Maiden Name of Mother Julia Magee

Her Birthplace Ireland

Motor Ship } Remains to

Size and Style of Casket SS # 170-14-8577 (State Color)

Manufactured by

Interment at St. Marys Cem { Cemetery Crematory

HOWARD—Suddenly, on Monday, August 3, 1942, Martin, husband of the late Elizabeth Talbot, of 1102 Vickroy St. Funeral from the McAvoy Funeral Home, 1700 Forbes St. Notice of time later.
Friday Burials.
HOWARD—Suddenly, on Monday, August 3, 1942, Martin, husband of the late Elizabeth Talbot of 1102 Vickroy St. Funeral from the McAvoy Funeral Home, 1700 Forbes St. Thursday morning at 8:30 o'clock. Solemn requiem high mass in Church of The Epiphany at 9 o'clock.

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 525.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
45 line Death Notices in 6 Papers	14.85
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	40.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill <u>Aug 25, 1942</u>	\$ 604.85
Less	
Balance	
Entered into Ledger, page	or below.

EDW. J. MCAVOY

PAID

Per E. J. Magee

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby represent the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

OFFICE PHONE, AT. 4568

RES. PHONE, MA. 2570



BUSINESS REPRESENTATIVE
LOCAL No. 3, I. A. T. S. E.

302 WERNER BUILDING
631 PENN AVENUE

No

930

Mr.

McAvey

Date

8/3/42

You and your client, Mr. *Howard* made the following selection from our Display Rooms, today:

CASKET and INTERIOR

SERVICE

525⁰⁰

OUTSIDE CASE

GARMENT and SLIPPERS

SUNDRIES

TOTAL



RECORD OF FUNERAL

Total No. 1477 Yearly No. 67 Date Aug 3, 1942

Name of Deceased Michael R. McCarey - 21 - 21 - Syria
(Single - Married - Divorced) (What Race) (When Born)

Residence of Deceased 58 E. 1st Street Husband—Wife—Widow—Tarfanda Ann
or of 600

Charge to _____
Address _____

Order given by _____
(or informant)

How Secured _____
(State Kind)

Occupation of Deceased Retired Peddler
Name of Employer Dry Goods

Address _____
Date of Death Aug 3, 1942 (Date) (Hour)

Date of Birth May 15, 1878 (Date) (Hour)

Age 64 2 18
(Years) (Months) (Days)

Date of Funeral Aug 6, 1942 10AM (Date) (Day of Week) (Hour)

Services at St Ann's Church
Clergyman Rev. Elias Basil

His Address _____

Religion of the Deceased Catholic

Resided in the State 37 years
(or U. S. or City or County) (Years) (Months)

Place of Death 58 E. 1st Street

Cause of Death Paralysis

Contributory Causes Luetic Infection

Certifying Physician Dr. J. P. Hearty
(or Coroner)

His Address Medical Arts Bldg

Name of Father Raymond McCarey

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	\$ 540 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to <u>F. Lower Co</u>	10 00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
10 line Death Notices in <u>4</u> Papers	13 20
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	45 00
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill <u>Aug 31, 1942</u>	\$ 623 20
Less	
Balance	
Entered into Ledger, page <u>72</u> below.	

McCAREY—On Monday, August 3, 1942, Michael R., husband of the late Tarfanda Ann and father of Mrs. Thomas Avoob, Lillian, Reuben, Caleb, Nathan and Fred McCarey. Funeral from 1221 Webster Ave., on Thursday morning at 9:30. Requiem high mass in St. Ann's Church, Fullerton St., at 10 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1478 Yearly No. 68 Date Aug 7 1942

Name of Deceased Mary E Morrison (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 3320 Savoy St. N.S. Husband—Wife—Widow— } or of }

Charge to Address.....

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

How Secured..... Occupation of Deceased Housewife

Name of Employer..... Address.....

Date of Death Aug 7-1942 8 AM (Date) (Hour)

Date of Birth Nov 15 1880 (Date) (Month) (Day) (Year)

Age 61 8 22 (Years) (Months) (Days)

Date of Funeral Aug 10 1942 2 P.M. (Date) (Day of Week) (Hour)

Services at 3320 Savoy St Clergyman H.F. Bellis

His Address..... Religion of the Deceased.....

Resided in the State 40 (or U. S. or City or County) (Years) (Months)

Place of Death Mary Hosp. Gal. Pa. Cause of Death berkral thrombosis

Contributory Causes..... Certifying Physician..... (or Coroner)

His Address..... Name of Father John S. Gibson

His Birthplace Penna Maiden Name of Mother Mary Ann Brewer

Her Birthplace Penna Motor Ship } Remains to.....

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

Manufactured by..... Interment at Univale Cemetery

MORRISON—On Friday, August 7, 1942, Mary E., wife of the late Lawrence R. Morrison and mother of Earl William Samuel Lawrence Geneva Morrison, Mrs. S. Bachrach and Mrs. L. J. Barnett, Jr. Private services at the family residence, 3320 Savoy St., North Side, on Monday afternoon at 2 o'clock.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$ 575 00
Casket	
Outside Box	
Burial Vault <u>basement</u>	100 00
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to <u>Flower Car</u>	10 00
Removal Charges	
Procuring Burial Permit	
— Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
8 line Death Notices in 5 Papers	13 20
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	30 00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 780 20
Less	\$ 760 20
Entered into Ledger, page	or below.

EDW. J. MCAVOY PAID Sept. 11, 1942

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed..... Address.....

Witness.....

No. 932

Date

8/7/42

Mr.

Mr. Awoy

You and your client, Mr.

MORRISON

made the

following selection from our Display Rooms, today:

CASKET and
INTERIOR

+ SERVICE

575⁰⁰

OUTSIDE CASE

GARMENT and
SLIPPERS

NEGLEGEE

27⁰⁰

SUNDRIES

SLIPPERS

3⁰⁰

TOTAL



RECORD OF FUNERAL

Total No. 1479 Yearly No. 69 Date Aug 13 1942

Name of Deceased Charles P. Mc Clafferty (Single - Married - Divorced) W (What Race) Pgh Pa (Where Born)

Residence of Deceased 5026 Cypress St Husband - Wife - Widow - }
 Charge to Mrs. Geo. Hartman or Single of 280

Address 5026 Cypress St
 Order given by Phone (or informant)
 How Secured _____

Occupation of Deceased Janitor
 Name of Employer A. O. H. Div. # 9
 Address _____

Date of Death Aug 13 - 1942 (Date) (Hour)
 Date of Birth _____

Age 5 (Years) (Months) (Days)
 Date of Funeral Aug 18 - 42 (Date) (Day of Week) (Hour) M.
 Services at St. Pauls Cathedral

Clergyman _____
 His Address _____
 Religion of the Deceased _____

Resided in the State Pgh. Penna (or U. S. or City or County) (Years) (Months)
 Place of Death 5026 Cypress St

Cause of Death _____
 Contributory Causes _____
 Certifying Physician _____ (or Coroner)

His Address _____
 Name of Father Charles M. Clafferty
 His Birthplace Ireland

Maiden Name of Mother Mary Sullivan
 Her Birthplace Pgh
 Motor } Remains to _____
 Ship }

Size and Style of Casket _____ (State Color)
 Manufactured by F. H. Hill-Co

Interment at St. Marys Cem. Cemetery Crematory

McCLAFFERTY—Suddenly at the family home, 5026 Cypress St., on Thursday, August 13, 1942, Charles, son of Mrs. Mary Sullivan and the late Charles Mc-Clafferty and brother of Mrs. George Hartman and Mrs. Margaret Randall. Funeral from the McAVOY Funeral Home, 1700 Forbes St., on Tuesday morning, High Mass of Requiem at St. Paul's Cathedral at 10 o'clock.

Lot No. 234
 Grave No. # 5
 Section No. 22
 Owner _____

Complete Funeral	\$ 225.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	
Dressing Body, \$	
Suit or Dress \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Personal Service	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
10 line Death Notices in 4 Papers	13.20
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	4.00
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	1.20
Railroad Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Underwriter's Charges	
Sales Tax	
Total Footing of Bill	\$ 302.20
Less	
Per _____ Balance	
Entered into Ledger, page _____ or below.	

EDW. J. McAVOY

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.
 Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 1480 Yearly No. 70 Date Aug 20 1942

Name of Deceased Daniel F. O'Leary (Single - Married - Divorced) (What Race) W (Where Born) Pgh

Residence of Deceased Husband—Wife—Widow—Catherine Dillon O'Leary or of 108 1/2 1st St Pgh Pa

Charge to Catherine O'Connell
Address

Order given by (or informant)
How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Aug 20 1942 (Date) (Hour)

Date of Birth Mar 26 1865 (Date) (Hour)

Age 77 (Years) 4 (Months) 24 (Days)

Date of Funeral Aug 22 1942 (Date) (Day of Week) (Hour) 9:30 A.M.

Services at St. Mary's of the Point

Clergyman

His Address

Religion of the Deceased

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

Place of Death Mayview

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Dennis O'Leary

His Birthplace Ireland

Maiden Name of Mother Hannah

Her Birthplace Ireland

Motor } Remains to
Ship }

Size and Style of Casket (State Color)

Manufactured by

Interment at Calvary { Cemetery
Crematory

Lot No. 40

Grave No. 6

Section No. B

Owner Dennis O'Leary

Complete Funeral	\$ 150 00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
19 line Death Notices in 2 newspapers	6.27
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 156 27
Less	
Per <u>J. J. [Signature]</u> Balance	
Entered into Ledger, page	or below.

EDW. J. MCAVOY
PAID
Sept 5, 1942

O'LEARY—On Thursday, August 20, 1942, Daniel F., son of the late Dennis and Hannah O'Leary. Survived by his wife, Catherine Dillon O'Leary, 2 sisters, Miss Mary O'Leary and Catherine O'Connell of Los Angeles, Cal.; several nieces and nephews of Pgh. Funeral from the McAvoy Funeral Home, 1700 Forbes St. Notice of time later.

O'LEARY—On Thursday, August 20, 1942, Daniel F., son of the late Dennis and Hannah O'Leary. Survived by his wife, Catherine Dillon O'Leary, 2 sisters, Miss Mary O'Leary and Catherine O'Connell of Los Angeles, Cal.; several nieces and nephews of Pgh. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Saturday morning. Requiem mass at St. Mary's of the Point Church at 9:30.

has only 1 time

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. 1481 Yearly No. 71 Date Aug 25 1942

Name of Deceased Helen Smith (Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 3027 Hazelhurst Husband - Wife - Widow } John Smith

Charge to Mrs. Edna Jansky or of

Address 3027 Hazelhurst

Order given by Same (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Aug 25, 1942 (Date) (Hour)

Date of Birth Sept 24, 1883 (Date) (Hour)

Age 58 (Years) 11 (Months) 1 (Days)

Date of Funeral Aug 29, 1942 (Date) (Day of Week) (Hour)

Services at Lena, Wisconsin

Clergyman

His Address

Religion of the Deceased R.C.

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

Place of Death 3027 Hazelhurst

Cause of Death Rheumatic Heart Disease

Contributory Causes Coronary Enlargement

Certifying Physician Ann L. Mullins (or Coroner)

His Address Mercy Hospital

Name of Father Leonard Massey

His Birthplace Holland

Maiden Name of Mother Christina Williams

Her Birthplace Holland

Motor Ship } Remains to Lena, Wisconsin

Size and Style of Casket (State Color)

Manufactured by

Interment at Lena, Miss { Cemetery Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

Complete Funeral	\$ 390 00
Casket	
Outside Box	
Burial Vault (State Kind)	
Embalming Body (State Kind)	
Lady Attendant (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$ XX
Suit or Dress \$ (State Color)	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in Papers	
Flowers, \$ (Names of Newspapers)	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor } Tickets, \$ 37.44	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ 437 44
Less	
Balance	

Paid in full

1942

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

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

RECORD OF FUNERAL

Total No. 1482 Yearly No. 72 Date August 27 1942
 Name of Deceased Bridget Mc Verry St. Ireland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1814 Locust St
 Charge to Thomas Mc Verry
 Address

Order given by
(or informant)

How Secured

Occupation of Deceased Housewife
 Name of Employer

Date of Death Aug 27, 1942
(Date) (Hour)

Date of Birth

Age About 78
(Years) (Months) (Days)

Date of Funeral Aug 31, 1942 9 P.M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church
 Clergyman

His Address

Religion of the Deceased Catholic

Resided in the State 52 years
(or U. S. or City or County) (Years) (Months)

Place of Death 1814 Locust St

Cause of Death Pneumonia

Contributory Causes

Certifying Physician Dr. J. L. Stutz
(or Coroner)

His Address

Name of Father O'Grady

His Birthplace Ireland

Maiden Name of Mother Not known

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	\$ 435.00
Casket	
Outside Box	
Burial Vault	75.00
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	

Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 6 Papers	13.86
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	50.00
Lining Grave, \$	Lowering Device, \$
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	

Sales Tax	
Total Footing of Bill	\$ 613.86
Less	
Balance	

EDW. J. MCAVOY
PAID
Sept 10, 1942

at Berwt, Wisconsin.
 McVERRY—On Thursday, Aug. 27, 1942,
 Bridget, wife of the late James J. Mc-
 Verry (nee O'Grady). Funeral from her
 late residence, 1814 Locust St., Monday
 morning at 8:30 o'clock. Requiem high
 mass at the Church of the Epiphany at
 9 o'clock.
 MINNICH—Suddenly, on Thursday, Aug.
 27, 1942.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Lodges Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

No. 957

Date

August 27 1942

Mr.

E. J. McCarney
McCarney

You and your client, Mr. McCarney made the following selection from our Display Rooms, today:

CASKET and INTERIOR

General Service

435⁰⁰

OUTSIDE CASE GARMENT and SLIPPERS

Draw

28⁰⁰

SUNDRIES

TOTAL

Pave T. Dunn

463⁰⁰

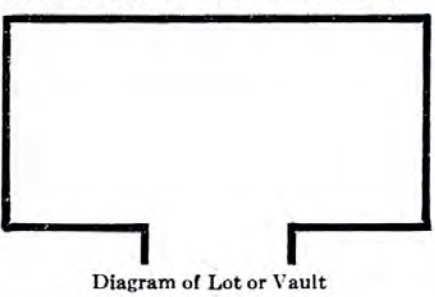


RECORD OF FUNERAL

Total No. 1483 Yearly No. 73 Date Sept 2, 1942
 Name of Deceased Thomas A. Naylon - A - St - Pgh
(Single - Married - Divorced) (Was - Race) (Where Born)
 Residence of Deceased 40 Van Buren St Parkdale Park Pa.
Husband - Wife - Widow - } or of } 320

Charge to Mrs Mary Naylon
 Address Recd body Sept 7 1942
 Order given by (or informant)
 How Secured
 Occupation of Deceased U. S. Air Corp.
 Name of Employer Shipping Clerk
 Address C. A. Turner
 Date of Death Sept 2, 1942
(Date) (Hour)
 Date of Birth June 20, 1909
(Date) (Hour)
 Age 33 12 2
(Years) (Months) (Days)
 Date of Funeral Sept 9, 1942 M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 Near Little Rock Ark.
 Cause of Death Plane Crash
 Contributory Causes
 Certifying Physician
(or Coroner)
 His Address

Name of Father Martin Naylon
 His Birthplace Elmira, N. Y.
 Maiden Name of Mother Mary Cavanaugh
 Her Birthplace England
 Motor } Remains to
 Ship }
 Size and Style of Casket
(State Color)
SS. 167-05-6041
 Manufactured by Undertaker - R. F. Drummond & Co. Little Rock Ark.
 Interment at Calvary Cem. { Cemetery
 Crematory



Lot No. 429
 Grave No. 6
 Section No. T
 Owner

Complete Funeral	\$	
Casket		
Outside Box		
Burial Vault		
Embalming Body		
Lady Attendant		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress \$		
Slippers \$		
Hose \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		14.00
Limousines to Cemetery @ \$		10.50
Autos to R. R. Station @ \$		
Getting Remains from R.R. Sta. (Horse)		10.00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$		
Use of Chapel, \$		25.00
Personal Service		
Gross Total for Sales Tax		
Outlay for tax for grave space 1/2 lot		2.50 00
Cremation		
9. line Death Notices in 5 Papers		14.85
Flowers, \$		
Palms, \$		
Matting, \$		
Rental of Tent, \$		
of Temporary Vault, \$		45.00
Opening of Grave or Tomb		
Lining Grave, \$		
Lowering Device, \$		
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		
Sales Tax		
Total Footing of Bill	\$	379.35
Less	\$	
Balance	\$	
Entered into Ledger, page <u>10</u> of below		

EDW. J. MCAVOY
PAID
 Nov 3, 1942

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Oct 24 - 42</u>	By Payment	\$ 50.00		By Payment	\$
<u>Oct 27 42</u>	" "	\$ 170.94		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

H E A D Q U A R T E R S
CAMP JOSEPH T. ROBINSON, ARKANSAS
OFFICE OF THE QUARTERMASTER

LMC/fv

September 25, 1942.

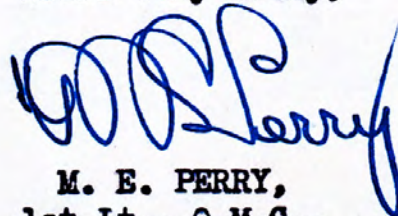
Edward J. McAvoy,
Funeral Director,
1700 Forbes Street,
Pittsburgh, Pennsylvania.

Dear Sir:

We are inclosing herewith copy of statement for professional services rendered remains of Private Thomas A. Naylor by your firm. There are listed below categories of authorized internment expenses, the total of which cannot exceed \$50.00. It is requested that if services within these categories were rendered, billing be made accordingly.

1. Hearse hire for remains from railroad station at destination to first place of delivery.
2. Hearse hire for remains and transportation of immediate relatives to cemetery.
3. Services of a minister.
4. Cost of grave site in private cemetery.
5. Opening and closing grave.

Yours very truly,



M. E. PERRY,
1st Lt., Q.M.C.,
Asst Purchasing & Contracting Officer.

1 Incl:
Statement

CORPSE TRANSIT LABEL
FUNERAL DIRECTOR'S CERTIFICATE

License No.....

I (or we) hereby certify that the accompanying dead body of Pvt. Thomas A. Naylor
 to be transported to Pittsburgh, State of Penn, in care of E.J. McAvoy Funeral Home
 has been prepared for transportation in conformity with Rule..... and Regulations Governing the Transportation of Dead Bodies
 in the State of Arkansas. (Signed) J. N. Pratt, License No. 609

Residence Little Rock, Ark

Sept 5, 1942 Name of Firm or Company R.F. Drummond & Co., Address.....

Station Baggage Agent must enter hereon a description of the corpse ticket, or check the exact route and via what Junctional Points the corpse ticket
 or check reads, which is held by the passenger in charge of the corpse.

Date September 5, 1942, 193.....From Little Rock to Pittsburgh, State of Penn

No. of Ticket..... Form No. of Ticket.....

Via..... R. R. To..... 1-22147

Via..... R. R. To.....

Via..... R. R. To.....

Name of Passenger in charge Pvt. Paul D. Robinson Place of residence Barksdale Field, La(Signed)..... M. S. Cay, Station Agent

RECORD OF FUNERAL

Total No. 1484 Yearly No. 74 Date Sept 13, 1942

Name of Deceased E. Elizabeth Ann Mc Grath - et - et - Pgh.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 33 Multenberger St. Husband - Wife - Widow - Thomas Leo
or of 345

Charge to Thomas Leo

Address 33 Multenberger St.

Order given by _____
(or informant)

How Secured _____

Occupation of Deceased Janitress

Name of Employer Pgh. Public School

Address _____

Date of Death Sept 13, 1942
(Date) (Hour)

Date of Birth Dec 18, 1892

Age 49 8 25
(Years) (Months) (Days)

Date of Funeral Sept 16, 1942 9:00 M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman _____

His Address _____

Religion of the Deceased Catholic

Resided in the State 49 years
(or U. S. or City or County) (Years) (Months)

Place of Death 33 Multenberger St.

Cause of Death brain hemorrhage 1 day

Contributory Causes hypertension 2 mos

Certifying Physician _____
(or Coroner)

His Address _____

Name of Father Robert Blaney

His Birthplace Ireland

Maiden Name of Mother Eliza Freeman

Her Birthplace Ireland

Motor Ship } Remains to _____

Size and Style of Casket _____
(State Color)

Manufactured by _____

Interment at Salvator { Cemetery
 Crematory

Lot No. _____

Grave No. _____

Section No. _____

Owner _____

Complete Funeral	\$ 280.00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
9 line Death Notices in 4 Papers	11.88
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	40.00
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 363.88
Less	
Per Balance	
Entered into Ledger, page	or below.

McGRATH - On Sunday, Sept. 13, 1942, Elizabeth Blaney, wife of the late Thomas L. and mother of Mrs. Santo Tortoraeti, Mrs. Patrick Cohan, Mrs. Charles Macri and Thomas Leo. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

EDW. J. MCAVOY
PAID
 10-20-42

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 1485 Yearly No. 75 Date Sept 13, 1942
 Name of Deceased Thomas Courroy - Single - St. Ireland
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1112 Fisher Street Husband—Wife—Widow— } 280
 Charge to John Courroy or of }
 Address 220 Robinson St

Order given by
 How Secured
 Occupation of Deceased Laborer
 Name of Employer

Date of Death Sept 13, 1942
(Date) (Hour)

Age about 64
(Years) (Months) (Days)

Date of Funeral Sept 18, 1942 9 A. M.
(Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman

Religion of the Deceased Catholic

Resided in the State 38 yrs Conn.
(or U.S. or City or County) (Years) (Months)

Place of Death Mersey Hospital
 Cause of Death Fracture of skull
due to being hit with auto.
 Contributory Causes

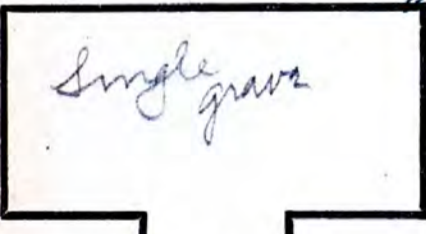
Certifying Physician A. H. McClelland
(or Coroner)
 His Address

Name of Father Coleman Courroy
 His Birthplace Ireland

Maiden Name of Mother Mary Courroy
 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	\$ 200 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	10 00
Lady Attendant	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	10 00
Underwear, \$	
Suit or Dress \$	
Slippers \$	
Hose \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Personal Service	
Gross Total for Sales Tax	\$ 70 00
Outlay for Lot	
Cremation	
line Death Notices in Papers	2 31
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
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	
Sales Tax	
Total Footing of Bill	\$ 302 31
Less	
Per <u>E. J. M.</u> Balance	
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

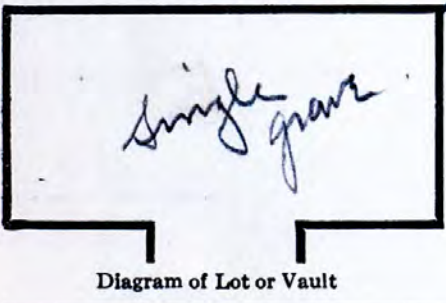
Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. 1486 Yearly No. 76 Date Sept 17 1942
 Name of Deceased Julia Koch Kozuba - St - St - Poland
(Single - Married - Divorced) (What Race) (Where Born)
 Residence of Deceased 1324 Calwell St Husband—Wife—Widow—
 or..... of } 10
 Charge to Paul Koch Chicago Ill
 Address Julian Koch 725 E. Ohio St. Pol. Pa.
 Order given by.....
(or informant)
 How Secured.....
 Occupation of Deceased Housewife
 Name of Employer.....
 Address.....
 Date of Death Sept 17, 1942
(Date) (Hour)
 Date of Birth.....
 Age about 52
(Years) (Months) (Days)
 Date of Funeral Sept 19, 1942 9 P.M.
(Date) (Day of Week) (Hour)
 Services at Epiphany 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 1324 Calwell St
 Cause of Death.....
 Contributory Causes.....
 Certifying Physician J.J. McCarthy
(or Coroner)
 His Address.....
 Name of Father Miketa Koch
 His Birthplace Poland
 Maiden Name of Mother Mary Kofylak
 Her Birthplace Poland
 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	\$ 345 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
1 Certif. Copies of Death Certificates No. 1 00	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
7 line Death Notices in 3 Papers	6 93
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 432 93
Less	
Per <u>E.J.M.</u> Balance	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Sept 25 1942</u>	By Payment	\$ 204 81		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Witness.....
 Signed.....
 Address.....
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1487 Yearly No. 77 Date Sept. 20 1942

Name of Deceased Ralph Collins (Single - Married - Divorced) H. (What Race) Pgh. (Where Born)

Residence of Deceased 220 Burrows St Husband - Wife - Widow - }
or of } 363

Charge to Mrs Pearl Collins

Address 220 Burrows St

Order given by Same (or informant)

How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Sept. 20, 1942 (Date) (Hour)

Date of Birth Nov. 16, 1889 (Date) (Hour)

Age 52 10 4 (Years) (Months) (Days)

Date of Funeral Sept 21, 1942 12:20 P.M. (Date) (Day of Week) (Hour)

Services at Blade Springs, Pa

Clergyman

His Address

Religion of the Deceased

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

Place of Death Mercy Hospital

Cause of Death Post-Inflectional Pneumonia

Contributory Causes Ch. Rheumatic Heart Disease

Certifying Physician Mac Lachlan (or Coroner)

His Address Mercy Hospital

Name of Father Joseph Collins

His Birthplace Pitts

Maiden Name of Mother Cassie Johnson

Her Birthplace Pitts Pa

Motor Ship } Remains to Blade Springs, Pa

Size and Style of Casket

Manufactured by

Interment at Blade Springs Pa { Cemetery Crematory

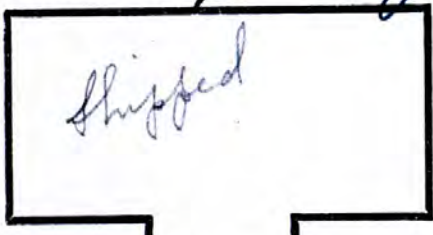


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral	\$	
Casket		315.00
Outside Box <u>Shipping Case</u>		25.00
Burial Vault		
Embalming Body		35.00
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to <u>Station</u>		5.00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. _____		
Pall Bearer Service, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
line Death Notices in _____ Papers		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill		380.00
Less		
Per <u>Balance</u>		
Entered into Ledger, page _____ or below.		

EDW. J. MCAVOY
PAID
10/20/42

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

Total No. 1488 Yearly No. 78 Date 9-19- 1942

Name of Deceased Infant Garner (Single - Married - Divorced) W (What Race) Mary Hoop (Where Born) Pgh Pa

Residence of Deceased 5324 Beeler St Husband—Wife—Widow— } or... of }

Charge to Charles E Martin Address 5324 Beeler St Pgh Pa

Order given by Mr Martin (or informant) How Secured In person

Occupation of Deceased Name of Employer

Address Date of Death Sept 19 1942 (Date) (Hour)

Date of Birth Sept 19 1942 (Date) (Hour) Age 0 (Years) (Months) (Days)

Date of Funeral Sept 22 1942 2 P M (Date) (Day of Week) (Hour)

Services at none Clergyman

His Address Religion of the Deceased

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

Place of Death Mary Hoop Cause of Death Stillborn

Contributory Causes none Certifying Physician (or Coroner)

His Address Name of Father William Garner

His Birthplace Ohio Maiden Name of Mother Irene Martin

Her Birthplace Wheeling W Va Motor Ship } Remains to

Size and Style of Casket 2" (State Color) Manufactured by F.H. Hill Co

Interment at Allegheny Cem Cemetery Crematory

Lot No. Grave No. Single Section No. Sec 3 1/2 Owner

Diagram of Lot or Vault

Complete Funeral	\$	25.00
Casket		
Outside Box	(State Kind)	
Burial Vault	(State Kind)	
Embalming Body	(Name of Embalmer)	
Lady Attendant		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress \$	Slippers \$	Hose \$
(State Color)		
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver 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, \$	Use of Chapel, \$	
Personal Service		
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
... line Death Notices in ... Papers		
(Names of Newspapers)		
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		12.00
Lining Grave, \$	Lowering Device, \$	
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		
Sales Tax		
Total Footing of Bill	\$	37.00
Less	\$	
Balance	\$	
Entered into Ledger, page ... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. 1489 Yearly No. 79 Date Sept 22 1942

Name of Deceased Frank Falcone - M - It - Italy
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 115 East Street Husband—Wife—Widow— Flora Hauscholder
or..... of 45 years old

Charge to Flora Hauscholder

Address.....

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

How Secured.....

Occupation of Deceased Laborer

Name of Employer I & L Steel Co.

Address.....

Date of Death Sept 22, 1942
(Date) (Hour)

Date of Birth March 3, 1893
(Date) (Hour)

Age 49 6 19
(Years) (Months) (Days)

Date of Funeral Sept 25, 1942 2 P M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Stynes R. Stands

His Address.....

Religion of the Deceased Catholic

Resided in the State 35 yrs city 30 yrs
(or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Broncho Pneumonia

Contributory Causes Jury abscess

Certifying Physician St. W. McClelland Co.
(or Coroner)

His Address.....

Name of Father Unknown

His Birthplace Italy

Maiden Name of Mother Unknown

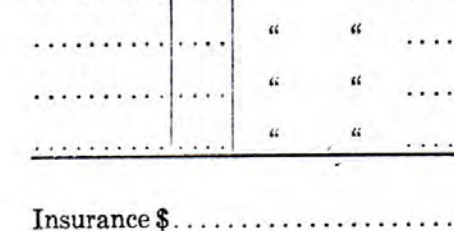
Her Birthplace Italy

Motor Ship } Remains to.....

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

Manufactured by.....

Interment at Alphany Cemetery { Cemetery
Crematory



Lot No.....

Grave No.....

Section No.....

Owner.....

Complete Funeral	\$	4.15	00
Casket			
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	(Name of Embalmer)		
Lady Attendant			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$	1	50
Suit or Dress \$	Slippers \$	11	25
(State Color)	Hose \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			50
(State Physician's or Coroner's)			
Pall Bearer Service, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
5 line Death Notices in 4 Papers		6	60
(Names of Newspapers)			
Flowers, \$	Palms, \$		
Matting, \$			
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
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			
Sales Tax			
Total Footing of Bill		434	85
Less		22	45
Balance		412	40
Per <u>EJM</u>			
Entered into Ledger, page.....			
or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

Date

Sept. 22, 1942

No

975

Mr.

W. C. away

You and your client, Mr. Falcone made the following selection from our Display Rooms, today:

CASKET and
INTERIORFuneral Service 415.00OUTSIDE CASE
GARMENT and
SLIPPERSSuit ? 11.25

SUNDRIES

TOTAL

415.00W. C. Turner

RECORD OF FUNERAL

Total No. 1490 Yearly No. 80 Date Sept 26 19 42

Name of Deceased Patrick King - m. (Single - Married - Divorced) at (What Race) Pittsburgh (Where Born)

Residence of Deceased 1112 Forbes St Husband—Wife—Widow— }
or of }


Charge to
Address
Order given by Katherine H. Kenney
(or informant)
How Secured 3386 Melrose St.
Occupation of Deceased Retired Plumber
Name of Employer

Address
Date of Death Sept 26, 1942 3:30 PM
(Date) (Hour)
Date of Birth Not known
Age About 65
(Years) (Months) (Days)
Date of Funeral Sept 29, 1942 9 A.M.
(Date) (Day of Week) (Hour)
Services at Epiphany Church
Clergyman

His Address
Religion of the Deceased Catholic
Resided in the State about 65 years
(or U. S. or City or County) (Years) (Months)
Place of Death St. Margarets Hospital
Cause of Death Cancer of Urine Bladder

Contributory Causes !
Certifying Physician Dr. B. R. Almquist
(or Coroner)
His Address St. Margarets Hospital
Name of Father Michael King
His Birthplace Ireland
Maiden Name of Mother Mary Flaherty
Her Birthplace Ireland

Motor } Remains to
Ship }
Size and Style of Casket
"SS # 162-18-7502" (State Color)
Manufactured by
Interment at St. Marys { Cemetery
Crematory

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

Complete Funeral	\$	140	10
Casket			
Outside Box	(State Kind)		
Burial Vault	(State Kind)		
Embalming Body	(Name of Embalmer)		
Lady Attendant			
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress \$	Shoes \$	10	00
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver 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, \$	Use of Chapel, \$		
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
line Death Notices in	Papers		
Flowers, \$	Palms, \$		
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb		25	00
Lining Grave, \$	Lowering Device, \$		
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			
Sales Tax			
Total Footing of Bill	\$	175	00
Less	\$		
Balance	\$		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. 1491 Yearly No. 81 Date Oct 2 1942

Name of Deceased Mary Jane McCarthy - st - st - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 118 Mittenberger St Husband—Wife—Widow—
or..... of John 345.00

Charge to Mrs. Marie Singer

Address.....

Order given by above
(or informant)

How Secured.....

Occupation of Deceased Housewife

Name of Employer.....

Address.....

Date of Death Oct 2, 1942 8 PM
(Date) (Hour)

Date of Birth Aug 14, 1852

Age 90 1 18
(Years) (Months) (Days)

Date of Funeral Oct 5, 1942 9 AM
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State 90 years
(or U. S. or City or County) (Years) (Months)

Place of Death 118 Mittenberger St

Cause of Death Senility

Contributory Causes.....

Certifying Physician Dr. J. L. Stutz
(or Coroner)

His Address 1745 - Fifth Ave

Name of Father William McLaughlin

His Birthplace Ireland

Maiden Name of Mother Mary Forester

Her Birthplace Ireland

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 \$ 280.00

Casket.....

Outside Box.....
(State Kind)

Burial Vault.....
(State Kind)

Embalming Body.....
(Name of Embalmer)

Lady Attendant.....

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress \$..... Clippers \$..... Hose \$..... 14.00
(State Color)

Folding Chairs, \$..... Tarpaulin, \$.....

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

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver 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, \$..... Use of Chapel, \$.....

Personal Service.....

Gross Total for Sales Tax..... \$

Outlay for Lot.....

Cremation.....

10-line Death Notices in 6 Papers..... 19.80
(Names of Newspapers)

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb..... 40.00

Lining Grave, \$..... Lowering Device, \$.....

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.....

Sales Tax Oct. 14, 1942.....

Total Footing of Bill \$ 363.80

Less Per E. J. M...... \$

Balance..... \$

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

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Address.....

Witness.....

RECORD OF FUNERAL

Total No. 1492..... Yearly No. 82..... Date Oct 9, 1942
 Name of Deceased Infant Smith (Male) S - H Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 247 Orchard St
 Charge to Alfred Smith
 Address 247 Orchard St
 Order given by.....
 How Secured.....
 Occupation of Deceased.....
 Name of Employer.....
 Address.....

Date of Death Oct 9, 1942
(Date) (Hour)
 Date of Birth.....
 Age Stillborn
(Years) (Months) (Days)
 Date of Funeral Oct 12, 1942 2 P.M.
(Date) (Day of Week) (Hour)

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 Mary Hospital

Cause of Death Rhaphysia
 Contributory Causes uterine inertia
 Certifying Physician Dr. P. MacDonald
(or Coroner)
 His Address 448 Brownsville Rd.
 Name of Father Alfred Smith
 His Birthplace Pittsburgh Pa.

Maiden Name of Mother Helen Hangerman
 Her Birthplace Pittsburgh, Pa.
 Motor } Remains to.....
 Ship }
 Size and Style of Casket.....
(State Color)

Manufactured by.....
 Interment at St Marys { Cemetery
 Crematory
 Lot No. 167
 Grave No. 6 1/2
 Section No. D
 Owner Mrs. J. P. Smith
in the Burial

Diagram of Lot or Vault

Complete Funeral	\$	10	00
Casket			
Outside Box			
Burial Vault			
Embalming Body			
Lady Attendant			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress \$			
Slippers \$			
Hose \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousines to Cemetery @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates No.			
Pall Bearer Service, \$			
Use of Chapel, \$			
Personal Service			
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
line Death Notices in			
Papers			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			10 00
Lining Grave, \$			
Lowering Device, \$			
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			
Sales Tax			
Total Footing of Bill	\$	20	00
Less	\$		
EDW. J. MCAVOY	\$		
Entered into Ledger, page			
or below			

EDW. J. MCAVOY
 Entered into Ledger, page 1013 or below
Oct 13, 1942
 By Payment EJM

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Address.....
 Witness.....

RECORD OF FUNERAL

Total No. 1493 Yearly No. 83 Date Oct 11 1942

Name of Deceased Anna McGirr - st - st - Pittsburgh
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased Mercy Hospital Husband - Wife - Widow } John J.
or. Widower of

Charge to Complete Funeral \$ 245 00

Address Casket

Order given by Anna Thurston McGirr
119 W. Home Ave.
How Secured

Occupation of Deceased Retired

Name of Employer

Address

Date of Death Oct 11, 1942

Date of Birth May 18, 1856 (5)

Age 86 (17) 4 (Months) 23 (Days)

Date of Funeral Oct 12, 1942 10:30
(Date) (Day of Week) (Hour)

Services at St Pauls Cathedral

Clergyman

His Address

Religion of the Deceased Catholic

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

Place of Death Mercy Hospital

Cause of Death Arterio-sclerotic heart disease

Contributory Causes

Certifying Physician Dr. H. M. Mullins
(or Coroner)

His Address Mercy Hospital

Name of Father Wm. C. Hopper

His Birthplace Not known

Maiden Name of Mother Not known

Her Birthplace Not known

Motor } Remains to
 Ship }

Size and Style of Casket

Manufactured by

Interment at Calvary { Cemetery
 Crematory

Lot No. 315

Grave No. 6

Section No. A

Owner

Sales Tax

Total Footing of Bill \$ 320 92

Less

Balance \$

Entered into Ledger, page or below.

M'GIRR—On Sunday, Oct. 11, 1942, at Mercy Hospital, Anna Hopper, widow of John J. McGirr, and mother of Gertrude McGirr. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 9:45 o'clock. Requiem high mass at St. Paul's Cathedral at 10:30 o'clock.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$ 320.92		To Balance Forward	\$
	By Payment	\$ 261.75		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

RECORD OF FUNERAL

Total No. 1494 Yearly No. 84 Date Oct 27, 1942

Name of Deceased Annie O'Donnell - S. St. - Pgh.
(Single - Married - Divorced) (What Race) (Where Born)

Residence of Deceased 1546 Webster Ave. Husband—Wife—Widow—
or..... of } 335

Charge to Sadie Cosgrove
Address 1546 Webster Ave.

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

How Secured.....

Occupation of Deceased at home

Name of Employer.....
Address.....

Date of Death Oct 27, 1942
(Date) (Hour)

Date of Birth July 25, 1867
Age 75 3 2
(Years) (Months) (Days)

Date of Funeral Oct 29, 1942 M.
(Date) (Day of Week) (Hour)

Services at St. Mary's Church

Clergyman.....

His Address.....

Religion of the Deceased Catholic

Resided in the State 75 years
(or U. S. of City or County) (Years) (Months)

Place of Death St. Francis Hospital

Cause of Death Lobar Pneumonia

Contributory Causes.....

Certifying Physician Dr. Straight Jr.
(or Coroner)

His Address St. Francis Hosp.

Name of Father Jennis O'Donnell

His Birthplace Ireland

Maiden Name of Mother Hanna Boyle

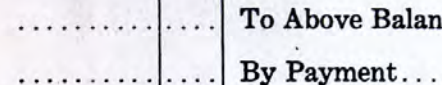
Her Birthplace U.S.A.

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	\$ 290 00
Casket	
Outside Box	
Burial Vault	
Embalming Body	
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
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	
Sales Tax	
Total Footing of Bill	\$ 352 92
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

Total No. 1495 Yearly No. 85 Date Nov 6 1942

Name of Deceased Agnes Clifford (Single - Married - Divorce) W (What Race) Pa (Where Born)

Residence of Deceased 1015 Epiphany St Husband—Wife—Widow— } or..... of }

Charge to Bishop Hugh C. Boyle Complete Funeral \$ 200.00

Address..... Casket.....

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

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

Occupation of Deceased..... Embalming Body..... (Name of Embalmer)

Name of Employer..... Lady Attendant.....

Address..... Barber, \$..... Hair Dressing, \$.....

Date of Death Nov 6 1942 5:15 PM Dressing Body, \$..... Underwear, \$.....

Date of Birth April 28 1867 Suit or Dress \$..... Slippers \$..... Hose \$.....

Age 75 6 6 (Years) (Months) (Days) Folding Chairs, \$..... Tarpaulin, \$.....

Date of Funeral Nov 10 1942 10 M. Candelabrum, \$..... Candles, \$.....

Services at Epiphany Door Spray, \$..... Gloves, \$.....

Clergyman St. Bleasnell Funeral Car, \$..... Ambulance, \$.....

His Address..... Limousines to Cemetery @ \$.....

Religion of the Deceased Cath Autos to R. R. Station @ \$.....

Resided in the State..... Getting Remains from.....

Place of Death St. Francis Hosp Taking Remains to.....

Cause of Death Broncho Pneumonia Trip to Coroner's Inquest.....

Contributory Causes arteriosclerotic heart disease Delivering Box to.....

Certifying Physician R. P. Blank Deliver Flowers to.....

His Address..... Removal Charges.....

Name of Father Daniel Clifford Procuring Burial Permit..... (State Number and District)

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

Maiden Name of Mother Elizabeth Dullin Pall Bearer Service, \$..... Use of Chapel, \$.....

Her Birthplace Pa Personal Service.....

Motor } Remains to.....

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

Manufactured by.....

Interment at St. Josephs Cem { Bonnallville Pa Cemetery } { St. Josephs Crematory }

Lot No.....

Grave No.....

Section No.....

Owner.....

Diagram of Lot or Vault

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb..... 23.00

Lining Grave, \$..... Lowering Device, \$.....

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.....

Complete Funeral	\$ 200.00
Casket	
Outside Box	(State Kind)
Burial Vault	(State Kind)
Embalming Body	(Name of Embalmer)
Lady Attendant	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress \$	Slippers \$
Folding Chairs, \$	Hose \$
Candelabrum, \$	Tarpaulin, \$
Door Spray, \$	Candles, \$
Funeral Car, \$	Gloves, \$
Limousines to Cemetery	@ \$
Ambulance, \$	
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver 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, \$	Use of Chapel, \$
Personal Service	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
line Death Notices in	Papers
(Names of Newspapers)	
Flowers, \$	Palms, \$
Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	<u>23.00</u>
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	<u>10.00</u>
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Sales Tax	
Total Footing of Bill	\$ <u>233.00</u>
Less	\$
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

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

Address.....

RECORD OF FUNERAL

Total No. 1496 Yearly No. 86 Date 10-20-42 1942

Name of Deceased Owan Robert Lutz (Single - Married - Divorced) W. (What Race) Hayworth, Ill. (Where Born)

Residence of Deceased 36 Fernando St. Husband—Wife—Widow— } or of }

Charge to Complete Funeral \$ 165.00

Address Casket Outside Box (State Kind)

Order given by (or informant) Burial Vault (State Kind)

How Secured Embalming Body (Name of Embalmer)

Occupation of Deceased Lady Attendant Barber, \$ Hair Dressing, \$

Name of Employer Dressing Body, \$ Underwear, \$

Address Suit or Dress \$ Slippers \$ Hose \$ 15.00

Date of Death 10-20-42 (Date) (Hour) Folding Chairs, \$ Tarpaulin, \$

Date of Birth JAN. 28, 1884 (Date) (Hour) Candelabrum, \$ Candles, \$

Age 58 8 22 (Years) (Months) (Days) Door Spray, \$ Gloves, \$

Date of Funeral Funeral Car, \$ Ambulance, \$

Services at Bloomington, Ill. Limousines to Cemetery @ \$

Clergyman Autos to R. R. Station @ \$

His Address Getting Remains from

Religion of the Deceased Taking Remains to

Resided in the State About 20 Years (or U. S. or City or County) (Years) (Months) Trip to Coroner's Inquest

Place of Death Delivering Box to

Cause of Death Cerebral Hemorrhage Deliver Flowers to

Contributory Causes Removal Charges

Certifying Physician Wm. Mullins (or Coroner) Procuring Burial Permit (State Number and District)

His Address Mercy Hospital Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Name of Father Wm. Lutz Pall Bearer Service, \$ Use of Chapel, \$

His Birthplace Circin, Ohio Personal Service

Maiden Name of Mother Laura Beach Gross Total for Sales Tax \$

Her Birthplace Randolph, Illinois Outlay for Lot Cremation

Motor Ship } Remains to Bloomington, Ill. line Death Notices in Papers

Size and Style of Casket (State Color) Flowers, \$ Palms, \$ Matting, \$

Manufactured by Rental of Tent, \$ of Temporary Vault, \$

Interment at Bloomington, Ill. { Cemetery Crematory Opening of Grave or Tomb

Lot No. Lining Grave, \$ Lowering Device, \$

Grave No. Outlay for Shipping Charges

Section No. Clergyman, \$ Singers, \$ Organist, \$

Owner Railroad or Motor } Tickets, \$ Aero-plane Service, \$ 36.80

Telegr., Phone, Cable or Radio Charges

Cash Advanced Out of town Undertaker's Charges now paid in full

Sales Tax Total Footing of Bill \$ 216.80

Less \$ 16.80

Balance \$ 200.00

Entered into Ledger, page or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

