McAVOY FUNERAL HOME

VOLUME 9

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS
1952 - 1955

...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 recording funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to enter 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 Undertakers' 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. Such items as date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up exactly and correctly in every case.

The two clauses, "Order given by," and "How secured," are important. They will assist you 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 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, among others.

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.

Bound Books (Indexed):

150 Page	No. 4150
200 "	No. 4200
300 "	No. 4300
450 "	No. 4450
500 "	No. 4500
600 "	No. 4600
1000 "	No. 5000

Loose-Leaf Form:

Binder, Heavy, metal re-inforced black leatherette	No. 4800
Binder, Gray cloth	No. 4803
Binder, Gray cloth (transfer)	No. 4810
Index, indestructible, red leatherette tabbed	No. 4801
Index, cloth tabbed	No. 4804
Funeral Record sheets, entries as for Bound Books, per 100	**No. 4802**
Funeral Record sheets, 100 to the pad	**No. 4805**
Pocket Memo note book (not indexed)	No. 4050

☞ *See Rules on "Funeral Ethics" on Next Page*

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F. J. FEINEMAN
St. Louis, Mo.

FUNERAL ETHICS

Details of funeral work may vary slightly in different communities, but the following rules of FUNERAL ETIQUETTE apply generally. While the Funeral Directors are conversant with matters pertaining to well conducted funerals, the suggestions set forth herein cannot fail to prove of interest and value and perhaps reveal points worthy of close observance.

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

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

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

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of 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 promoters financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But you yourslf had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security 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 arrangement, and then note same into your Funeral Record Book. Also be careful that you have the correct spelling of name of the deceased for the newspapers, etc. A memorandum sheet of the "AMERICAN" Funeral Record will assist you greatly in these functions.

Further take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete record, your patrons will see for themselves 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". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

At the Funeral the Funeral Director should dress in a dark, preferably black suit, and should wear a black necktie; but in summer he may wear an all white suit if he prefers.

Use Badge consisting of delicate flowers or smilax with lavender or gray ribbon on the door, instead of the antiquated crepe.

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

In some cases use Matting, and possibly a Tent, at the cemetery to keep off rain or intense sunlight. The bereaved will often appreciate such suggestion. Lining with evergreen helps very materially to make a grave seem less distressing during interment.

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: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners Automobile and automobiles 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 positon over the heart). Poppies may be placed on the Flag but no other flowers. In procession in which flags are carried, the **NATIONAL FLAG** must always be carried to the right of all other flags, and in change of formation it must never be crossed with other flags.

Where the deceased is buried without any religious service, or where the mourners are unable to engage the services of a clergyman, the Undertaker may officiate and offer the prayer. Stillborns are buried by the undertaker alone; it is unusual that any of the family attend the interment.

If remains are to be shipped, depart from the house, the funeral parlor or the church in time to reach the depot at least one hour before train time.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible. Perhaps best is between two open windows, with the shades drawn down as far as needed; use a bleacher frequently over face and hands of the deceased. Where death resulted from a contagious disease, follow State regulations.

While the chief mourners are turning from the grave and the friends ar still there, it is fitiing that the Funeral Director, in behalf of the family, say a few words to their friends, expressing appreciation for their floral offerings and for their sympathy.

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 need of your service. This is the best method of advertising which an Undertaker can employ, and is the stepping stone for sure success.

THE PUBLISHER.

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RECORD OF FUNERAL

Total No. 24.53 Yearly No. 12 Date of Entry Feb. 13 19 52

Name of Deceased (Stillborn) Infant Bonomo 2h

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1019 Overhoe Street ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Richard Bonomo

Address 1019 Overhoe Street

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Feb. 13, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 13, 1952 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

~~Services at~~ St. Peter's Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Prematurity

Contributory Causes Preeclampsia

.....

Certifying Physician Dr. J. Carroll (or Coroner)

His Address Mercy Hospital

Name of Father Richard Bonomo

His Birthplace Pittsburgh

Maiden Name of Mother Julia Branchini

Her Birthplace Pittsburgh, Pa.

Date of Funeral Feb. 15, 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket Professional Services	15	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	10	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers ..... (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill Feb. 19, 1952 ..... $	25	00
Less ..... $		
Balance ..... $		

Per .....

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

Miscellaneous .....

.....

.....

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 .....

Revised by W. W. Peineman, Long Beach, California

2

RECORD OF FUNERAL

Total No. 2474 Yearly No. 13 Date of Entry Feb. 28 19 52

Name of Deceased Jesse Mells Hilson Jr.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1603 Watson Street ☐Husband ☐Wife ☐Widow of Ida Comick Age of Husband or Wife (if living) Years

Charge to Mrs Ida Hilson

Address 1603 Watson Street

~~Order given by~~ Mrs Mildred Hilson (or informant)

How Secured P.O. Box 23 - center St - Carnegie Pa.

If Veteran, Name of War U.S. #2 - US Navy

Occupation LABORER 174-07-1129 (Social Security Number)

Employer and Address CONSTRUCTION

Date of Death Feb 28 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 7 1907 Age 45 (Mo.) 1 (Day) 21 (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Parks (Address)

Religion of the Deceased Protestant

Birthplace Aliquippa Penna

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

Place of Death On Construction Job. Found Pronounced Dead Parkway - Rt 22 - Pa

Cause of Death: Coronary Occlusion

Contributory Causes

Certifying Physician Hon D McClelland Coroner (or Coroner)

His Address: Allegheny Co

Name of Father William Hilson

His Birthplace

Maiden Name of Mother Martha Keefer

Her Birthplace

Date of Funeral Mar 3 1952 (Date) (Day of Week) 2 P.M. (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } South Side Cemetery (Soldiers Plot)

Diagram of Lot or Vault

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

Miscellaneous

Complete Funeral (except outlays)	$	
Casket. Professional Services	715	00
Burial Vault or Box (State Kind)	110	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 3 Papers (Names of Newspapers)	10	80
Burial 913 55.01K		
Sales Tax		
Total Footing of Bill	$ 838	80
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
V.S. Govt.	By Payment Mar 19 1952	$ 150 00	$ 688 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.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2475 Yearly No. 14 Date of Entry Feb. 29 1952

Name of Deceased Margaret Sullivan (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 205 Fourth Ave. Scottsdale Ariz. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) 100 Years

Charge to Miss Marguerite Hickey

Address 205 Fourth Avenue Scottsdale

Order given by Mrs Theresa Powers (or informant)

How Secured 3436 Cleveland St.

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Feb. 29. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 205 Fourth Ave. Scottsdale Ariz.

Cause of Death Congestive Heart Failure

Contributory Causes Arteria sclerosis

.....

Certifying Physician Dr. F. R. Pissula (or Coroner)

His Address .....

Name of Father Patrick Powers

His Birthplace .....

Maiden Name of Mother Hannah Kearney

Her Birthplace .....

Date of Funeral Mar. 4. 1952 10 A. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ~~Professional Services Only~~	675	00
Burial Vault or Box Cem. (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	32	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Scottsdale	30	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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	65	00
Cremation		
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, $	27	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers	12	00
EDW. J. MCAVOY (Names of Newspapers)		
Killed		
Sales Tax		
Total Footing of Bill ..... $	941	50
Less ..... $		
Per ..... Balance ..... $		

PAID Mar 7 1952

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2476 Yearly No. 15 Date of Entry Mar. 4 19 52

Name of Deceased Caroline Nicotra 74
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1826 Parker Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) 100 Years

Charge to Dr. E. A. Nicotra

Address 1826 Parker Street

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar. 4 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 8 1883 Age 68 - 2 - 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Fr. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death St. Francis Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Cerebral arterio sclerosis

Certifying Physician Dr. Geo. J. Knight Jr. (or Coroner)

His Address 121 University Place

Name of Father John Palma

His Birthplace Italy

Maiden Name of Mother Theresa Coretta

Her Birthplace Italy

Date of Funeral Mar. 8 1952 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket Professional Services	955 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	3 50
Suit or Dress (State Kind and Color)	27 00
Slippers, $ ..... Hose, $	3 75
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb. etc.	45 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	50 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 6 Papers	21 00
April 7 1952 (Names of Newspapers)	
Paid Mar. 4 1952 Paul McAvoll	
Sales Tax	
Total Footing of Bill	$ 135 25
Less	$
Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous	

EDW. J. McAVOY Co. Mar 4 1952

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 24777 Yearly No. 16 Date of Entry Mar. 13 19 52

Name of Deceased Joseph F. Bauer Jr. Age 26 (What Race)

☑ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 426 Ashby St. ☐Husband ☐Wife ☐Widow of Anna Howat Age of Husband or Wife (if living) Years

Charge to Mrs. Anna Bauer

Address 5047 Longan Ave. Lincoln Place (LOUGEAN)

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 174-03-2309 (Social Security Number)

Employer and Address

Date of Death Mar. 13, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 18 1917 Age 39 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Angels Church

Clergyman M. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Brownsville Twp. Pa.

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

Place of Death 426 Ashby St. Hosp.

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Hans O. McClelland (or Coroner)

His Address Coroner - Allg. Co.

Name of Father Joseph Bauer

His Birthplace

Maiden Name of Mother Evelina Dancy

Her Birthplace

Date of Funeral Mar. 15 1952 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Marys Cem. - Homestead Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Preparation Services	935	00
Burial Vault or Box (State Kind)	125	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	42	50
Slippers, $ Shirt etc. Hose, $	6	00
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	35	00
Cremation		
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, $	22	00
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Acknowledgement Cards	5	50
10 line Death Notices in 4 Papers (Names of Newspapers)	14	00
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Paid 4-2, 1953	$	1191 00
Less	$	
Balance	$	

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

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

Paid Apr 1 2252

6

RECORD OF FUNERAL

Total No. 2478 Yearly No. 17 Date of Entry Mar 23 19 52

Name of Deceased George Balliett

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 178 Barrows Street

☐ Husband ☐ Wife ☐ Widow of (What Race) Elizabeth McIntyre

Age of Husband or Wife (if living) ..... Years

Charge to Mr. Hoppel

Address 178 Barrows St

Order given by Mr. Hoppel (or informant)

How Secured Mrs. 1964

If Veteran, Name of War .....

Occupation Retired - Laborer (Social Security Number)

Employer and Address .....

Date of Death Mar 23 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 14 1874 (Mo.) (Day) (Yr.) Age 77 (Yrs.) 4 (Mos.) 9 (Days)

Services at Chapel

Clergyman Rev. Ryland (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death Mayview Hospital

Cause of Death Arteriosclerotic Cardia

Contributory Causes Vascular disease

Certifying Physician Mayview Hospital, M.D. (or Coroner)

His Address .....

Name of Father Edward Balliett

His Birthplace .....

Maiden Name of Mother Mary Frances Kimball

Her Birthplace .....

Date of Funeral Mar 26 1952 (Date) 11 A.M. (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner Mrs Mary Yagnich Estate

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		325 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		90 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in 1 ... Papers (Names of Newspapers)		4 80
Sales Tax		
Total Footing of Bill	$	419 80
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
5/10/52	By Payment	$346 50	$ 73 30		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 24.79 Yearly No. 18 Date of Entry Mar 30 19 52

Name of Deceased Anna V. Evans 24
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 35 Hooper Street ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Jack Beever

Address 35 Hooper St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Mar 30 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 9 1882 Age 69-11-21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Scranton, Pa. (Address)

Clergyman .....

Religion of the Deceased Protestant

Birthplace Pennsylvania

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

Place of Death Presbyterian Hospital

Cause of Death Coronary Occlusion

Contributory Causes Myocardial Infarct

.....

Certifying Physician Dr. W. H. Bell (or Coroner)

His Address Presbyterian Hospital

Name of Father Jerome Moon

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral April 3 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to Scranton, Pa.

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

Manufactured by .....

Cemetery / Crematory } Scranton Pa.

Diagram of Lot or Vault

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

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket Professional Services	325	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	18	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
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 / ~~Motor~~ } Tickets, $ ..... Aeroplane Service, $	31	46
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
Billed to Hse		
Sales Tax		
Total Footing of Bill ..... $	375	96
Less ..... $		
Balance ..... $		

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2480 Yearly No. 19 Date of Entry April 2 1952

Name of Deceased Walter Graham (What Race) Negro

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1430 Fifth Ave. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Jennie Ford

Address 103 E. Montgomery Ave

Order given by Fa. 1-4-52 (or informant)

How Secured Mrs Pearl Hoban 2347 Brunswick Place

If Veteran, Name of War W.W. #1

Occupation Furniture Mover (Social Security Number)

Employer and Address

Date of Death April 2, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Jack Munyan (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death Mendville Hospital

Cause of Death Pneumonia

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Wm Graham

His Birthplace

Maiden Name of Mother Margaret Coburn

Her Birthplace

Date of Funeral Apr. 5, 1952 (Date) (Day of Week) 2 P.M. (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } I.O.O.F. Cemetery

Diagram of Lot or Vault

Lot No. 8

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		625 00
Burial Vault or Box (State Kind)		40 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Ete. (State Kind and Color)		42 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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 (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 line Death Notices in ..... Papers (Names of Newspapers)		12 00
Hospital Charges		54 00
Sales Tax		
Total Footing of Bill	$	786 50
Less ED W. J. McAVOY	$	
Balance	$	

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

Miscellaneous

PAID Oct 14, 1952 Per

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May 28, 1952	By Payment Mrs Ford	$ 212 00	$		By Payment	$	$
June 4	" " Mrs Hoban	$ 212 00	$		" "	$	$
	" "	$	$		" "	$	$
Oct 14, 1952	" "	$ 150 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2461 Yearly No. 20 Date of Entry April 2 1952

Name of Deceased Joseph F. Murphy

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1820 300 Sandusky St. ☐Husband ☐Wife ☐Widow of) Age of Husband or Wife (if living) Years

Charge to Mrs. David J. Ryan

Address 1820 Cliff Street

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Unemployed (Social Security Number)

Employer and Address

Date of Death Apr. 2 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 21 1892 Age 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1820 Cliff Street

Cause of Death Gunshot wound of

Contributory Causes Feeble - white

temporarily insane

Certifying Physician Thos. S. McClelland (or Coroner)

His Address Conner - Alley Co.

Name of Father Joseph Murphy

His Birthplace

Maiden Name of Mother Mary Blaney

Her Birthplace

Date of Funeral Apr. 5 1952 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary

MURPHY—Suddenly on Wednesday, April 2, 1952, Joseph F., brother of Mrs. David J. Ryan. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Requiem high mass at St. Brigids Church at 9 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	100 00
Casket Professional Services		600 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $ Sweat		3 00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $		20 00
Railroad / Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
7 line Death Notices in 4 Papers		11 20
Billed $ (Name of Newspaper) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill May 6 1952	$	725 20
Less	$	
Per Balance	$	

PAID

Entered into Ledger, page or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2482 Yearly No. 21 Date of Entry Apr. 4 1952

Name of Deceased Walter V. Schuster 71
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1632 Watson Street ☐Husband ☐Wife ☐Widow of Catherine

Age of Husband or Wife (if living) 75 Years

Charge to: Mrs. Mayme Miller

Address: 1325 Fifth Ave, Pgh. Pa.

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Contractor (Social Security Number)

Employer and Address

Date of Death Apr. 4. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 93 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace St. Joseph Missouri

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

Place of Death Presbyterian Hospital

Cause of Death Arteriosclerosis Obliterans

Contributory Causes with gangrene both feet

Certifying Physician Dr. J. Patterson (or Coroner)

His Address Presbyterian Hospital

Name of Father George J. Schuster

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Apr. 8, 1952 (Date) (Day of Week) 10:00 (Hour) A.M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory St. Mary's Cem. Shrewsbury

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	325	00
Burial Vault or Box Ans Prof Vault (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Chgs	50	00
Cremation		
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, $	12	00
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 432	00
Less Apr 6, 1952	$	
Balance	$	

EDW. J. McAVOY

Entered in to Ledger, page 7 M or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2483 Yearly No. 22 Date of Entry Apr. 5 1952

Name of Deceased Anna K. Starkey (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1933 Foster Street

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lucile Morin

Address 310 Allegheny St. Pgh. 19, Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Topper 170-01-4574 (Social Security Number)

Employer and Address Prof. Factory

Date of Death Apr. 5, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 16, 1893 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Suburban Gen. Hospital

Cause of Death Carcinoma, peritoneal

Contributory Causes Carcinoma of rectum

.....

Certifying Physician Dr. D. A. Unger (or Coroner)

His Address Dr. 2114 Jenkins Arcade, Pgh. Pa.

Name of Father Sebastian Riegelman

His Birthplace .....

Maiden Name of Mother Anna Scheffler

Her Birthplace .....

Date of Funeral Apr. 8, 1952 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Row
Lot No. 15
Grave No. 6
Section No. 28
Block No. .....
Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 9 Professional	400	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ Etc. (State Kind and Color)	28	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Disc.	80	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
EDW. J. MCAVOY		
P. line Death Notices in ~~N. Y.~~ Papers	14	40
(Names of Newspapers)		
Stock Apr. 8, 1952		
Sales Tax		
Total Footing of Bill	$	522	40
Less	$	
Balance	$	

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

12

RECORD OF FUNERAL

Total No. 2484 Yearly No. 23 Date of Entry April 11 1952

Name of Deceased Anna Mason 71 (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1321 Clark Street ☐Husband ☐Wife ☐Widow of Joseph Age of Husband or Wife (if living) ..... Years

Charge to: Anna Thomas

Address 1321 Clark Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death April 11 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 68 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna Maronite

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death Mercy Hospital

Cause of Death Endocarditis Acute

Contributory Causes Hypertension C. V. Disease

Certifying Physician Dr. John A. Shaver (or Coroner)

His Address: Mercy Hospital

Name of Father Gabriel Byrnes

His Birthplace Lebanon

Maiden Name of Mother Nadir

Her Birthplace Lebanon

Date of Funeral Apr 15 1952 (Date) 4 (Day of Week) 2:00 P.M. (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 100	00
Casket 2 Professional Services	85	00
Burial Vault or Box (State Kind)	110	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	24	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Flower Car	18	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $	35	00
Opening of Grave or Tomb	65	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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in 4 .... Papers	12	60
(Names of Newspapers) Carbo - McGuggan	3	50
Sales Tax EDW. J. McAVOY		
Total Funeral Bill	$ 1132	60
Less PAID June 12 1952	$ 1114	50
Balance	$	
Entered into Ledger page ..... or below.	1118	10
Miscellaneous		

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2485 Yearly No. 24 Date of Entry Apr. 27 1952

Name of Deceased John Henry Waters (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 224 E. Maiden St. Washington Pa ☐ Husband ☐ Wife ☐ Widow or ..... of Mary Anne Age of Husband or Wife (if living) 75 Years

Charge to Mrs. Mary Waters

Address 1319 Locust Street Pgh 19 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Bartender - 174-01-8072A (Social Security Number)

Employer and Address .....

Date of Death Apr. 27, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 15, 1883 Age 68-6-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel (465 Southern Ave.) (Address)

Clergyman Rev. Klingman

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death U.O.A. Ohio Valley Gen. Hospital

Cause of Death Coronary Thrombosis

Contributory Causes .....

.....

Certifying Physician Coroner (or Coroner)

His Address .....

Name of Father John H. Waters

His Birthplace Beaver Pa.

Maiden Name of Mother Belle Dowds

Her Birthplace E. Liverpool City Pa.

Date of Funeral May 1 1952 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Kepner Funeral Home

1308 Chapline St. Wheeling W. Va.

Complete Funeral (except outlays)	$	
Casket 2 Professional Service	645	00
Burial Vault or Box Cave Prof. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Wheeling	35	00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	2	00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Chgs	126	50
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges	46	50
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)	12	80
SS. O.K.		
Sales Tax		
Total Footing of Bill $	907	80
Less $	907	80
Balance $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

EDW. J. McAVOY

PAID July 25 1952 By E. J. M.

Date		Amount Paid	Balance
	To Above Balance		$
June 27 1952	By Payment Bartender June 1952	$ 700 00	$ 207 80
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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 .....

Revised by W. W. Feineman, Long Beach, California

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 3 52
Serial No. 377

CERTIFICATE OF DEATH

State File No.

1. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Henry	c. (Last) Waters	2. DATE OF DEATH (Month) Apr.	(Day) 27	(Year) 52

3. PLACE OF DEATH a. COUNTY Ohio		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE W. Va.	b. COUNTY Ohio
b. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Wheeling	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give district) Wheeling	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ohio Valley General		d. STREET ADDRESS (If rural, give location) Washington, Pa.	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16, 1884	9. AGE (In years) 67	If under 1 year: Months 6 / If under 24 hrs: Days / Hours / Min 11

10. USUAL OCCUPATION Bartender	10a. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Beaver Pa.	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John H. Waters	14. MOTHER'S MAIDEN NAME Belle Douds Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY No.	17. INFORMANT Edward Waters

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		Interval Between Onset and Death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CORONARY THROMBOSIS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) Wheeling	(COUNTY) Ohio	(STATE) W. Va.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐	21f. HOW DID INJURY OCCUR?	21g. INQUEST Yes ☐ No ☐

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward A. Duggan Coroner	23b. ADDRESS Wheeling, W. Va.	23c. DATE SIGNED 4/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Pittsburg, Pa.	24d. EMBALMERS SIGNATURE Lester E. Archer — Lic. No. 750
DATE REC'D BY LOCAL REG. 4/28/52	REGISTRAR'S SIGNATURE Emma B. Carson	25. FUNERAL DIRECTORS (Signature) Lester E. Archer, Kepner Funeral Home	Lic. No. 189

VS—00A (3-31-49) FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

I hereby certify that the above is a true photostatic (photographic) copy of a record filed with the Division of Vital Statistics of the State of West Virginia on

April 28, 1952

Witness my hand and seal this 19th day of May 1952

Earl L. Engle

State Registrar of Vital Statistics

By C. Faye Adkins

Certification Clerk

14

RECORD OF FUNERAL

Total No. 2486 Yearly No. 25 Date of Entry Apr. 29 1952.

Name of Deceased Sister M. Demetrea - Sarah Connell Age 74 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Mercy Hospital ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address.....

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

How Secured:.....

If Veteran, Name of War.....

Occupation Sis Religion (Teacher) (Social Security Number)

Employer and Address.....

Date of Death Apr. 29 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 2 1878 Age 73-2-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Altoona, Pa.

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

Place of Death Mercy Hospital

Cause of Death Carcinoma of Lung

Contributory Causes.....

.....

Certifying Physician Dr. John C. Shaner (or Coroner)

His Address: Mercy Hospital

Name of Father Edward Connell

His Birthplace Ireland

Maiden Name of Mother Mary Clark

Her Birthplace Ireland

Date of Funeral May 2 1952 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

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

Manufactured by.....

Cemetery / Crematory } St. Xaviers Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$ 150	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in 2 Papers		
EDW. J. McAVOY		
PAID June 17, 1952		
Sales Tax		
Total Footing of Bill	$ 150	00
Less	$	
Per ..... Balance	$	

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

Miscellaneous.....

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.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 24.87 Yearly No. 26 Date of Entry April 29 1952

Name of Deceased Infant Schultz (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 619 S. Aiken Ave. ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years

Charge to Miss Zoeda Owens

Address 3105 Homer Ave - Pgh. 34. Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Apr. 29. 1952 8:00 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 27. 1952 Age 2 days (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death West Penn Hospital

Cause of Death Prematurity 7½ mos

Contributory Causes

Certifying Physician P. J. Mango / A. S. Van Kirk (or Coroner)

His Address West Penn Hospital

Name of Father Robert P. Schultz

His Birthplace

Maiden Name of Mother Johanna Rapp

Her Birthplace

Date of Funeral May 2 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	20	00
Casket		
Burial Vault or Box		
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress		
(State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Chge	10	00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers		
(Names of Newspapers)		
Sales Tax May 2 1952		
Total Footing of Bill $	30	00
Less ... $		
Per G.M. Balance $		

EDW. J. MAVOY PAID

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2488 Yearly No. 27 Date of Entry April 30 1952

Name of Deceased Frank A. Madden Jr. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 120 Washington St

☐ Husband ☐ Wife ☐ Widow } of Alice Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Alice Madden

Address: 120 Washington St

Order given by: Thomas R. Madden (or informant)

How Secured: 405 Rose St. Pgh. 35 Pa.

If Veteran, Name of War

Occupation Candy Maker 174-03-0664 (Social Security Number)

Employer and Address Reymer & Bros

Date of Death Apr. 30 1952 7 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 17 1891 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. Geo. V. Knowles (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick Madden

His Birthplace

Maiden Name of Mother Winifred Walsh

Her Birthplace

Date of Funeral May 3 1952 9 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Services		400 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ Shirt Underwear, $		2 50
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		60 00
Cremation		
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 / Motor Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers ✓		16 00
(Names of Newspapers)		
EDW. J. McCAVOY		
Sales Tax		
Total Footing of Bill	$	479 50
Less May 16, 1952 PAID	$	
Balance	$	
Entered into Ledger, page 6 or below		

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2469 Yearly No. 28 Date of Entry May 4 1952

Name of Deceased Lenas Cevenick (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5 Marion Street

☐ Husband ☐ Wife ☐ Widow } of Michael Age of Husband or Wife (if living) Years

Charge to Michael Cevenick

Address 5 Marion Street

Order given by Co. 16491 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 4 1952 3:50 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 20 1884 Age 67 7 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Zyphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death Magee Hospital

Cause of Death Uremia

Contributory Causes Renal Nephrosclerosis

Certifying Physician Dr. C. McClenahan (or Coroner)

His Address Magee Hospital

Name of Father George Carchecks

His Birthplace

Maiden Name of Mother Mary

Her Birthplace

Date of Funeral May 7 1952 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No. 24

Section No. 28

Block No. 15 Row

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket P. G. S. Metal	890 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	5 50
Suit or Dress (State Kind and Color)	34 00
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Church	16 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Chgs	95 00
Cremation	
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, $	27 00
Railroad / Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 3 Papers	12 00
(Names of Newspapers)	
EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill	$ 1080 50
Less	$
Balance	$

PAID May 26 1952

Entered into Ledger, page 6 or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance	$	$
May 23	By Payment	$ 920 65	$
	" Dues	$ 39 15	$ 120 00
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2490 Yearly No. 29 Date of Entry May 7 1952

Name of Deceased William P. Egan (What Race)

☐ Married ☐ Single ☒ Widowed ☒ Divorced

Residence 30 Cuba Street

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) 65.00 Years

Charge to William Egan

Address 5990 Centre Ave. Pgh. 6. Pa.

Order given by Mrs. Agnes Egan (or Informant)

How Secured 2830 24 Liberty Ave

If Veteran, Name of War ..... Pgh. 16. Pa.

Occupation Retired P. Mastener (Social Security Number)

Employer and Address .....

Date of Death May 7. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 15. 1870 Age 82 - 3 - 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Pneumonia following burns & body due to bed clothing

Contributory Causes Catching fire from gas stove

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Coroner Allg. Co.

Name of Father William P. Egan

His Birthplace Ireland

Maiden Name of Mother Elizabeth Delaney

Her Birthplace Ireland

Date of Funeral May 10. 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cem.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	400	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot	60	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 lines Death Notice in 2 Papers (Name of Newspaper)	15	20
Aug 5, 1952		
Sales Tax		
Total Footing of Bill	$	487 20
Less ... Per Jim	$	
Balance	$	
Entered into Ledger, page ..... or below.		

EDW. J. McAVOY

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$290 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2491 Yearly No. 30 Date of Entry May 16 1952

Name of Deceased Infant Timothy Brackmaier (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 522 Bellaire Ave.

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Raymond Brackmaier

Address 522 Bellaire Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 16, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15, 1952 Age 1 1/2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Atelectasis - 6 mos.

Contributory Causes. premature

.....

Certifying Physician Dr. J. A. Schneider (or Coroner)

His Address Mercy Hospital

Name of Father Raymond Brackmaier

His Birthplace .....

Maiden Name of Mother Sleem Yasser

Her Birthplace .....

Date of Funeral May 17, 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		25 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		50
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2492 Yearly No. 31 Date of Entry May 19 1957

Name of Deceased Stillborn H. Lueler (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence H.6.2 Robinson Court Rph. 13 R. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Harry E. H. Lueler

Address H.6.2 Robinson Court

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

How Secured .....

If Veteran, Name of War .....

Occupation Nurse (Social Security Number)

Employer and Address .....

Date of Death May 19 1957 6:38 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 19 1957 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman .....

Religion of the Deceased Protestant (Address)

Birthplace Pittsburgh, Pa.

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

Place of Death Shadyside Hospital

Cause of Death Premature Separation

Contributory Causes of Placenta

.....

Certifying Physician Warren B. Shepard (or Coroner)

His Address 5230 Centre Ave.

Name of Father Harry E. Wheeler

His Birthplace .....

Maiden Name of Mother Hilda Bage

Her Birthplace .....

Date of Funeral May 20 1957 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Smithfield Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket		15 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		35 00
Cremation		
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 Funeral Director's Charges		
Personal Service E.W. J. McAVOY		
.... line Death Notices in ..... Papers		
July 31, 1957 (Names of Newspapers) PAID		
Sales Tax Per		
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2493 Yearly No. 32 Date of Entry May 20 1957

Name of Deceased Isabel Shepperson - (Sr. M. Hildes) 84
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Mercy Hospital ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Sisters of Mercy

Address

Order given by Sr. M. Seraphina (or informant)

How Secured

If Veteran, Name of War

Occupation Teacher (Social Security Number)

Employer and Address

Date of Death May 20 1957 2:30 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 23 1867 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Danville, Pa.

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 Arterio-sclerosis

Certifying Physician Dr. E. St. Jas. Horst (or Coroner)

His Address Mercy Hospital

Name of Father William Shepperson

His Birthplace Nottingham, England

Maiden Name of Mother Mary Neale

Her Birthplace Ashbey England

Date of Funeral May 23, 1957 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Mawers

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 150	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 150	00
Less	$	
Balance	$	

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

EDW. J. MCAVOY
PAID
June 16, 1957
By M.A.L.

Miscellaneous

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2494 Yearly No. 33 Date of Entry May 20 1952

Name of Deceased William D. Griffith (What Race) Jr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 8 Maurice Street

☐Husband ☐Wife ☐Widow or ..... of } Catherine Griffin Age of Husband or Wife (if living) ..... Years

Charge to Mrs Catherine Griffith

Address 8 Maurice Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Truck Driver 208-10-1311 (Social Security Number)

Employer and Address .....

Date of Death May (Mo.) 29 (Day) 1952 (Yr.) 5:20 P.M. (Hour)

Date of Birth May (Mo.) 31 (Day) 1907 (Yr.) Age 44 (Yrs.) (Mos.) (Days)

Services at 1021 Edna Street

Clergyman Rev. Trout (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

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

Place of Death D.O.P. Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland Cor. (or Coroner)

His Address: .....

Name of Father Charles Griffith

His Birthplace .....

Maiden Name of Mother Sallie Haney

Her Birthplace .....

Date of Funeral May 24 1952 (Date) 2P.M. (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Oakland Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) $		
Casket. Ext. Ord. Services	365	00
Burial Vault or Box (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charges	100	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers SS-OK (Names of Newspapers)	6	40
Sales Tax		
Total Footing of Bill $	517	40
Less $		
Balance $		

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May 27	By Payment	$200 00	$ 317 40		By Payment	$	$
July 3	" "	$ 25 00	$ 292 40		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 24.95 Yearly No. 34 Date of Entry May 23 19 52

Name of Deceased John J. Gratton Sex

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 1094 Creedmoor Ave ☐Husband ☐Wife ☐Widow or of Age of Husband or Wife (if living) Years

Charge to Mrs. Mary Gratton

Address Hon. J. Gratton

Order given by 1429 Merrick Ave (or informant)

How Secured Charge Estate of John J. Gratton

If Veteran, Name of War

Occupation Dispatcher 190-10-4919 (Social Security Number)

Employer and Address Yellow Cab Co.

Date of Death May 23 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 29 1904 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Resurrection Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1094 Creedmoor Ave.

Cause of Death Acute Massive Coronary

Contributory Causes Arteriosclerosis

Certifying Physician Wm. A. McClelland Coroner (or Coroner)

His Address

Name of Father Bernard C. Gratton

His Birthplace

Maiden Name of Mother Mary Morris

Her Birthplace England

Date of Funeral May 27 1952 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Calvary Cemetery

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

GRATTON—Suddenly, on Friday, May 23, 1952, John J., father of Lorraine; son of Mary Morris and the late Bernard C.; brother of William J., Bernard C. and Joseph A. Gratton. Funeral from the Frank F. De Bor Funeral Home, at 1066 Brookline Blvd., on Tuesday morning at 9:30. Solemn requiem high mass at the Church of the Resurrection at 10 o'clock. Teamsters Union Local 128 and friends invited.

HARDINA (Harding)—On Thurs- ay 22, [illegible] Bishop of 1846

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	760	00
Burial Vault or Box Cem. Prot. Vault (State Kind)	55	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	95	00
Cremation		
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, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 5 Papers (Names of Newspapers) SS-OK	22	25
Sales Tax		
Total Footing for Bill	$	939 25
Less PAID Sept. 11, 1952	$	
Balance	$	

EDW. J. MCAVOY

Entered into Ledger Page C-1 or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

24

RECORD OF FUNERAL

Total No. 2496 Yearly No. 35 Date of Entry May 26 1952

Name of Deceased Mary Brouch (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence

☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Frances Courtney

Address 209 Van Braam St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Waitress 206-18-0787 (Social Security Number)

Employer and Address

Date of Death May (Mo.) 26 (Day) 1952 (Yr.) (Hour)

Date of Birth (Mo.) (Day) Age (Yrs.) 63 (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death Cresson State Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes and Fatal Hemorrhage

Certifying Physician (or Coroner)

His Address Cresson State Hospital

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral May 29 1952 (Date) (Day of Week) 9A.M. (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

BROUCH—On Monday, May 26, 1952, Mary Torker, wife of the late Michael Brouch, mother of Mrs. Esther Bruder, Mrs. Frances Courtney, Frieda and Frank Brouch. Funeral from the Elachko Funeral Home, 2447 Dawson St. (corner of Semple St.), on Friday morning at 8:15. Requiem high mass at the Church of the Epiphany at 9 o'clock.

BURGER

Lot No. Row 15

Grave No. 38

Section No. 28

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Professional Services		365 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress etc (State Kind and Color)		14 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Cresson Pa		45 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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		80 00
Cremation		
Flowers, $ 6 .... Palms, $ .... Matting, $		30 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10 .... Singers, $ .... Organist, $		12 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced EDW. J. McAVOY		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers		12 00
(Names of Newspapers)		
Bible Rec. June		
Sales Tax		
Total Footing of Bill	$	530 00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
May 30 1952	By Payment	$ 225 00	$
Nov 29 1952	" "	$ 100 00	$ 205 00
Jan 5 1953	" "	$ 205 00	$ -0-
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2497 Yearly No. 36 Date of Entry May 27 1952

Name of Deceased Della Conroy (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 4400 Spruce Street Phila Pa ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Estate of

Address

Order given by J. C. Joyce (informant)

How Secured 4618 Chester Ave, Phila Pa

If Veteran, Name of War

Occupation Housekeeper (Social Security Number)

Employer and Address

Date of Death May 27 1952 10:05 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death 4400 Spruce St. Phila. Pa.

Cause of Death Acute Coronary Occlusion

Contributory Causes Hypertension Cardio Vascular Disease

Certifying Physician Arthur L. Bolden M.D. (or Coroner)

His Address 4326 Spruce St. - Phila - Pa.

Name of Father Anthony Conroy

His Birthplace Ireland

Maiden Name of Mother Mary A'Toole

Her Birthplace Ireland

Date of Funeral May 31 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

John R. Campbell for Oliver H. Bair & Co.

Complete Funeral (except outlays)	$	
Casket ... Professional Service	935	00
Burial Vault or Box ... Vault (State Kind)	110	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	2	50
Suit or Dress (State Kind and Color)	27	00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... Cemetery Charges	75	00
Cremation		
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, $	20	00
Railroad / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges	183	55
Personal Service		
10 line Death Notices in ... 4 ... Papers (Names of Newspapers)	16	00
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Mon 9.1.1954	$	1376 05
Less	$	
Balance	$	

Per

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Peter Bash	To Above Balance		$		To Balance Forward		$
June 18 52	By Payment	$ 800 00	$ 576 05		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2498 Yearly No. 37 Date of Entry May 31 1952

Name of Deceased Mary J. Kerr (What Race) W

☒ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 11 Marion Street ☐Husband ☐Wife ☐Widow of George H. Age of Husband or Wife (if living) ..... Years

Charge to: George H. Kerr

Address 11 Marion Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 31 1952 2:10 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 26 1890 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Pennsa

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

Place of Death 11 Marion Street

Cause of Death Cerebral Hemorrhage

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner Allg. Co.

Name of Father Charles L. Stark

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral June 3 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to .....

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

Manufactured by .....

Cemetery / Crematory Allegheny

— On Saturday, May 31, [illegible], wife of George Kerr, services at the McAvoy Funeral Home, 1700 Forbes St., on afternoon at 2 o'clock. [illegible] 504 Lou-

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$
Casket + Professional Services	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
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, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
5 line Death Notices in 4 Papers (Names of Newspapers)	8 00
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 20 00	$
6/18	" "	$ 350 00	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 24.99 Yearly No. 38 Date of Entry June 2 19 52

Name of Deceased Stellbom Gianoutsos

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1718 Locust Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Thomas Gianoutsos

Address 1718 Locust Street

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death June 2 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 2 1952 Age Stellbom (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman .....

Religion of the Deceased Greek Catholic (Address)

Birthplace Pittsburgh Pa.

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

Place of Death Montefiore Hospital

Cause of Death Unknown - Monetrosity

Contributory Causes .....

.....

Certifying Physician Dr. H.J. Renegold (or Coroner)

His Address Montefiore Hospital

Name of Father Thomas Gianoutsos

His Birthplace Greece

Maiden Name of Mother Martha Poppas

Her Birthplace Pittsburgh Pa.

Date of Funeral June 3 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } H. Nicholas Greek Ass. Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 2 Professional Home		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	25 00
Less PAID June 2 1952 Per E.J.M.	$	
Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2500 Yearly No. 39 Date of Entry June 8 1957

Name of Deceased Infant McCagne (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 520 Rosslyn Place ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Dr. Ned McCagne

Address: Mercy Hospital Pgh. Pa.

Order given by: (or informant)

How Secured:

If Veteran, Name of War

Occupation: None (Social Security Number)

Employer and Address

Date of Death: June (Mo.) 8 (Day) 1957 (Yr.) 3:20 AM (Hour)

Date of Birth: June (Mo.) 7 (Day) 1957 (Yr.) Age ..... (Yrs.) ..... (Mos.) 1 Day (Days)

Services at

Clergyman (Address)

Religion of the Deceased: Catholic

Birthplace: Pittsburgh, Pa.

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

Place of Death: Mercy Hospital

Cause of Death: Bilateral Atelectasis

Contributory Causes: Anemia ruptured of membranes

Certifying Physician: Dr. R. A. Gillis (or Coroner)

His Address: Mercy Hospital

Name of Father: Ned McCagne

His Birthplace

Maiden Name of Mother: Josephine Walsh

Her Birthplace

Date of Funeral: June 11, 1957 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		15 00
Cremation		
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, $ ..... Aeroplane, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Per		
Sales Tax		
Total Footing of Bill	$	40 00
Less	$	
Balance	$	

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

Miscellaneous

EDW. J. MCAVOY
PAID
July 11, 1957

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2501 Yearly No. 40 Date of Entry June 10 19 52

Name of Deceased Lawrence H. Hilbert H.
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1605 Tustin Street ☐Husband ☐Wife ☐Widow of ... of ... Age of Husband or Wife (if living) ... Years

Charge to ...

Address ...

Order given by Rev. Thos. Heering (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation None (Social Security Number)

Employer and Address ...

Date of Death June 10 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 23 1951 (Mo.) (Day) (Yr.) Age 1 (Yrs.) 4 (Mos.) 17 (Days)

Services at ...

Clergyman ... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Congenital Heart disease

Contributory Causes Tetralogy of Fallot

Certifying Physician Dr. Norman Miller (or Coroner)

His Address 4080 Jenkins Arcade

Name of Father Andrew Hilbert

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Mabel Schrader

Her Birthplace Pittsburgh Pa.

Date of Funeral June 11 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to ...

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

Manufactured by ...

Cemetery Crematory } ...

Diagram of Lot or Vault

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

Miscellaneous ...

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot Rose grove	
Cremation	
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, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
... line Death Notices in ... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$

Entered into Ledger, page ... or below.

Miscellaneous ...

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

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.

Signed ...

Address ...

Witness ...

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2502 Yearly No. 41 Date of Entry June 18 1952

Name of Deceased Charles V. Heil 71
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of Margaret Bailey

Residence: 2015 Fifth Ave Age of Husband or Wife (if living) Years

Charge to: Mrs. Margaret Heil

Address 2015 Fifth Avenue

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Stationary Engineer 205-01-4665 (Social Security Number)

Employer and Address Model Cont. Apron & Towel Co.

Date of Death June 18 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 24 1887 Age 65-4-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Fincher 617 Penn Ave. (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death 2015 Fifth Ave

Cause of Death Cerebral Hemorrhage

Contributory Causes Senile Arteria sclerosis

Certifying Physician Dr. J. J. McCarthy (or Coroner)

His Address 2016 Fifth Avenue

Name of Father Conrad Heil

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral June 21 1952 1 P.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Homewood

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 550	00
Casket Professional Services	365	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges (Mandatory)	185	00
Cremation		
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, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers	1	20
Sales Tax		
Total Footing of Bill	$ 553	20
Less	$	
Per Balance	$	
Entered into Ledger, page or below.		

Miscellaneous

EDW. J. McAVOY
PAID
July 7, 1952

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Above Balance		$
	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

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2503 Yearly No. 42 Date of Entry June 22 19

Name of Deceased Calagero (CALAGERO) (Charles) La Mantia - Jr.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1620 Tustin Street ☐Husband ☐Wife ☐Widow or of Vera La Bianca Age of Husband or Wife (if living) 1100 Years

Charge to Thomas La Mantia

Address 4735 Doyle Road - Rfd 27 R.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Produce Man (Social Security Number)

Employer and Address

Date of Death June 22 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 22 1878 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Rev Costa (Address)

Religion of the Deceased Catholic

Birthplace Sicily

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

Place of Death Oakland Convalescent Home 327 N. Neville St.

Cause of Death Generalized Arteriosclerosis

Contributory Causes Cerebral Vascular Accident

Certifying Physician Dr. H. Bilder (or Coroner)

His Address 300 Melwood St.

Name of Father Augusto La Mantia

His Birthplace Italy

Maiden Name of Mother Rose La Mantia

Her Birthplace Italy

Date of Funeral June 26 1957 10:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary

Diagram of Lot or Vault

Lot No. Row 15

Grave No. 57

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Professional Bearers	935	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Chgs.	150	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 Singers, $ Organist, $	30	00
Railroad / or Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Remembrance Cards	5	00
11 line Death Notices in 4 Papers	17	60
EDW. J. McAVOY (Names of Newspapers)		
Sales Tax July 23, 1957		
Total Footing of Bill	$ 1138	60
Less	$	
Balance	$	

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

Miscellaneous

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

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.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2504 Yearly No. 43 Date of Entry June 23 19 52

Name of Deceased Samuel J. Amado (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1407 Hebalter Ave.

☐ Husband ☐ Wife ☐ Widow } of Elizabeth Amado
Age of Husband or Wife (if living) Years

Charge to: Estate of Sam J. Amado

Address: Morris J. Cohen - Att'y at Law

Order given by Jones Law Bldg. (or informant)

How Secured:

If Veteran, Name of War

Occupation Housekeeper 196-12-0397 (Social Security Number)

Employer and Address

Date of Death June 23 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 4M. 7Yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna Maronite

Clergyman Fr. Boaid (Address)

Religion of the Deceased Maronite

Birthplace Lebanon

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

Place of Death 1407 Hebalter Ave.

Cause of Death Angina Pectoris

Contributory Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner Alley Co.

Name of Father Habib Amado

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace Lebanon

Date of Funeral June 26 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Bronze	645	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	150	00
Cremation		
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 / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 5 Papers (Names of Newspapers)	20	00
Sales Tax Bill		
Total Footing of Bill June 13, 1953	$	816 00
Less	$	
Balance	$	

EDW. J. MCAVOY
PAID
June 13, 1953

Entered into Ledger Page or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2505 Yearly No. 47 Date of Entry June 25 1952

Name of Deceased Dennis Duffy (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 3259 Arlington Ave

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Wallace Duffy

Address 3259 Arlington Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death June 25 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 23 1948 Age 2-11-2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 3259 Arlington Ave

Cause of Death Electrocution due to

Contributory Causes coming in contact with live wire

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Allig Co

Name of Father Wallace Duffy

His Birthplace .....

Maiden Name of Mother Marian McKeyes

Her Birthplace .....

Date of Funeral June 28 1952 10A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Row 9

Lot No. .....

Grave No. 115

Section No. 8

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket 4. Professional Services	200	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery charges	15	00
Cremation		
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, $	12	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 line Death Notices in 2 Papers	6	40
(Names of Newspapers) EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill June 5 1952 ..... $	234	40
Less ..... $		
Per PAID Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

34

RECORD OF FUNERAL

Total No. 2506 Yearly No. 45 Date of Entry June 30 1952

Name of Deceased Clarence R. Miller (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1831 Fifth Avenue

☐ Husband ☐ Wife ☐ Widow } of Olive Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Olive Miller

Address 1831 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Steamfitter (Social Security Number)

Employer and Address .....

Date of Death June 30 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Runyon (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death 1616 Fifth Ave

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Dr. Wm. A. McClelland (or Coroner)

His Address Corner Alley Co.

Name of Father Conward Miller

His Birthplace .....

Maiden Name of Mother Margaret Thoms

Her Birthplace .....

Date of Funeral July 2, 1952 (Date) (Day of Week) 2 P.M. (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } South Side Cemetery

MILLER — Suddenly on Monday, June 30, 1952, Clarence R., husband of Olive Miller; father of Mrs. Irene Lieberman, Clarence and Robert Miller; brother of Mrs. Irene Wells, Mrs. Edna Bell, Lillian, Lonnie, Gustave and Elmer Miller. Funeral services at the McAvoy Funeral Home, 1700 Forbes St., on Wednesday afternoon at 2 o'clock.

MOONEY — On Sunday, June 29

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 4. Professional Service	675	00
Burial Vault or Box Sectional Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Chgs	60	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers	16	00
65-6K. (Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill July 30 1952	$	802 00
Less	$	
Per Balance	$	

PAID

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

Miscellaneous .....

.....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2507 Yearly No. 46 Date of Entry July 2 19 52

Name of Deceased Mary Closson Dunlap (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 42 Chatham Street ☐ Husband ☐ Wife ☐ Widow of John F. Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by Regina Dunlap (or informant)

How Secured 42 Chatham Street

If Veteran, Name of War .....

Occupation Information Clerk (Social Security Number)

Employer and Address Weather Bureau Federal Bldg

Date of Death July 2 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 15 1903 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Farpkey (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 42 Chatham Street

Cause of Death Carcinoma of Cervix

Contributory Causes Chronic Interstitial Nephritis

Certifying Physician Dr. Paul A. Murray (or Coroner)

His Address 4774 Liberty Ave

Name of Father David F. Dunlap

His Birthplace Mary A. Barry

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral July 5 1952 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 241

Grave No. 6

Section No. 1

Block No. .....

Owner Frank Dunlap

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 2 Professional Services	600	00
Burial Vault or Box Cave Proof Vault (State Kind)	42	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ ✓	3	00
Suit or Dress (State Kind and Color)	25	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge	60	00
Cremation		
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, $	27	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers (Names of Newspapers)	19	60
Willed 1935		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$	777 60
Less	$	
Balance Sept 2 V 1952	$	

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

Miscellaneous Per .....

Date		Amount Paid	Balance
1952	To Above Balance		$
Sept. 4	By Payment	$ 225 00	$ 552 60
" 9	" "	$ 124 20	$ 428 40
" 21	" "	$ 428 40	$ - 0 -
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

HVS-20109—12-50 -10

(Fee for this Certificate, $1.00)

N.B. Do not accept this Certified Copy unless the raised seal of the State Department of Health is affixed thereon.

No 112998

This to Certify that the following is a true and correct copy of a certificate of death filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed by Act 192 of the General Assembly, 1943, P. L. 414.

Sept 9. 1952
(Date)

Russell E. Teague M.D.
(Secretary of Health)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Primary Dist No. 0201-SV

File No.

Registered No. 4645

BIRTH NO.

1. PLACE OF DEATH
a. County Allegheny
b. City or Borough (If outside corporate limits, write RURAL and give township) Pittsburgh
c. Length of Stay (in this place)
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location) 48 Chatham St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. State Penna b. County Alleg
c. City or Borough (If outside corporate limits, write RURAL and give township) Pittsburgh
d. Street Address (If rural, give location) 48 Chatham St

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Conan c. (Last)

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1952

5. SEX F. | 6. COLOR or RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 15 1908 | 9. AGE (In yrs. last birthday) 44 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (also give State or foreign country) Bureau Co Ill | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David F. Quinlan

14. MOTHER'S MAIDEN NAME Mary A. Barry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If yes, complete reverse side of certificate)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Regina Quinlan | ADDRESS as above

18. CAUSE of DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix | INTERVAL Between ONSET and DEATH 12 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Interstitial nephritis 4 mo.
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) Hour m. E.S.T. | 21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 52, 19..., to July 2 52, 19..., that I last saw the deceased alive on June 30 52, 19..., and that death occurred at 7:05 a.m. E.S.T., from the causes and on the date stated above.

23a. SIGNATURE C. L. Murray M.D. or other | 23b. ADDRESS 4714 Liberty ave Pgh. | 23c. DATE SIGNED 7/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) B | 24b. DATE 7/5/52 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem | 24d. LOCATION (Town, township and county) (State) Pgh. Alleg Co. Pa

DATE REC'D by LOCAL REG. 7/9/52 | REGISTRAR'S SIGNATURE Edw. E. Gould | 25. SIGNATURE OF FUNERAL DIRECTOR E. J. McAboy | ADDRESS 1700 Forbes St Pgh Pa

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RECORD OF FUNERAL

Total No. 2508 Yearly No. 47 Date of Entry July 6 1952

Name of Deceased Alfred F. Diven (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3348 Legonier Street ☐Husband ☐Wife ☐Widow or ..... of } Martha C. Diven

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Martha Diven

Address 3348 Legonier St

Order given by 343 McKee Place

How Secured James Clark - Jones Law Bldg - Att (or informant)

If Veteran, Name of War .....

Occupation Special Patrolman (Social Security Number)

Employer and Address .....

Date of Death July 6 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 16, 1888 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Cathedral Chapel

Clergyman Rev. R. A. McCallyan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death St. Francis Hospital

Cause of Death Acute Coronary Occlusion

Contributory Causes Arterio sclerotic Heart Disease - Diabetes Mellitus

Certifying Physician Dr. P. C. Duffy (or Coroner)

His Address 4066 Penn Ave

Name of Father Peter Diven

His Birthplace .....

Maiden Name of Mother Margaret McEwards

Her Birthplace .....

Date of Funeral July 9 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 1 Professional Bearer	565	00
Burial Vault or Box One Piece Tower (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)	27	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery .... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	80	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers (Names of Newspapers)	16	00
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill July 14, 1952	$	745 50
Less	$	
Balance	$	

PAID July 16 1952 Per

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

Miscellaneous .....

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2509 Yearly No. 48 Date of Entry July 7 1952

Name of Deceased Mary Heir (What Race: W)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1017 Epiphany Street

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. James Heir

Address 2165 Elmore Square

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Housewife (Social Security Number)

Employer and Address .....

Date of Death July 7 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 26 1880 Age 71-6-11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity

Clergyman Rev. Hugh (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death 1017 Epiphany St.

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Alleg. Co.

Name of Father Unknown

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Date of Funeral July 10 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket ... Professional Service	505	00
Burial Vault or Box Cove Conf. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	33	00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	90	00
Cremation		
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 / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers	4	40
(Name and Number of Papers)		
EDW. J. McAVOY PAID July 14 1952		
Sales Tax		
Total Footing of Bill	$ 690	40
Less	$	
Per A.M.C. Balance	$	

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2510 Yearly No. 49 Date of Entry July 7 1952

Name of Deceased David F. Quinlan

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 48 Chatham St. ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Sheet Metal Worker (Social Security Number)

Employer and Address Retired

Date of Death July (Mo.) 7 (Day) 1952 (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Ireland

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

Place of Death 48 Chatham St.

Cause of Death Chronic myocardial degeneration 1st grade

Contributory Causes Chronic Nephritis possible hypernephroma left kidney

Certifying Physician C. A. Murray (or Coroner)

His Address 4774 Liberty Ave.

Name of Father David Quinlan

His Birthplace Ireland

Maiden Name of Mother Brigid Coleman

Her Birthplace Ireland

Date of Funeral July 11 (Date) - Fri. (Day of Week) - 830 A.M. (Hour)

Motor / Ship Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory Calvary

QUINLAN—On Mon., July 7, 1952, David F., husband of Mary A. Barry; father of William, David, Frank, Roberta, Regina, Inez, Lawrence, James and the late Mary Clonan. Funeral from the family residence, 48 Chatham St. on Friday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock. Sheet Metal Workers Local Union No. 12 and friends invited.

Diagram of Lot or Vault

Lot No. 241

Grave No. 2

Section No. 1

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Service	675	00
Burial Vault or Box Cave Prog. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	40	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	80	00
Cremation		
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, $	27	00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers (Names of Newspapers)	17	60
Ballet 8/25		
Sales Tax		
Total Footing of Bill	$ 879	60
Less	$	
1657.20 Balance	$	

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

Miscellaneous .....

Sept 29, 1952

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

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2511 Yearly No. 50 Date of Entry July 10 1952

Name of Deceased Herbert A. Heinz (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 31 Muttenberger St.

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Bertha Heinz

Address 31 Muttenberger St.

Order given by Mrs. Emma Honan (or informant)

How Secured

If Veteran, Name of War

Occupation Truck Driver 184-14-7927 (Social Security Number)

Employer and Address

Date of Death July 10 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 27, 1905 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Fr. Nash (Address)

Religion of the Deceased Catholic

Birthplace Niagara Falls N.Y.

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

Place of Death 31 Muttenberger St.

Cause of Death

Contributory Causes

Certifying Physician Dr. Leiber Jr. (or Coroner)

His Address Mercy Hospital

Name of Father John A. Heinz

His Birthplace

Maiden Name of Mother Bertha Call

Her Birthplace

Date of Funeral July 12 Sat. 8:30 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

HEINZ—On Thursday, July 10, 1952, Herbert A., beloved father of Dorothy and Elizabeth; son of Mrs. Bertha Heinz and brother of Mrs. Emma Honan. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Requiem high mass at the Holy Trinity Church at 9 o'clock.

Diagram of Lot or Vault

Lot No. 1

Grave No. 6

Section No. 17

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	490 00
Casket Professional Service		375 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		100 00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)		14 40
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	504 40
Less July 22 1952	$	
Balance	$	

PAID

Entered into Ledger page ..... of below

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2512 Yearly No. 51 Date of Entry July 11 1952

Name of Deceased Margaret Malone (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 431 E. Second Ave. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Joseph Malone

Address 431 E. Second Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death July (Mo.) 11 (Day) 1952 (Yr.) 11 A.M. (Hour)

Date of Birth October 21, 1878 (Mo.) (Day) (Yr.) Age 33 (Yrs.) (Mos.) (Days)

Services at St. Stephens Church

Clergyman Fr. Murphy

Religion of the Deceased Catholic (Address)

Birthplace Phila, Pa.

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

Place of Death Phila. Pa.

Cause of Death: Virus Pneumonia

Contributory Causes .....

.....

Certifying Physician Dr. J. J. Donovan (or Coroner)

His Address: Alger St. Brookfield

Name of Father Joseph Malone

His Birthplace .....

Maiden Name of Mother Margaret Armstrong

Her Birthplace .....

Date of Funeral July 14 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Anns

MALONE — On Friday, July 11, 1952, Margaret, beloved daughter of Joseph Malone and sister of Mrs. Marion Antonio, Joseph Jr., Albert and William. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Requiem high mass at St. Stephen's Church at 9 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	
Casket ..... Professional Services	370 00
Burial Vault or Box ..... (State Kind)	15 00
Embalming Body ..... (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ..... (State Kind and Color)	24 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot. Cemetery Charges	50 00
Cremation	
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 / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 2 Papers ..... (Names of Newspapers)	7 20
Billed	
Sales Tax	
Total Footing of Bill ..... $	482 20
Less ..... $	
Balance ..... $	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Aug. 3, 1952	By Payment	$ 400 00	$ 82 20
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2513 Yearly No. 52 Date of Entry July 14, 1952

Name of Deceased Alfred B. Diven

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Ch

Residence 609 Lancia Ave - Charlotte, N.C. ☒Husband ☐Wife ☐Widow or ..... of Law Walter Diven

Charge to Law Walter Diven Age of Husband or Wife (if living) ..... Years

Address 609 Lancia Ave - Charlotte, N.C.
3/11/54 → 1921 Playa Court - Charlotte, N.C.

Order given by .....

How Secured James Clark - Att - Co. 1242 (or informant)

If Veteran, Name of War .....

Occupation Salesman (Social Security Number)

Employer and Address .....

Date of Death July 14, 1952 5:15 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 21, 1917 Age 34 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Paul's Chapel

Clergyman Rt. Rev. McCalligan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Cgh. Pa.

Cause of Death Pulmonary Edema

Contributory Causes following concussion of brain - Automobile accident

Certifying Physician Dr. Wm. H. McClelland (or Coroner)

His Address Coroner Alleg. County

Name of Father Alfred J. Diven

His Birthplace .....

Maiden Name of Mother Martha Mitchell

Her Birthplace .....

Date of Funeral July 17 (Date) Thurs. (Day of Week) 3:30 P.M. (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory } Calvary

DIVEN — Suddenly on Monday, July 14, 1952, Alfred B., beloved husband of Lou Walter; son of the late Alfred F. and Martha Diven; brother of Robert, Daniel, Bernard, Joseph, Kathleen and Virginia. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Requiem high mass at the St. Paul's Cathedral Chapel, Parkview Ave., at 9 o'clock.

Diagram of Lot or Vault

Lot No. 78

Grave No. 2

Section No. R

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		740 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ (State Kind and Color)		34 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		100 00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 5 Papers (Names of Newspapers)		22 00
Dallas 5/26		
Sales Tax		
Total Footing of Bill	$	915 50
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Aug 2 1954	By Payment	$ 400 00	$ 515 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 .....

Revised by W. W. Peineman, Long Beach, California

March 17, 1954

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

Re: Burial Alfred B. Diven

Dear Sir:

Your belated statement received.

I was requested by Robt. Diven, 228 Crane Ave., Pittsburgh, Pa., brother of deceased, and Martha C. Diven, Mother of deceased, widow of Alfred F. Diven, to turn all matters over to James Clark representative of Attorneys Cauley & Bowman for legal and insurance purposes. Their address is Jones Law Building, Pittsburgh, Pa.

Your statement has been forwarded to the above three mentioned along with copy of this letter.

Please contact them for collection.

Yours very truly,

Mrs Alfred Diven

Mrs. Alfred Diven

Copies to:
James Clark
Robt.Diven
Mrs. Martha Diven

LAW OFFICES
CAULEY AND BIRSIC
JONES LAW BUILDING
PITTSBURGH 19, PA.

THOMAS H. CAULEY
IVAN E. BIRSIC
JAMES F. CLARKE
EUGENE F. SCANLON

TELEPHONE
COURT 1-7242

November 30, 1954

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

RE: Alfred B. Diven, Deceased

Dear Sir:

Enclosed herewith please find check No. 1 dated November 27, 1954, in the amount of $400.00 payable to your order, on account of statement for professional services rendered the above named deceased.

According to my record the outstanding balance is now $515.50. You can be assured that in the event money damages are recovered in the pending litigation against the City of Pittsburgh, you will be protected in the balance due you, insofar as I have control over the distribution of monies in the estate.

Very truly yours,

James F Clarke

James F. Clarke

JFC:ab

Enclosure

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RECORD OF FUNERAL

Total No. 2514 Yearly No. 53 Date of Entry July 14 19 32

Name of Deceased Nancy Jane Stetter (Infant) W
(What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence:

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Charles Stetter

Address 4099 South Harlem Rd. Snyder, New York

Order given by Same (or informant)

How Secured:

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death July (Mo.) 13 (Day) 32 (Yr.) (Hour)

Date of Birth Oct (Mo.) 24 (Day) 1931 (Yr.) Age 0 (Yrs.) 4 (Mos.) 19 (Days)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Buffalo, N. Y.

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

Place of Death

Cause of Death Congenital hydrocephalus

Contributory Causes

Certifying Physician Arthur J. Cramer M.D. (Coroner)

His Address 864 Colburne Ave Kenmore

Name of Father Charles Stetter

His Birthplace Beaver Falls, Pa.

Maiden Name of Mother Elizabeth Flanigan

Her Birthplace Pittsburgh Pa

Date of Funeral July (Date) 15 1932 (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	40 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced EDW. J. McAVOY		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notice July 15 Papers (Names of Newspapers)		
Per Mr. E. Cavey		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	40 00

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2515 Yearly No. 54 Date of Entry July 23 1952

Name of Deceased Richard A. Mosallem (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1212 Webster Ave. ☐Husband ☐Wife ☐Widow } Anna

Charge to Mrs. Anna Mosallem or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1212 Webster Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation Storekeeper (Social Security Number)

Employer and Address .....

Date of Death July 23 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 65-6-28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna Maronite (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death U.C.A. Atlantic City Hospital

Cause of Death Acute Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Coroner - A.C. City (or Coroner)

His Address .....

Name of Father Abrahom Mosallem

His Birthplace Lebanon

Maiden Name of Mother Sarah Corey

Her Birthplace Lebanon

Date of Funeral July 26 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

MOSALLEM—On Wednesday, July 23, 1952, Richard A., husband of Anna Webby; father of Mrs. Richard Rowland, Mrs. Salem Ayoob, Mrs. Clifford Morgan and Mary Mosallem. Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Saturday morning at 9:00 o'clock. Requiem high mass at St. Ann's Maronite Church at 9:30.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	1300	00
Casket	850	00
Burial Vault or Box Cover proof Velvet (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	2	00
Suit or Dress (State Kind and Color)	35	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	7	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot	250	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	80	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ 38.60 Aero-plane Service, $	38	60
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges Atlantic City	50	00
Personal Service		
10 line Death Notices in 3 Papers	12	00
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill $	1359	60
Less $		
Balance $		

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

Miscellaneous .....

.....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2516 Yearly No. 52 Date of Entry July 28 1952

Name of Deceased Infant Horn (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 5632 Hellsley Ave

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Robert E. Horn

Address 5622 Hellsley Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death July 28 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 28 1952 Age 2 hrs-5 min (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman .....

Religion of the Deceased Protestant (Address)

Birthplace Pittsburgh Pa

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

Place of Death Magee Hospital

Cause of Death Prematurity

Contributory Causes Congenital Atelectasis

Certifying Physician Dr. G. S. Rusca (or Coroner)

His Address Magee Hospital

Name of Father Robert E. Horn

His Birthplace .....

Maiden Name of Mother Patricia Pfeifer

Her Birthplace .....

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

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Oakland

Diagram of Lot or Vault

Lot No. .....

Grave No. 559

Section No. D

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket ~~& Shrouds~~		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for ~~Lot, Grave~~		15 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Bulkley & Horn		
Sales Tax		
Total Footing of Bill	$	40 00
Less	$	
Balance	$	

EDW. J. McAVOY
PAID
Sept. 3, 1952

Entered into Ledger Page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2517 Yearly No. 56 Date of Entry July 30 19 52

Name of Deceased Infant George Pappas (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 60 Lawn Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Pete Pappas

Address 60 Lawn Street

Order given by Mr. I-9959 (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death July 30 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 30 1952 Age Ehrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Greek Orthodox

Birthplace Mercy Hospital

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

Place of Death Mercy Hospital

Cause of Death Atelectasis - Belated

Contributory Causes Breech Delivery

Certifying Physician Dr. Rupert Kirby (or Coroner)

His Address Mercy Hospital

Name of Father Pete Pappas

His Birthplace

Maiden Name of Mother Eugenia Giaountas

Her Birthplace

Date of Funeral July 31 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Nicholas

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Service		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	25 00
Less Per	$	
Balance	$	

PAID Paid in full

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

46

RECORD OF FUNERAL

Total No. 2518 Yearly No. 57 Date of Entry Aug. 7 1952

Name of Deceased Patrick Cronin (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1605 Blvd. of the Allies ☐ Husband ☐ Wife ☐ Widow or ____ of Margaret Egan Age of Husband or Wife (if living) 150 Years

Charge to:

Address:

Order given by: (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired College Professors (Social Security Number)

Employer and Address Duquesne University

Date of Death Aug. 7 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 25 1874 Age 78 - 6 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany

Clergyman Rev. Daniel Cronin (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death 1605 Blvd. of the Allies

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. L. J. Barnett (or Coroner)

His Address 2008 Eighth Ave.

Name of Father Michael Cronin

His Birthplace Ireland

Maiden Name of Mother Ellen Dunn

Her Birthplace Ireland

Date of Funeral Aug. 11 1952 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

CRONIN — On Thursday, August 7, 1952, Patrick, husband of Margaret Egan; father of Mrs. Robert E. Burke, Ellen, Margaret, Michael, John, Patrick, William and Daniel Cronin; brother of Rev. Daniel J. Cronin Sr. Rev. Mother M. Peter of the Order of Jesus and Mary, Mrs. Nellie Cronin and Miss Bridie Cronin. Funeral from the family residence, 1605 Blvd. of the Allies, on Monday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany, at 9 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Service	765	00
Burial Vault or Box Concrete Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot	250	00
Cremation		
Flowers, $ ____ Palms, $ ____ Matting, $		
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb. X days	80	00
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ____ Singers, $ ____ Organist, $	27	00
Railroad / Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers	23	40
Notice of Death		
Sales Tax		
Total Footing of Bill	$	1185 40
Less	$	
Per ____ Balance	$	

EDW. J. McAVOY

Bill PAID Oct 9, 1952

Entered into Ledger, page ____ or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2519 Yearly No. 58 Date of Entry Aug 13 1952

Name of Deceased Louise P. D'Alo 24

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 636 Dunster Street ☐Husband ☐Wife ☐Widow of Louis

Charge to Louis D'Alo Age of Husband or Wife (if living) Years

Address 636 Dunster Street

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug 13 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 30 1912 Age 39 9 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Fr. Costa (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Shadyside Hospital

Cause of Death Congestive Heart failure

Contributory Causes Pulmonary Edema

Uremia

Certifying Physician Dr. Fred A. Brasch (or Coroner)

His Address 5317 Fifth Ave.

Name of Father Nicholas Izzo

His Birthplace

Maiden Name of Mother Theresa Kirchner

Her Birthplace

Date of Funeral Aug 18 1952 1 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

D'ALO—On Wednesday, Aug. 13, 1952, Louise Izzo, wife of Louis D'Alo; mother of Joanne; daughter of Nicholas and Theresa Izzo; sister of Eleanor Nolan. Funeral from the family residence, 636 Dunster St., Brookline, on Monday morning at 9:15. Solemn requiem high mass at St. Peter's Church, Fernando St., at 10 o'clock

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7. Professional Service	980	00
Burial Vault or Box ... Graveproof (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Flower Car	18	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	500	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb etc	180	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	50	00
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 8 Papers	32	00
(Names of Newspapers)		
Acknowledgment Cards	23	50
Sales Tax EDW. J. MCAVOY		
Total Footing of Bill	$ 1725	50
Less	$	
Sept 25 1952 Balance	$	

Entered into Ledger, page ... or below.

Per

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2520 Yearly No. 59 Date of Entry August 24, 1952

Name of Deceased Margaret Ashman W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 321 Beverley Road ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Harry Ashman

Address 321 Beverley Road

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Aug. 24, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 22, 1952 Age 2-3 (Mos.) (Day) (Yrs.) (Mos.) (Days)

Services at Hilbes - Barre - Pa

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Mercy Hospital

Cause of Death Hydrocephalus

Contributory Causes Spina Bifida

.....

Certifying Physician Dr. R. R. Macdonell (or Coroner)

His Address: Mercy Hospital

Name of Father Harry Ashman

His Birthplace .....

Maiden Name of Mother Margaret Gallagher

Her Birthplace .....

Date of Funeral Aug. 23, 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to Hilbes - Barre, Pa

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

Manufactured by .....

Cemetery / Crematory } St. Michaels Cem - Schuylkill Co Pa

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 1 Outer Case	33	00
Burial Vault or Box (State Kind)		
Embalming Body 1 Professional Service (Name of Embalmer)	20	00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		9 03
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in ..... Papers (Names of Newspapers)		
Paid EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	62 03
Less PAID Aug. 23, 1952	$	
Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2521 Yearly No. 60 Date of Entry Aug. 24 1952

Name of Deceased Polly (Pauline) Stiglitz (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1040 Sixth Avenue ☐Husband ☐Wife ☐Widow of Marcel Age of Husband or Wife (if living) Years

Charge to Mrs. Mary (Anthony) Kuzneski

Address 4349 Hunterburn Street

Order given by Estate of Polly Stiglitz (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death Aug. 24 1952 2:35 PM DST (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 27 1890 Age 62-3-27 (Mo.) (Day) (Yr.) (Yrs) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Prague

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

Place of Death Presbyterian Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Generalized Arteriosclerosis Diabetes Mellitus

Certifying Physician Dr. Wells A. Krey (or Coroner)

His Address Presbyterian Hospital

Name of Father John Lissy

His Birthplace

Maiden Name of Mother Appolonia Yurecka

Her Birthplace

Date of Funeral Aug. 27 1952 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

STIGLITZ—On Sunday, Aug. 24, 1952, Polly Lissy, wife of Marcel; mother of Mrs. Anthony Kuzneski and Mike Stiglitz; sister of Mrs. Mary Vigiuni, Luke and Karol Lissy. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday 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. 16

Grave No. 37

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Bronze	100	00
Burial Vault or Box (State Kind)	60	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	2	50
Suit or Dress (State Kind and Color)	24	00
Slippers, $ ... Hose, $	3	50
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	1	10
Cremation		
Flowers, $ 4 ... Palms, $ ... Matting, $	30	00
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 ... Singers, $ ... Organist, $	27	00
Railroad / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers	13	20
Sales Tax Oct 10, 1952		
Total Footing of Bill	$	1375 20
Less	$	
Per Balance	$	

EDW. J. McAVOY (Name of Funeral Director) PAID

Entered into Ledger, page ... or below.

Miscellaneous

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

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

50

RECORD OF FUNERAL

Total No. 2522 Yearly No. 61 Date of Entry Aug. 25 1952

Name of Deceased Baby Boy Gallego (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 633 Wenzel Ave.

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Joseph Gallego

Address 633 Wenzel Avenue

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Aug. 25, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 25, 1952 (Mo.) (Day) (Yr.) Age Stillborn (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Montefiore Hospital

Cause of Death Premature Separation of

Contributory Causes Placenta

.....

Certifying Physician Dr. Mod. Curtis

His Address Dr. M. L. Silverberg (Coroner) Montefiore Hospital

Name of Father Joseph J. Gallego

His Birthplace Pittsburgh, Pa.

Maiden Name of Mother Eleanor A. Calabrese

Her Birthplace Italy

Date of Funeral Aug. 27, 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket ... a Grave	15	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	10	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Name of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	25 00
Less	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 20 00	$ 5 00
Sept 1 '52	" "	$ 5 00	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2523 Yearly No. 62 Date of Entry Aug. 30 1952

Name of Deceased Leo A. Kennedy

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1912 Fifth Avenue ☐Husband ☐Wife ☐Widow of ____ (What Race) Margaret McCall Age of Husband or Wife (if living) ____ Years

Charge to

Address

Order given by Mrs. Mildred Kennedy (or informant)

How Secured 1409 Fulton St. Pl. 1-2648

If Veteran, Name of War W. W. #2

Occupation Postal Clerk

Employer and Address U.S. Post Office (Social Security Number)

Date of Death Aug. 30, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 23, 1897 Age 54 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman L. A. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Vets Adm.-Aspinwall Pa.

Cause of Death Acute Broncho Pneumonia

Contributory Causes

Certifying Physician

His Address (or Coroner)

Name of Father John P. Kennedy

His Birthplace

Maiden Name of Mother Margaret Harey

Her Birthplace

Date of Funeral Sept. 3, 1952 (Date) (Day of Week) 9 A.M. (Hour)

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary Sulphur Flats

Diagram of Lot or Vault

Lot No. Row 23

Grave No. 7

Section No. R

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	615	00
Burial Vault or Box (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $ Shirt & Tie	4	00
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 3 Papers (Names of Newspapers)	14	40
Sales Tax		
Total Footing of Bill	$ 685	40
Less Per	$ 685	40
Balance	$	

Entered into Ledger, page ____ or below.

Miscellaneous

EDW. J. McAVOY

Sept 2, 1952

JKM

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance	535	40	$			To Balance Forward			$	
	By Payment	$116	22	$ 567	18	June 5, 1953	By Payment	$ 71	44	$ 108	34
Nov 18, 52	" "	$131	87	$ 437	31	Aug 4, 1953	" "	$ 49	58	$ 58	28
Dec 30	" "	$150	00	$ 287	31		" "	$		$	
Jan 30, 1953	" "	$ 49	58	$ 237	73		" "	$		$	
March	" "	$ 55	00	$ 182	73		" "	$		$	

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

Revised by W. W. Feineman, Long Beach, California

52

RECORD OF FUNERAL

Total No. 2524 Yearly No. 63 Date of Entry Sept. 3 1952

Name of Deceased Mary C. Leech Sr. M. Constantine 2t.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3333 Fifth Ave. Mt. Mercy ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Sr. of Mercy

Address Mercy Hospital

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

How Secured .....

If Veteran, Name of War .....

Occupation Sr. Religious (Social Security Number)

Employer and Address .....

Date of Death Sept. 3, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 4, 1886 Age 65 : 10 : 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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 Dr. J. H. Fredette (or Coroner)

His Address Mercy Hospital

Name of Father John F. Leech

His Birthplace .....

Maiden Name of Mother Mary Ann Carlin

Her Birthplace .....

Date of Funeral Sept. 6, 1952 9A M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. Xaviers Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket. Complete Funeral Serv.	150	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	150 00
Less	$	
Per ..... Balance	$	

EDW. J. McAVOY
PAID
9-11-52

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2525 Yearly No. 64 Date of Entry Sept. 11 1952

Name of Deceased John Kazanjian (What Race) Ar

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1833 Fifth Ave ☐Husband ☐Wife ☐Widow or ..... of } Malek Bedekian Age of Husband or Wife (if living) ..... Years

Charge to Mrs John Kazanjian

Address .....

Order given by Mike Kazanjian (or Informant)

How Secured 310 N. Wellinit St Muncie Ind

If Veteran, Name of War .....

Occupation Machine Operator 174-22-4140 (Social Security Number)

Employer and Address H. J. Heinz Co

Date of Death Sept 11 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 8 1887 Age 65 0 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev John Kamelakis (Address)

Religion of the Deceased Orthodox Armenian

Birthplace Turkey

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

Place of Death Montefiore Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Hypertension Convulsions

Certifying Physician Dr. Shapiro (or Coroner)

His Address Montefiore Hospital

Name of Father Menas Kazanjian

His Birthplace .....

Maiden Name of Mother Anna Kazanjian

Her Birthplace .....

Date of Funeral Sept. 15 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Monongahela Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Service	605	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	120	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 3 Papers	10	80
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$ 737	80
Less	$	
Balance	$	

Per .....

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 3526 Yearly No. 65 Date of Entry Sept 16 1952

Name of Deceased Walter J. Mc Mahon (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 256 Lombard Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Alice E. Carr

Address 143 Cedar Blvd

Order given by Mt Lebanon 1 Pa (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Stone Cutter (Social Security Number)

Employer and Address

Date of Death Sept 16 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Brigids Church

Clergyman Rev. Chas A Rice (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 256 Lombard Street

Cause of Death: Cardiac Failure

Contributory Causes Arterio sclerotic heart disease

Certifying Physician Dr J J McCarthy Jr (or Coroner)

His Address:

Name of Father Patrick H. McMahon

His Birthplace

Maiden Name of Mother Anna Leonard

Her Birthplace

Date of Funeral Sept 19 1952 9A M (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No. 1

Section No. F

Block No.

Owner Patrick McMahon

Miscellaneous

Complete Funeral (except outlays)	$
Casket P. Professional	380 00
Burial Vault or Box Concrete Vault (State Kind)	40 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $ Shirt	2 50
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	60 00
Cremation	
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 or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 2 Papers (Names of Newspapers)	7 20
Sales Tax	
Total Footing of Bill	$ 505 70
Less	$
Balance	$

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

Miscellaneous

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Oct	13	To Above Balance			$			To Balance Forward				$	
		By Payment M.A.A. Industrial	$	266 64	$	239 06		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2527 Yearly No. 66 Date of Entry Sept 23 19 52

Name of Deceased John J. McElligott Jr.

☒ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence 1813 Crescent Street (14) ☐Husband ☐Wife ☐Widow of Agnes Colton Age of Husband or Wife (if living) ..... Years

Charge to Miss Agnes McElligott

Address 1813 Crescent Street

Order given by John J. McElligott Jr. (or informant)

How Secured 1815 Crescent Street

If Veteran, Name of War .....

Occupation Assemblers 168-01-7613 A (Social Security Number)

Employer and Address Rockwell Mfg. Co.

Date of Death Sept. 23 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 15 1875 Age 67 - 9 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman Rev. Chas. O. Rice (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1813 Crescent Street

Cause of Death Carcinoma of Rectum

Contributory Causes .....

.....

Certifying Physician Dr. Albert Goldblum (or Coroner)

His Address 1710 Bedford Ave.

Name of Father William McElligott

His Birthplace .....

Maiden Name of Mother Mary Foley

Her Birthplace .....

Date of Funeral Sept. 27 1952 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Lot No. 121

Grave No. 1

Section No. H

Block No. .....

Owner Wm. McElligott

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 4 Professional Services	6	55 00
Burial Vault or Box Company Vault (State Kind)		40 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ etc		5 00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	80	00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers	16	00
EDW. J. McAVOY (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	79 8 00
Less Per	$	
Balance	$	

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

Miscellaneous .....

.....



McELLIGOTT—On Tuesday, Sept. 23, 1952, John J., husband of Agnes Colton; father of Mrs. Elizabeth Murphy, John and Charles McElligott; brother of Michael and Nan McElligott. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Requiem high mass at St. Brigid's 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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2528 Yearly No. 67 Date of Entry Oct 12 1952

Name of Deceased Frank Murry (What Race) N

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Residence 3914 Hunterburn Ave

Charge to Mrs John J. (Helen) Ryan

Address 3914 Hunterburn Ave

Order given by Estate of Frank Murry (or informant)

How Secured Howard Perkins Sub Parlor

If Veteran, Name of War Spanish-American

Occupation Retired Laborer (Social Security Number)

Employer and Address J & L Steel Mill

Date of Death Oct 12 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 16 1869 Age 83-3-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 3914 Hunterburn Ave

Cause of Death Arteriosclerotic Heart Disease

Contributory Causes Coronary Arteriosclerosis Generalized Arteriosclerosis

Certifying Physician Geo. H. Clark (or Coroner)

His Address 3944 Hunterburn St

Name of Father James Murry

His Birthplace .....

Maiden Name of Mother Mary McGrath

Her Birthplace .....

Date of Funeral Oct 15 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Vets. Plot - Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $	
Casket Professional Service	425 00
Burial Vault or Box Cave Conf. Vault (State Kind)	40 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
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, $	12 00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 2 Papers	7 20
50 (Names of Newspapers) Acknowledgment Cards (Remembrance)	1 50
Bill EDW. J. McGAVOY	
Sales Tax	
Total Footing of Bill ..... $	485 70
Less ..... $	
Balance ..... $	

PAID April 14, 1953

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1953	To Above Balance	485 70	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
3/2/53	Estate	$ 260 70	$ 225 00		" "	$	$
4/14/53	U.S. Govt. Mdc.	$ 150 00	$ 75 00		" "	$	$
4.14.53	Allegheny County Commissioners	$ 75 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2529 Yearly No. 68 Date of Entry Oct. 15 1952

Name of Deceased John J. Sheridan (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2011 Tusatin Street ☐Husband ☐Wife ☐Widow } Jeanette Gannon

Charge to Miss Teresa Sheridan or ..... of Age of Husband or Wife (if living) ..... Years

Address 105½ Columbia Street

Order given by Edmira, N.Y. (37405) (or informant)

How Secured Mrs Patrick Killeen

If Veteran, Name of War 7122 Hyde Ave

Occupation Laborer (Social Security Number)

Employer and Address Steel Mill 165-01-1318

Date of Death Oct 15 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Scranton, Pa

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

Place of Death 2011 Tusatin Street

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr. J. J. McCarthy (or Coroner)

His Address .....

Name of Father James Sheridan

His Birthplace .....

Maiden Name of Mother Anna Coggins

Her Birthplace .....

Date of Funeral Oct. 18 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. N.

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 7 Professional Bronze	300	00
Burial Vault or Box C. R. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	25	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	60	00
Cremation		
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 / or Motor } Tickets, $ ..... Aero / plane Service, $		
Telegr., Phone, Cable or Radio Charges		90
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 1 .... Papers	8	40
(Names of Newspapers)		
Rutledge Volpe		
55-OK		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$ 449	30
Less Oct 31 1952	$	
Balance	$	
Entered into Ledger Page ..... or below.		
Miscellaneous		

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2530 Yearly No. 69 Date of Entry Oct. 17 1952

Name of Deceased Susan Bacha (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 1828 Forbes Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Thomas Bacha

Address 1828 Forbes Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Oct 17, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 5 1952 Age 1 mo. 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Congenital Heart Disease

Contributory Causes .....

.....

Certifying Physician Norman C. Miller (or Coroner)

His Address 40 80 Jenkins Arcade

Name of Father Thomas Bacha

His Birthplace .....

Maiden Name of Mother Stella Bondusenka

Her Birthplace .....

Date of Funeral Oct 18 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket Veneer		165 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		25 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Name of Newspapers)		
EDW. McAVOY		
Sales Tax		
Total Footing of Bill Oct 19 1952	$	190 00
Less	$	
Per JPM Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2531 Yearly No. 70 Date of Entry Oct. 17 1952

Name of Deceased Emily C. Thomas

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1111 Bedford Ave (What Race) 21

☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Shiben Thomas

Address 1111 Bedford Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Drill Press Operator 171-16-5419 (Social Security Number)

Employer and Address Halvenne Mfg Co.

Date of Death Oct. 17. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 5. 1911 Age 41 - 3 - 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna's Maronite Church

Clergyman Rev. E. Beal (Address)

Religion of the Deceased Maronite

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Cerebral Arteriosclerosis

Contributory Causes Lymphosarcoma

Certifying Physician Dr. L. D. O'Donnell (or Coroner)

His Address Mercy Hospital

Name of Father Samuel Thomas

His Birthplace .....

Maiden Name of Mother Zena Thomas

Her Birthplace .....

Date of Funeral Oct. 20 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Pow

on Monday at 10:30 a. m.

THOMAS — On Friday, Oct. 17, 1952, Emily, daughter of the late Samuel and Zina Thomas. Sister of Mrs. Freda Kadair and Shiben P. Thomas. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Requiem high mass at St. Ann's Maronite Church at 9 o'clock.

Diagram of Lot or Vault

Lot No. 17

Grave No. 5

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1100 00
Casket	945 00
Burial Vault or Box C. P. Vault (State Kind)	40 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	32 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot. Cemetery Charges	110 00
Cremation	
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 / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 2 Papers (Names of Newspapers)	8 10
S.S.O.K.	
Sales Tax	
Total Footing of Bill	$ 1135 10
Less EDW. J. McAVOY	$
Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous PAID Jan. 11, 1953	

Date		Amount Paid	Balance
1952	To Above Balance	$	$
Oct 20	By Payment	$ 880 00	$ 220 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Dec. M.A.b.	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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2532 Yearly No. 71 Date of Entry Oct. 24 19 52

Name of Deceased Nell Marshall (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 126 Washington Place ☐Husband ☐Wife ☐Widow of James Marshall

Age of Husband or Wife (if living) ..... Years

Charge to: D.P.A.

Address

Order given by James Marshall (or informant)

How Secured: 126 Washington Place

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Oct. 24. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 8. 1893 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 126 Washington Place

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Dr. J.J. McCarthy (or Coroner)

His Address: 2016 Fifth Ave

Name of Father Herman Senthinger

His Birthplace

Maiden Name of Mother Mae

Her Birthplace

Date of Funeral Oct 27 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
....line Death Notices in ..M.C. Papers (		
(Names of Newspapers) Jan 1, 1953)		
Sales Tax		
Total Footing of Bill	$	170 00
Less Per	$	
Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2533 Yearly No. 72 Date of Entry Oct. 29 1952

Name of Deceased Geraldine M. Pittman (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 7 Pride Street ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George J. Pittman

Address 7 Pride Street

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Oct. 29 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 26 1952 (Mo.) (Day) (Yr.) Age ..... (Yrs.) (Mos.) 3 days (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death Passavant Hospital

Cause of Death Prematurity

Contributory Causes .....

.....

Certifying Physician Dr. F. J. Denberg (or Coroner)

His Address 200 N. Negley Ave.

Name of Father George J. Pittman

His Birthplace .....

Maiden Name of Mother Mary Jane Wilczynski

Her Birthplace .....

Date of Funeral Oct. 30 1952 (Date) (Day of Week) ..... M. (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$
Casket & Services	20 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charge	25 00
Cremation	
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 / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in ..... Papers	
(Names of Newspapers)	
Butler	
Sales Tax	45 00
Total Footing of Bill	$
Less	$
Balance	$

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

Miscellaneous .....

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 .....

Revised by W. W. Peineman, Long Beach, California

62

RECORD OF FUNERAL

Total No. 2534 Yearly No. 73 Date of Entry Oct. 31 1952

Name of Deceased John Lewis 71
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1306 Alton Street ☐Husband ☐Wife ☐Widow } Helen Solomon
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Helen Lewis

Address: 1306 Alton Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation Laborer - C .....

Employer and Address Alley Co. (Social Security Number)

Date of Death Oct. 31. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 3 1890 Age 62 - 8 - 28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Chapel

Clergyman Rev. E. Basil (Address)

Religion of the Deceased Maronite

Birthplace Lebanon

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

Place of Death South Side Hospital

Cause of Death Arteriosclerotic Heart Disease & Acute Failure

Contributory Causes Carcinoma of Prostate

.....

Certifying Physician Dr. Mazzoni (or Coroner)

His Address: 8035 Jenkins Arcade

Name of Father John Lewis

His Birthplace Lebanon

Maiden Name of Mother Martha Kadan

Her Birthplace Lebanon

Date of Funeral Nov. 4. 1952 9:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

LEWIS — Friday, Oct. 31, 1952, John, husband of Helen Solomon; father of Mrs. Frank Fable, Alice, Richard, Edward, John Jr., Phillip and Joseph Lewis; brother of M. J. and B. C. Lewis. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 8:30. Requiem high mass at Our Lady of Victory Chapel, Dunster St., Brookline, at 9:30 o'clock.

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

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 9 Professional Bronze	955	00
Burial Vault or Box Marvyn #6 (State Kind)	160	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	40	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	112	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers (Names of Newspapers)	17	60
12 Black Veil	10	00
Sales Tax Nov 29 1952		
Total Footing of Bill $	1293	60
Less $		
Per Balance $		

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Nov 28 1952	By Payment Mellon	$ 237 19	$ 1056 41		By Payment	$	$
	" "	$ 1002 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2535 Yearly No. 74 Date of Entry Nov. 4 1952

Name of Deceased Helen Diemoz (What Race) It

☐ Married ☐ Single ☒ Widowed ☒ Divorced

Residence 2003 Blvd of the Allies ☐Husband ☐Wife ☐Widow } Charles

Charge to Mr. Albert Diemoz or ..... of } Age of Husband or Wife (if living) ..... Years

Address 2003 Blvd of Allies

Order given by Letitia Diemoz (or informant)

How Secured 2003 Blvd of the Allies

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Nov. 4 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 7 1871 Age 81-0-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters Church

Clergyman Rev. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 2003 Blvd of the Allies

Cause of Death Cerebral Hemorrhage

Contributory Causes Senility

.....

Certifying Physician Dr. J. J. McCarthy (or Coroner)

His Address 2016 Fifth Ave

Name of Father Benjamin Lavanche

His Birthplace Italy

Maiden Name of Mother Cordelia Cuchat

Her Birthplace Italy

Date of Funeral Nov. 7 1952 9:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 1

Grave No. 24

Section No. 4 (W)

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket 1 Professional Bronze	650	00
Burial Vault or Box C. P. Case (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	29	00
(State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	60	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	30	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $	30	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers	7	20
Rosary Books (Name of Newspapers)	3	50
50 Closed Rem Cards	2	50
Bills 1218 EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill ..... $	852	20
Less ..... $		
Balance ..... $		

PAID Dec 11 1952

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2536 Yearly No. 75 Date of Entry Nov. 5 1952

Name of Deceased George F. Brew (What Race) W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1603 Blvd. of the Allies

☐ Husband ☐ Wife ☐ Widow of Margaret Maloney Age of Husband or Wife (if living) ..... Years

Charge to: Mrs Margaret Brew

Address. 1603 Blvd of the Allies

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address Railroad Telegrapher

Date of Death Nov. 5 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 26 1878 Age 74 - 5 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at. Epiphany Church

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Ohio

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

Place of Death Mercy Hospital

Cause of Death Cerebrovascular Accident

Contributory Causes .....

.....

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address: Mercy Hospital

Name of Father William Brew

His Birthplace .....

Maiden Name of Mother Brigit Loftus

Her Birthplace .....

Date of Funeral Nov. 8 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by Ambrose H 1331 (State Color and Number)

Cemetery / Crematory } Mt. Calvary Cem. - Steubenville, Ohio

BREW—At Mercy Hospital on Wednesday, Nov. 5, 1952, George F., husband of Margaret Maloney, of 1603 Blvd. of the Allies. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Saturday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock. Interment Mt. Calvary Cemetery in Steubenville, Ohio.

Lot No. 74

Grave No. 1

Section No. Holy Name

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ..... Professional Service	775	00
Burial Vault or Box ..... Salute Vault (State Kind)	33	50
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... Shirt, etc. (State Kind and Color)	3	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra ~~Limousines~~ Mileage ~~& Hearse~~	22	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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot. Cemetery Charges	68	75
Cremation		
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, $	32	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges ✓	2	00
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 5 Papers	20	00
Rosary Beads		
150 Rem Cards (Names of Newspapers) DAN J. MCAVOY	3	00
Billed		
Sales Tax		
Total Footing of Bill Nov. 19, 1952 ..... $	970	25
Less ..... $		
Per ..... Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2536 Yearly No. 76 Date of Entry Nov. 9 1952

Name of Deceased Mary Doherty

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence 1741 Shotwell Ave. Apt 5 R. ☐ Husband ☒ Wife ☐ Widow or ____ of Patrick S. Age of Husband or Wife (if living) ____ Years

Charge to Mrs. Margaret Schubert

Address

Order given by Charles Doherty (or informant)

How Secured 1706 Fifth Ave

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Nov. 9 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 75 years (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death 1741 Shotwell Ave

Cause of Death Arteriosclerotic heart disease

Contributory Causes Generalized Arteriosclerosis Prolapsus Uteri 3rd degree

Certifying Physician Sydney L. Johns (or Coroner)

His Address 1219 Noblestown Rd. Sylvia

Name of Father Edward Mulvaney

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Nov. 13 1952 (Date) (Day of Week) 9:30 A.M. (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Marys

Chicora, Pa., Tuesday at 11:30 a. m.

DOHERTY—On Sunday, November 9, 1952, Mary Mulvaney, wife of the late Patrick S. Doherty; mother of Mrs. Louis Schubert, George, Charles, Edward and John Doherty. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday 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. 17-17½

Grave No. 2

Section No. 21 D

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	925	00
Burial Vault or Box C.P. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)	25	00
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Chgs.	60	00
Cremation		
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, $	20	00
Railroad / Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 8 Papers	32	00
Acknowledgements etc. (Name of Newspapers)	21	50
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$ 1130	50
Less	$	
Dec 11, 1952 Balance	$	

Entered in Ledger, page ____ or below.

Miscellaneous

Date 1952		Amount Paid	Balance
	To Above Balance		$
Nov.	13 By Payment	$ 1036 00	$ 94 50
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

66

RECORD OF FUNERAL

Total No. 2537 Yearly No. 77 Date of Entry Nov. 22 19 52

Name of Deceased William H. Lang
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1618 Edna Street ☐Husband ☐Wife ☐Widow } Alice Haney
or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Betty Griffin

Address 1618 Edna Street

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Dock Hand 192-10-2236 (Social Security Number)

Employer and Address Dwight - Kalmsky

Date of Death Nov 22, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 21, 1888 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1618 Edna Street

Cause of Death: Coronary Occlusion

Contributory Causes

Certifying Physician Wm. D. McClelland Coroner (or Coroner)

His Address:

Name of Father Joseph H. Lang

His Birthplace

Maiden Name of Mother Maria

Her Birthplace

Date of Funeral Nov 26, 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Michaels Cemetery

LANG — Suddenly, on Saturday, Nov. 22, 1952, Wm. G. (Pappy) Lang, husband of the late Alice Haney; father of Mrs. Betty Griffin and Joseph Lang; grandfather of Janet Wallace and Wm. G. Lang II. Funeral from the McAvoy Funeral Home, 3700 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

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Service	945	00
Burial Vault or Box (State Kind)	160	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	65	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $	60	00
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	12	00
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers	19	80
(Names of Newspapers)		
S.S. P.H. EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Dec 20, 1952	$	1265 80
Less	$	
Balance	$	

Per

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Above 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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2538 Yearly No. 78 Date of Entry Nov. 22 19 52

Name of Deceased Gust Kanadias (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2980 West Liberty Ave.

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to James Giannetsos

Address 2980 W. Liberty Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Painter 211-14-4300 (Social Security Number)

Employer and Address Giannetsos Bros.

Date of Death Nov. 22 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 6 1891 (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Greek Orthodox

Birthplace Greece

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

Place of Death Magnuson State Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Nick Kanadias

His Birthplace Greece

Maiden Name of Mother Georgia Simakas

Her Birthplace Greece

Date of Funeral Nov. 26 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Nicholas G.O. Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 1 Professional Service	380	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
SS-OK EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Nov. 28 1952	$	380 00
Less	$	
Balance	$	

Entered in Ledger, page ..... or below.

Miscellaneous .....

.....

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

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.

Signed .....

Witness .....

Address .....

H. W. Peiseman, Long Beach, California

68

RECORD OF FUNERAL

Total No. 2539 Yearly No. 79 Date of Entry Nov. 27 19 52

Name of Deceased Jack H. Mayer 74
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 68 Congress Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Alma M. Mayer

Address 68 Congress Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Hotel Clerk (Social Security Number)

Employer and Address .....

Date of Death Nov. 27 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 12 1878 Age 73 10 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Community

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 68 Congress Street

Cause of Death: Coronary Occlusion

Contributory Causes: None Noted

.....

Certifying Physician Dr. Reuter (or Coroner)

His Address: 6345 Stanford Ave.

Name of Father Adam Mayer

His Birthplace .....

Maiden Name of Mother Martina Heimer

Her Birthplace .....

Date of Funeral Nov. 29 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Carmel

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays) $		
Casket 7 Professional Bearers	500	00
Burial Vault or Box C.P. Case (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 4	1	25
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	65	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 ..... Singers, $ .... Organist, $	15	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in 2 Papers	6	40
(Names of Newspapers)		
55 OK EDNA M. AVOY		
Sales Tax		
Total Footing of Bill May 2, 1953 $	629	65
Less $		
Per ..... Balance $		

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2540 Yearly No. 90 Date of Entry Nov. 30 1952

Name of Deceased Richard G. Lewis Jr. (What Race) N.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1943 Pioneer Ave. ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Richard G. Lewis Sr.

Address 1943 Pioneer Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Nov. 30 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13 1951 Age 1 yr. 4 mo. 18 da. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Municipal Hospital

Cause of Death Tumor of Brain Stem

Contributory Causes Typus Undetermined

.....

Certifying Physician ..... (or Coroner)

His Address Municipal Hospital

Name of Father Richard G. Lewis

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Virginia M. Scalla

Her Birthplace Pittsburgh Pa.

Date of Funeral Dec. 3 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	665	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	15	00
Cremation		
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, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
Pulled Dec 18 1952 (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	681 00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Dec 29 1952	By Payment	$ 300 00	$ 381 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

Burial of

Richard G. Lewis, Jr.

Date of Death

Nov. 30,1952

Date of Burial

Dec. 3,1952

Place of Burial

Calvary Cemetery

Addressed to

Richard G. Lewis, Sr.

1943 Pioneer Avenue

Pittsburgh, Pa

Statement of Professional Service Rendered

Casket & Professional Services	665.00	
		665.00
CASH DISBURSEMENTS		
Cemetery Charges	15.00	
Cert. copy death certificate (1)	1.00	
		16.00
Total.....		$681.00

Edward J. McAvoy

Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

70

RECORD OF FUNERAL

Total No. 25441 Yearly No. 81 Date of Entry Dec 2 19 52

Name of Deceased John A. Somers Jr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 710 Bellefonte Street

☐ Husband ☐ Wife ☐ Widow } of Anna Cleary (What Race)

Age of Husband or Wife (if living) 340 Years

Charge to Mrs. Anna Cleary Somers

Address 710 Bellefonte Street

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Clerk 168-07-0436 (Social Security Number)

Employer and Address J.A. Williams Co.

Date of Death Dec 3 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 6 1908 Age 44 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Paul's Cathedral

Clergyman Monsignor A. Farley (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death D.O.A. Shadyside Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm. D. McClelland Cor. (or Coroner)

His Address Alley Co.

Name of Father Stallion Somers

His Birthplace Ireland

Maiden Name of Mother Atlas McElroy

Her Birthplace Ireland

Date of Funeral Dec 6 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 133

Grave No. 2

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 9 Bronze	905	00
Burial Vault or Box C.P. Vault (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ etc	4	50
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	300	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Closing	20	00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $	25	00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
55-61		
8 line Death Notices in 6 Papers	19	20
Remembrancer Herald (Names of Newspapers)	6	60
Butler		
Sales Tax		
Total Footing of Bill	1389	20
Less		
Per Balance		
Entered into Ledger, page ..... or below.		

Miscellaneous

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

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.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2542 Yearly No. 82 Date of Entry Dec 8 19 52

Name of Deceased Arthur Camphire (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1112 Forbes Street ☐Husband ☐Wife ☐Widow or ..... of Catherine Burns Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mildred Schmidt

Address 5165 Stanton Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Barber 206-01-1948 (Social Security Number)

Employer and Address .....

Date of Death Dec. 8. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 16 1883 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Hookville Hospital

Cause of Death Arteria sclerotic heart

Contributory Causes Diabetes

Certifying Physician Alley C. Post Med. Hookville (or Coroner)

His Address .....

Name of Father Anthony Camphire

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Dec. 11 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

CAMPHIRE—On Monday, Dec. 8, 1952, Arthur, husband of the late Catherine Burns; brother of Mrs. James Klingensmith, Mrs. Rose Nolan and Hugh Camphire. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	380	00
Burial Vault or Box C. P. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothes (State Kind and Color)	22	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery, Chgs.	40	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges	12	00
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
55-GK		
10 line Death Notices in 2 Papers	8	00
(Names of Newspapers)		
ED. W. J. McAVOY		
Sales Tax		
Total Footing of Bill Dec 22, 1952	$ 522	50
Less	$	
Per Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2543 Yearly No. 93 Date of Entry Dec. 9 1952

Name of Deceased (Mary) Marsha Coury (What Race) Jr.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 532 Island Ave. McFee Rocks ☐ Husband ☐ Wife ☐ Widow } of Assad Age of Husband or Wife (if living) Years

Charge to

Address Potter Title & Trust Co. (Mr Wilson

Order given by Mrs. Josephine (Assad) Koury (or informant)

How Secured

If Veteran, Name of War

Occupation Storekeeper (Social Security Number)

Employer and Address

Date of Death Dec 9 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 15 1889 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Maronite

Clergyman

Religion of the Deceased Maronite Catholic (Address)

Birthplace Lebanon

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

Place of Death 532 Island Ave

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm. J. McClelland (or Coroner)

His Address Coroner Allg. Co.

Name of Father Assad Boulos

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Dec 13, 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	945	00
Burial Vault or Box C.P. Vault (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	4	65
Suit or Dress (State Kind and Color)	30	00
Slippers, $ Hose, $	5	00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	110	00
Cremation		
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, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers	8	00
Courier Post (Names of Newspapers)	3	50
Sales Tax		
Total Footing of Bill Billed	$ 1158	15
Less	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
7/9/53	By Payment	$ 5.50 00	$ 601 15
Jan 3 56	" "	$ 117 05	$ 484 10
do	Potter Bank Book	$ 230 00	$ 254 10
July 25 56	Potter Bank Book	$ 100 00	$ 154 10
8/19/57	Potter	$ 85 00	$ 69 10

Date		Amount Paid	Balance
1/59	To Balance Forward	18 99	$
	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 .....

Revised by W. W. Feineman, Long Beach, California

Burial of

Marsha (Mary) Coury

Date of Death

December 9, 1952

Date of Burial

December 13, 1952

Place of Burial

Calvary Cemetery

Addressed to

Estate

of

Marsha (Mary) Coury

Statement

of

Professional Service Rendered

Casket & Professional Services	$945.00	
Cave-proof Case	45.00	
		990.00
CASH DISBURSEMENTS		
Dress	30.00	
Undergarments	4.65	
Slippers	5.00	
Cemetery Charges	110.00	
Death Notices	8.00	
Rosary Beads	3.50	
		161.15
Total.....		$1,151.15

Edward J. McAvoy

Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

POTTER BANK AND TRUST COMPANY, TRUST DEPT.

DATE 7/7/53 TRUST NO. D-12,535

ESTATE OF Marshal A. Coury CHG.- Princ. V. No. D 12869

Payment on account of funeral expenses Co / 4520 Mr Wilson	550.00

Send statement to Potter
Att Mr Wilson

A. T. O. AUDITED BY

DETACH HERE BEFORE DEPOSITING

POTTER BANK AND TRUST COMPANY, TRUST DEPT.

DATE 12/30/55 TRUST NO. DN-12.535

ESTATE OF Marsha A. Coury CHG.- Princ. V. No. F 3020

On account funeral bill in Marsha A. Coury, dec'd.	230.00

A. T. O. AUDITED BY

DETACH HERE BEFORE DEPOSITING

POTTER BANK AND TRUST COMPANY, TRUST DEPT.

DATE 7/24/56 TRUST NO. DN 12535

ESTATE OF Marsha A. Coury CHG.- Princ. V. No. F 10669

On account of Funeral expenses	100.00

A. T. O. AUDITED BY

DETACH HERE BEFORE DEPOSITING

POTTER BANK AND TRUST COMPANY, TRUST DEPT.

DATE 8/19/57 TRUST NO. DN 12535

ESTATE OF Marsha A. Coury CHG.- Princ. V. No. G 1283

E. J. McAvoy On a/c of funeral expenses	85.00

A. T. O. AUDITED BY L. Watkins

DETACH HERE BEFORE DEPOSITING

RECORD OF FUNERAL

Total No. 2544 Yearly No. 84 Date of Entry Dec 10 1952

Name of Deceased Mary Abraham (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1317 Webster Ave ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to .....

Address Mrs

Order given by Sis Sarah Gabriel (or informant)

How Secured 503 Elm Street

If Veteran, Name of War .....

Occupation Peddler - Clothing (Social Security Number)

Employer and Address .....

Date of Death Dec 12 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 73 Yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Anns Maronite

Clergyman Rev E. Braik (Address)

Religion of the Deceased Maronite

Birthplace Syria

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

Place of Death Mercy Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner Alleg Co.

Name of Father Unknown

His Birthplace "

Maiden Name of Mother Unknown

Her Birthplace "

Date of Funeral Dec 13 1952 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

ABRAHAM—On Wednesday, Dec. 10, 1952, Mary Elias, wife of the late Albert Abraham; mother of Mrs. Sara Gabriel and Michael Abraham Sr. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Saturday morning at 8:30. Requiem high mass at St. Ann's Maronite Church at 9 o'clock.

Diagram of Lot or Vault

~~Lot~~ Row No. 9

Grave No. 42

Section No. 14

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket 7' Professional Service	785	00
Burial Vault or Box C.P. Vault (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ ✓	4	65
Suit or Dress (State Kind and Color)	25	00
Slippers, $ ✓ ..... Hose, $	5	00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	60	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 1 Papers	3	60
EDW. J. McAVOY (Names of Newspapers)		
2.00 P.M. [illegible]	3	50
Sales Tax 3% Law 1953	~~9~~	~~02~~ 45
Total Footing of Bill ..... $	~~9~~ 26	75
Less Per ..... Balance ..... $	923	25

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Dec 11 1952	By Payment	$ 200 00	$		By Payment	$	$
Dec 12 1952	" "	$ 100 00	$		" "	$	$
Dec 17 1952	" "	$ 91 10	$ 532 25		" "	$	$
Dec 24 1952	" "	$ 296 00	$ 236 25		" "	$	$
	" "	$	$		" "	$	$

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2545 Yearly No. 85 Date of Entry Dec. 13 19 52

Name of Deceased Michael M. Honan Jr. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of Emma Heinz Age of Husband or Wife (if living) Years

Residence: 931 Beech Ave.

Charge to: Mrs. Emma Honan

Address: 31 Miltenberger Street

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Chauffeur 192-10-2727 (Social Security Number)

Employer and Address Koppers Co.

Date of Death Dec 13 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 28 1909 Age 43 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity

Clergyman Rev. Hugh Austin (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Allegheny Gen'l Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroners Alley Co.

Name of Father Michael Honan

His Birthplace

Maiden Name of Mother Agnes Best

Her Birthplace

Date of Funeral Dec 16 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

HONAN—Suddenly, on Saturday, Dec. 13, 1952, Michael M., husband of Emma Heinz; father of Leona Honan; brother of Mrs. Margaret Weyrauch, Mrs. Mary Waddell, Mrs. Lillian Ornato, Mrs. Genevieve White and John Honan. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 8:30. Requiem high mass at Holy Trinity Church at 9 o'clock.

Diagram of Lot or Vault

Low

Lot No. 17

Grave No. 37

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		425 00
Burial Vault or Box (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		27 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
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 / Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
55-01		
11 line Death Notices in 2 Papers (Names of Newspapers)		8 80
EDW. J. McAVOY		
Sales Tax Dec 22 1952		
Total Footing of Bill	$	632 80
Less Per JFM	$	
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2546 Yearly No. 86 Date of Entry Dec 19 19 52

Name of Deceased Louis De Renzo - Luigi Di Renzo (What Race) A

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 134 Wynoka St Pgh 10 Pa. ☐Husband ☐Wife ☐Widow } Mary Mucci

Charge to Mrs Rose Segreti or ..... of } Age of Husband or Wife (if living) ..... Years

Address 134 Wynoka St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retrid. Laborer (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Dec. 14 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 13 1871 Age 81-10-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters Church

Clergyman Dr Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Passavant Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteria sclerosis Hypostatic Pneumonia, Diabetes Mellitus

Certifying Physician Dr B. M. Field (or Coroner)

His Address 1617 Brownsville Road

Name of Father John Di Renzo

His Birthplace Italy

Maiden Name of Mother No Record

Her Birthplace Italy

Date of Funeral Wed 23 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1075 —
Casket 4 Professional Service		855 00
Burial Vault or Box Vault (State Kind)		130 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
Slippers, $ ..... Hose, $ Shirt + Tie (State Kind and Color)		4 00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		60 00
Cremation		
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, $		50 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers (Names of Newspapers)		9 60
100 Rosary Cards		2 00
1.00 Acknowledgment Cards		5 00
Sales Tax		
Total Footing of Bill	$	1117 60
Less Feb. 21, 1953 Billed	$	
Balance	$	

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

EDW. J. McAVOY

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	.....	$	.....	To Balance Forward	.....	$ .....
Jan 16 1953	By Payment	$ 1000 00	$ 117 60	.....	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 ..... W. W. Peterson, Long Beach, California

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RECORD OF FUNERAL

Total No. 2547 Yearly No. 87 Date of Entry Dec 25 19 52

Name of Deceased John Delaney (What Race) W.
☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 102 Miltenberger St

☐ Husband ☐ Wife ☐ Widow or ..... of Bertha Henneche Age of Husband or Wife (if living) 62 Years

Charge to: Mrs Bertha Henneche Delaney

Address: 102 Miltenberger Street

Order given by: Charles Henneche (or informant)

How Secured: 1714 Watson St

If Veteran, Name of War

Occupation Retired (Social Security Number)

Employer and Address County Material Clerks

Date of Death: Dec 25 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Mar 17 1877 Age 75 - 9 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Philadelphia

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

Place of Death 102 Miltenberger St

Cause of Death Coronary Heart disease

Contributory Causes Occlusion Arteria sclerotic heart disease

Certifying Physician Dr JJ McCarthy Jr (or Coroner)

His Address: 2018 Byford Avenue

Name of Father Mr Carroll

His Birthplace " "

Maiden Name of Mother " "

Her Birthplace " "

Date of Funeral: Dec 29 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary (Singler)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 8 Professional Service	425	00
Burial Vault or Box C.P. Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Mint & Tan (State Kind and Color)	4	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge	90	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 3 Papers (Names of Newspapers)	9	60
Peter Henig 226 Bonner Road Millville 9.		
Sales Tax		
Total Footing of Bill	$	588 60
Less	$	
Balance	$	

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

Miscellaneous

EDW. J. McAVOY
Jan 9 1953
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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2548 Yearly No. 88 Date of Entry Dec. 25 19 52

Name of Deceased Mary A. Quinlan (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 48 Chatham Street ☐Husband ☐Wife ☐Widow of David F. Age of Husband or Wife (if living) ..... Years

Charge to David Quinlan

Address 48 Chatham Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Dec 25 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 4 1871 Age 81 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Catholic (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 48 Chatham Street

Cause of Death Acute Myocardial Failure

Contributory Causes .....

.....

Certifying Physician Dr. Paul Murray (or Coroner)

His Address 4774 Liberty Avenue

Name of Father William F. Barry

His Birthplace Ireland

Maiden Name of Mother Mary Deasy

Her Birthplace Ireland

Date of Funeral Dec 29 1952 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

QUINLAN — On Thursday, Dec. 25, 1952, Mary A. Barry, wife of the late David F. Quinlan mother of William, David, Frank, Roberta, Regina, Inez, Lawrence, James and the late Mary Clonan sister of Timothy J. and David A. Barry. Funeral from the family residence, 48 Chatham St. on Monday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No. 241

Grave No. 2

Section No. I L

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 9 Professional Services	775	00
Burial Vault or Box (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress, (State Kind and Color)	35	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	60	00
Cremation		
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, $	27	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 5 Papers	22	00
(Names of Newspapers)		
Ballas		
Sales Tax		
Total Footing of Bill	$ 961	00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Mar. 25 1953	By Payment	$ 500 00	$ 461 00
Apr 17 53	" "	$ 200 00	$ 261 00
June 27 53	" "	$ 100 00	$ 161 00
Sept 9 53	" "	$ 100 00	$ 61 00
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2549 Yearly No. 99 Date of Entry Dec. 25 19 52

Name of Deceased Andrew Harbuta (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: 17.25 Edna Street

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) 75 + Years

Charge to: Mr. John Harbuta

Address. 1219 Faulkner St.

Order given by Dgh. & Pa (or informant)

How Secured: Leo Latona 1725 Edna St.

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death. Dec. 25. 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 14 1882 Age 69 11 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at. Epiphany Church

Clergyman Rev. J. A. O'Connell (Address)

Religion of the Deceased. Catholic

Birthplace ... Czechoslovakia

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

Place of Death. Waymen State Hospital

Cause of Death. Coronary heart disease

Contributory Causes. Arteriosclerotic heart disease Psychosis

Certifying Physician. Physician Waymen State (or Coroner)

His Address: .....

Name of Father... No Record

His Birthplace ..... " .....

Maiden Name of Mother. " .....

Her Birthplace ..... " .....

Date of Funeral... Dec. 30 1952 ..... M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

MARBUTA — On Thursday, Dec. 25, 1952, Andrew; father of Mrs. Leo Latona, and John Harbuta; also survived by 9 grandchildren. 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. .....

Block No. .....

Owner .....

Miscellaneous. .....

Complete Funeral (except outlays)	$	
Casket. Professional Services	635	00
Burial Vault or Box C.P. Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress.... Clothing (State Kind and Color)	28	00
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
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, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	60	00
Cremation		
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, $.....	12	00
Railroad or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in 2 Papers (Names of Newspapers)	6	40
Bulletin March 1-9		
Sales Tax		
Total Footing of Bill	$ 781	40
Less	$	
Balance	$	

EDW. J. McAVOY

Jan. 21 1953

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

Miscellaneous E. M. C.

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.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2550 Yearly No. 90 Date of Entry December 26 1952

Name of Deceased Philip Spagnolo 71
☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1614 Locust Street ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Spagnolo

Address 1614 Locust Street

Order given by Mrs. Mary Gallizzo (or informant)

How Secured Mechanicsville Bank

If Veteran, Name of War

Occupation Retired Hucksters (Social Security Number)

Employer and Address

Date of Death Dec. 26 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 20 1884 Age 68-3-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Rev. A. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 1614 Locust Street

Cause of Death Lobar Pneumonia

Contributory Causes Cerebral Hemorrhage Hypertensive Heart Disease

Certifying Physician Dr. L.J. Barnett (or Coroner)

His Address 2304 Hyde Ave.

Name of Father Joseph Spagnolo

His Birthplace Italy

Maiden Name of Mother Maria Campanella

Her Birthplace Italy

Date of Funeral Dec. 30 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

SPAGNOLO—On Friday, Dec. 26, 1952, Philip, husband of Mary Gallizzo; father of Mrs. Mary Gallizzo, Mrs. Agnes Malatesta, Frances, Carmella, Josephine, Joseph, Samuel, Anthony and Salvatore Spagnolo; also three grandchildren; brother of Mrs. Carmella Gargotta, Mrs. Nora Vittario, Samuel, Joseph and James Spagnolo. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 10 o'clock. Solemn requiem high mass at St. Peter's Church, Fernando St., at 10:30.

Lot No. 679
Grave No. 2
Section No. H
Block No.
Owner

Miscellaneous

Complete Funeral (except outlays) $	1320 —
Casket ~~Corpsmaster Bronze~~	840 00
Burial Vault or Box C.V. Case (State Kind)	45 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	8 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	300 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb ~~4~~	80 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ~~4~~ .. Singers, $ .... Organist, $	50 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
15 line Death Notices in 6 Papers	36 00
Remembrance (Names of Newspapers)	3 50
Sales Tax	
Total Footing of Bill Jan. 10, 1953 $	1364 50
Less $	30
Balance $	
Entered into Ledger, page ..... or below.	

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2551 Yearly No. 91 Date of Entry December 26 19 52

Name of Deceased Theresa Sack (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 129 Moultrie Street

☐Husband ☐Wife ☐Widow } George Sack
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mr. George Sack

Address 129 Moultrie Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Dec. 26, 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 18, 1872 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Germany

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

Place of Death St. Francis Hospital

Cause of Death Acute Myocardial Failure

Contributory Causes .....

.....

Certifying Physician Wm. A. McClelland (or Coroner)

His Address: Cravens Bldg Co.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Dec. 30 1952 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Carmel Cemetery

SACK — On Friday, Dec. 26, 1952, Theresa Gremler, wife of the late George Sack; mother of Mrs. Emma Corriero, Mrs. Theresa Devine, Mrs. Hilda Konol and George Sack. Funeral from the Elachko Funeral Home, 3447 Dayton St. on Tuesday morning at 8:15. Requiem high mass in Holy Trinity Church at 9 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	730 00
Casket 7 Professional Services		615 00
Burial Vault or Box (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		65 00
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 15 Singers, $ .... Organist, $		15 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)		14 40
Billed		
Sales Tax Mailed 1-19		
Total Footing of Bill Full	$	754 40
Less Paid in Full Jan 28 1953 Jpm	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1953	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
Jan. 28	" "	$ 500 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2552 Yearly No. 92 Date of Entry December 20 1952

Name of Deceased Infant Haney (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1637 Federal Street

Charge to Steward Haney

Address 1637 Federal Street

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Dec. 20 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 26 1952 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Asphyxia - Umbilical

Contributory Causes Cord looped about neck

Certifying Physician Dr. A. R. Jackson (or Coroner)

His Address Mercy Hospital

Name of Father Steward Haney

His Birthplace .....

Maiden Name of Mother Helen Kennedy

Her Birthplace .....

Date of Funeral Dec 20 1952 ..... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ... a Professional Service	20	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot. Cemetery Charges	10	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	30	00
Total Footing of Bill ..... $		
Less ..... $		
Balance ..... $		

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

Miscellaneous .....

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

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 7553 Yearly No. 93 Date of Entry December 29 1952

Name of Deceased Anna R. Mc Gee 71

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1802 Locust Street ☐Husband ☐Wife ☐Widow } Joseph

Charge to Joseph Mc Gee or ..... of Age of Husband or Wife (if living) ..... Years

Address 1802 Locust Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Dec 29 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 29 1911 Age 41 - 1 - 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Womens Hospital

Cause of Death Arteriosclerotic heart disease

Contributory Causes Myocardial Infarction Myocardial Insufficiency - Diabetes Mellitus

Certifying Physician Dr. H. Knowles / How 12 Dec (or Coroner)

His Address Womens Hospital

Name of Father William Daugherty

His Birthplace .....

Maiden Name of Mother Jane Hickey

Her Birthplace .....

Date of Funeral Jan 2 1952 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $	743	70
Casket Unfinished Bronze	565	00
Burial Vault or Box O.S.Vac (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	4	65
Suit or Dress ..... (State Kind and Color)	25	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot. Cemetery Charges	110	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
4 line Death Notices in 2 Papers	7	20
EDW. J. McAVOY (Names of Newspapers)		
.....		
Sales Tax ..... Jan 15 1953		
Total Footing of Bill ..... $	768	85
Less ..... $		
Per		
Balance ..... $		
Entered into Ledger, page ..... or below.		
Miscellaneous		

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

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2554 Yearly No. 94 Date of Entry Dec 31 19 52

Name of Deceased Margaret Sykes (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 128 Scout Ave

☐ Husband ☐ Wife ☐ Widow of } Age of Husband or Wife (if living) ..... Years

Charge to Thomas Sykes

Address 128 Scout Avenue

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Dec 31 1952 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 8 1885 Age 67-4-23 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. Boaels Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace McKeesport Pa.

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

Place of Death Presbyterian Hospital

Cause of Death Myelogenous Leukemia

Contributory Causes .....

.....

Certifying Physician .....

His Address Presbyterian Hospital (or Coroner)

Name of Father William O'Hara

His Birthplace .....

Maiden Name of Mother Catherine Riley

Her Birthplace .....

Date of Funeral Jan 5 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) $	865	00
Casket 4 Services	675	00
Burial Vault or Box (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	4	65
Suit or Dress (State Kind and Color)	32	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	90	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Flower Car	8	00
8 line Death Notices in 6 Papers (Names of Newspapers)	21	00
2 Press - 2 Telegram - 2 McKeesport Tribune at 45		
Sales Tax P.W.J. McAVOY		
Total Footing of Bill $	891	65
Less ..... Jan 26, 1953 $		
Balance $		

PAID

Per JCM

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Reineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2555 Yearly No. 1 Date of Entry Jan 6 19 53

Name of Deceased William A. Richter (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of Margaret Rodgers Richter

Residence 2317 Fifth Avenue Age of Husband or Wife (if living) 77 Years

Charge to Mrs. Margaret Rodgers Richter

Address 2317 Fifth Ave

Charge to

Order given by Mrs. Grace Ebert (or informant)

How Secured 1946 W. Buckeye Ave. Ph. 12 Pa.

If Veteran, Name of War

Occupation Truck Driver 208-01-5610 (Social Security Number)

Employer and Address Rich. McJunkin Dairy Co.

Date of Death Jan 6, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 14 1891 Age 61-9-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Millvale Pa

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

Place of Death D.O.A. Braddock Gen. Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Hon. D. McClelland (or Coroner)

His Address Coroner's Office

Name of Father Christopher Richter

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Jan 9 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 9 Professional Services	670	00
Burial Vault or Box (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
#5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	80	00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
$5-OK		
8 line Death Notices in 4 Papers	12	80
Bulletin (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	80
Less	$	
Balance	$	

EDW. J. McAVOY

PAID Jan 23 1953

per A. M. C.

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2556 Yearly No. 2 Date of Entry Jan. 12 19 53

Name of Deceased Walter A. Hempel

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 413 N. Craig St

☐ Husband ☐ Wife ☐ Widow } Mary Brennan (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Hempel

Address 413 N. Craig St

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 210-07-2977 (Social Security Number)

Employer and Address Cyclone Fence Co.

Date of Death Jan. 12 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 12 1904 Age 48 - 1 - 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Paul's Cathedral

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Shadyside Hospital

Cause of Death Bilateral Lobar Pneumonia

Contributory Causes .....

.....

Certifying Physician Dr. Stewart Keefe (or Coroner)

His Address 4636 Center Ave

Name of Father Frederick Hempel

His Birthplace .....

Maiden Name of Mother Anna Schweiger

Her Birthplace .....

Date of Funeral Jan. 14 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary 343

Lot No. 424

Grave No. 4

Section No. #1

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket Professional Aspirer	425	00
Burial Vault or Box C.P. Vault (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $	82	00
Outlay for Lot Cemetery charges		
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
SS-OK		
9 line Death Notices in 3 Papers	10	80
(Name of Newspaper)		
Sales Tax		
Total Footing of Bill ..... $	555	80
Less ..... $		
Per ..... Balance ..... $		

EDW. J. McAVOY

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Jan. 17, 1953	By Payment	$ 511 44	$ 44 36
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2557 Yearly No. 3 Date of Entry Jan. 18 19 53

Name of Deceased William S. Blanchard (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1112 Forbes Street

☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Vera E. Feeney (FEENY)

Address 11 E. 32nd St. N.Y.C. (STRATFORD Hotel)

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death Jan. 16, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 4 Age 86 Yrs 8 Mos 7 Days (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death A.C.S.D. Maymew Hospital

Cause of Death Arteriosclerotic heart disease

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address Maymew Hospital

Name of Father John B. Barber (BARBER)

His Birthplace .....

Maiden Name of Mother Mary Vance

Her Birthplace .....

Date of Funeral Jan. 21, 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Royal Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 4 Professional Services	250	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	6	50
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Mayview	15	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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	90	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Death Notice ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	361 50
Less	$	
Balance	$	

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

Miscellaneous .....

.....

.....

EDW. J. McAVOY PAID May 26, 1953 By C. McC

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 136 05	$
	" "	$ 150 00	$ 73 45
May 8, 1953	" "	$ 50 00	$ 23 45
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2554 Yearly No. 4 Date of Entry Jan. 28 1953

Name of Deceased Lois Arieda Lucas (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1817 Locust Street

☐ Husband ☐ Wife ☐ Widow of Thomas Age of Husband or Wife (if living) 74 Years

Charge to Mr. David Davis

Address 1817 Locust St

Order given by Co. 1. 1830 (or informant)

How Secured

If Veteran, Name of War

Occupation Clerk 194-26-0483 (Social Security Number)

Employer and Address

Date of Death Jan 28 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 8 1933 Age 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Shock following trauma

Contributory Causes Section of spinal cord due to auto hitting pole

Certifying Physician Hom. D. McClelland (or Coroner)

His Address

Name of Father David Davis

His Birthplace

Maiden Name of Mother Antoinette Zabula

Her Birthplace

Date of Funeral Feb 2 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 18

Grave No. 2

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket a Professional Services	790	00
Burial Vault or Box C.K. Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress - (State Kind and Color)	30	00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	90	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers	16	00
(Names of Newspapers)		
Billed Mar. 6. 1953		
Sales Tax		
Total Footing of Bill	$	984 00
Less Per	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2559 Yearly No. 5 Date of Entry Feb. 2 19 53

Name of Deceased Stillborn (Male) Stillborn (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 208 Covington Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to D. P. A.

Address

Order given by Steve Williams (or informant)

How Secured 208 Covington St.

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Feb. 2. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 2. 1953 (Mo.) (Day) (Yr.) Age Stillborn (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mayo Hospital

Cause of Death Antepartum due to Compress-

Contributory Causes ion of Cord

Certifying Physician Dr. Richard Carmalt (or Coroner)

His Address Mayo Hospital

Name of Father Steve Stillborn

His Birthplace Greece

Maiden Name of Mother Stella L. Smith

Her Birthplace Penna.

Date of Funeral Feb. 4. 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket	25 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	5 00
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from Hospital	5 00
Taking Remains to Crematory	10 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, $	
Gross Total for Sales Tax	$
Outlay for ~~Lot~~ Grave Space	5 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	5 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service & Equipment	10 00
....line Death Notices in ..... Papers	
EDW. J. McAVOY (Names of Newspapers)	
PAID	
Sales Tax May 24, 1955	
Total Footing of Bill	$ 65 00
Less ..... Per	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2564 Yearly No. 6 Date of Entry Feb 4 19 53

Name of Deceased Winifred M. McCaffrey 71
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1029 Bluff Street

☐Husband ☐Wife ☐Widow } James A.
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Park McNerney

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 4 1953
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 6 1879 Age 73 - 3 - 3
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Nobleistown, Pa.

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

Place of Death 1029 Bluff Street

Cause of Death Uremia, Arteriosclerotic

Contributory Causes Kidney - Generalized Arteriosclerosis

Certifying Physician Dr. P. J. McKeever (or Coroner)

His Address 404 Atwood Street Sgh.

Name of Father Patrick Donahoe

His Birthplace .....

Maiden Name of Mother Anna Carr

Her Birthplace .....

Date of Funeral Feb 7 1953 M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

McCAFFREY — On Wednesday, Feb. 4, 1953, Winnifred M. Donahoe, wife of the late James A. McCaffrey; mother of Mrs. Paul McNerney, Father James F. McCaffrey, S. S. Sp., Raymond, Gerald, John, Wilbert, Vincent, Paul and Eugene; sister of Peter J. Donahoe. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Solemn requiem high mass in the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays) ..... $	435
Casket 4 Professional Services	765 00
Burial Vault or Box C.P. Cask (State Kind)	45 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	4 65
Suit or Dress (State Kind and Color)	34 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot Cemetery Charges	80 00
Cremation	
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, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 6 Papers (Names of Newspapers)	31 20
150 Acknowledgment Cards (3 on each)	10 50
Sales Tax Billed	
Total Footing of Bill	971 35
Less	
Balance	

EDW. J. McAVOY PAID Apr 24, 1953

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

Miscellaneous .....

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

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2561 Yearly No. 7 Date of Entry Feb. 8 19 53

Name of Deceased Catherine J. O'Donnell 71
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 1336 Fifth Ave.

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Miss. Gertrude O'Donnell

Address 1336 Fifth Ave.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housedutues (Social Security Number)

Employer and Address .....

Date of Death Feb. 8. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 77 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1336 Fifth Ave.

Cause of Death Lobar Pneumonia

Contributory Causes .....

.....

Certifying Physician L. J. Burnett (or Coroner)

His Address: 2004 Fifth Ave.

Name of Father James Joynt

His Birthplace Ireland

Maiden Name of Mother Margaret Reagen

Her Birthplace Ireland

Date of Funeral Feb. 13. 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. Marys

O'DONNELL — On Sunday, Feb. 8 1953, Catherine Joynt of 1336 Fifth Ave., wife of the late Charles O'Donnell; mother of John Kunkle, Mrs. Margaret Sherrick, Mrs. Mary Krainak and Gertrude O'Donnell. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		570
Casket ... Professional Services	425	00
Burial Vault or Box ... C.P. Case (State Kind)	40	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	28	00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot ... Cemetery Charges	60	00
Cremation		
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, $	27	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..11.. line Death Notices in ..2.. Papers	13	20
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill $	593	20
Less $		
Per Balance $		

PAID May 1, 1953

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Feb. 10.	By Payment (Prudential Ins. Co.)	$ 5.93	$		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2562 Yearly No. 8 Date of Entry Feb. 9 19 53

Name of Deceased Elizabeth Hughes (Sr. M. Dawrence) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Mercy Hospital ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Music Teacher (Social Security Number)

Employer and Address In Religion

Date of Death Feb. 2 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 7 1862 Age 90 - 2 - 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Allegheny - Pa.

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

Place of Death Mercy Hospital

Cause of Death Arteriosclerotic Heart

Contributory Causes Senile

Certifying Physician H. H. L. Mackbarbon (or Coroner)

His Address Mercy Hospital

Name of Father John Hughes

His Birthplace Ireland

Maiden Name of Mother Mary Kelley

Her Birthplace Scotland

Date of Funeral Feb. 11 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Vaners

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
4 line Death Notices in 2 Papers	4	80
(Names of Newspapers)		
Bills		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$ 150	00
Less Apr'd 2/6 1953	$	
Balance	$	

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

Miscellaneous E. J. M.

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2563 Yearly No. 9 Date of Entry Feb. 12 19 53

Name of Deceased Catherine Tannous (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 174 Robinson Street ☐Husband ☐Wife ☐Widow } of Salem Tannous Age of Husband or Wife (if living) Years

Charge to: Salem Tannous

Address 174 Robinson St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Feb 10 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Maronite

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death 174 Robinson St

Cause of Death Carcinoma of Pancreas

Contributory Causes

Certifying Physician Dr. Albert Goldsmith (or Coroner)

His Address: 1710 Bedford Ave

Name of Father Michael Simon

His Birthplace

Maiden Name of Mother Elizabeth

Her Birthplace

Date of Funeral Feb 14 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cem.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1130 00
Casket Professional Services		975 00
Burial Vault or Box C.P. Case (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $ ✓		4 65
Suit or Dress (State Kind and Color)		35 00
Slippers, $ ✓ ... Hose, $		4 50
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines 1 ... @ $		15 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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		80 00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers (Names of Newspapers)		20 80
EDW. J. MCAVOY		
PAID		
NOV 10 1953		
Sales Tax		
Total Footing of Bill	$	1181 95
Less For	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2364 Yearly No. 10 Date of Entry Feb 13 1953

Name of Deceased Peter Bauer

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 30 Miltenberger St

☐ Husband ☐ Wife ☐ Widow of Julia Peterman (What Race)

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Julia Bauer

Address 30 Miltenberger St

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

How Secured .....

If Veteran, Name of War .....

Occupation Crane Operator

Employer and Address J & L Steel Corp. (Social Security Number)

Date of Death Feb. 13 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 29 1885 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev. L. A. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death Lech. Hosm. City T. B. Hospital

Cause of Death Pulmonary Embolus

Contributory Causes Chronic Pulmonary Tuberculosis

Certifying Physician Dr. George E. Martin (or Coroner)

His Address City T. B. Hospital

Name of Father Anthony Bauer

His Birthplace .....

Maiden Name of Mother Mary Gridl

Her Birthplace .....

Date of Funeral Feb. 16, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

BAUER—On Friday, Feb. 13, 1953, Peter, husband of Julia Peterman; father of Mrs. Helen Amantea; grandfather of Mrs. Marie Rua, Mrs. Lucille Rinker, and Samuel Amantea; brother of Mrs. Rose Nichols, Mrs. Adolph Erben, and Anthony Bauer; also survived by two great-grandchildren. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	840	00
Casket	675	00
Burial Vault or Box C.P. Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt (State Kind and Color)	2	95
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Calvary	7	00
Removal Charges		
Procuring Burial Permit (State Number and District)	1	00
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	110	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers	20	80
(Names of Newspapers)		
Billed 3/4		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill ..... $	840	80
Less ..... $		
Balance ..... $		

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2565 Yearly No. 11 Date of Entry Feb. 18 1953

Name of Deceased Dorothy A. Donahue (Sr. M. Robert) 24
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 3333 Ethel Ave ☐Husband ☐Wife ☐Widow
or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address 3333 Ethel Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Music Teacher (Sr. Religious) (Social Security Number)

Employer and Address .....

Date of Death Feb. 16, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 6, 1900 Age 52 yrs. 7 mos. 10 da. (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. Mercy Old Mayo Convent

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death Fibrosarcoma

Contributory Causes .....

.....

Certifying Physician Dr. John C. Shaver (or Coroner)

His Address .....

Name of Father Victor Donahue

His Birthplace .....

Maiden Name of Mother Emma Stecher

Her Birthplace .....

Date of Funeral Feb. 21 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. Vincent Cemetery Latrobe Pa.

Diagram of Lot or Vault

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

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 5 Jefferson Bronze	150	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
6 line Death Notices in 2 Papers		
(Names of Newspapers)		
Bills 11.00 Paid in full		
Sales Tax		
Total Footing of Bill ..... $	150	00
Less ..... $		
EDW. J. MCAVOY		
Balance ..... $		
Entered into Ledger, page ..... or below.		
Miscellaneous		

PAID MAY 1953

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

Par Date

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 25.66 Yearly No. 12 Date of Entry Feb. 19 19 53

Name of Deceased Felix Tomkiewicz (Tomkevich) (What Race)

☑ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 552 Refectory Place

☐ Husband ☐ Wife ☐ Widow or ..... of Olga Schultz Age of Husband or Wife (if living) ..... Years

Charge to Luther Luther (Olga Prot.)

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 182-28-2926 (Social Security Number)

Employer and Address St. Josephs Refectory

Date of Death Feb. 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 24 1897 Age 5 Yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Russia

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

Place of Death U.S.A. Mercy Hospital

Cause of Death Undetermined. Natural

Contributory Causes ....

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Coroner - Alleg. Co.

Name of Father Kasimir Tombrewicz

His Birthplace Russia

Maiden Name of Mother Unknown

Her Birthplace Russia

Date of Funeral Feb. 23 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

TOMKIEWICZ (Tomkevich) — Suddenly on Thursday, Feb. 19, 1953, Felix, husband of Olga Schultz. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Requiem high mass at Holy Trinity Church at 9 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. 11

Section No. 28

~~Block~~ Row 18

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	615
Casket 20 Ga. Case		465 00
Burial Vault or Box (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt & Tie (State Kind and Color)		4 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		110 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		12 00
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
7 line Death Notices in 4 Papers (Names of Newspapers)		11 20
Billed Apr 16 1953		
Sales Tax		
Total Footing of Bill	$	637 20
Less ..... Paid	$	
Balance	$	

Entered to Ledger, page ..... or below.

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2567 Yearly No. 13 Date of Entry Feb 22 19 53

Name of Deceased James Patrick Howard (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 201 Von Braun St.

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Nellie Howard

Address 111 Hillendale Rd.

Order given by Rgln. 36 Pa. (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Elevator Operator 171-16-2627 (Social Security Number)

Employer and Address

Date of Death Feb 20 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 12 1877 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Allegheny Gen. Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes Cyst. fracture Lt. femur due to falling low floor

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner Alleg. Co.

Name of Father Patrick Howard

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Feb 23 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Mary's Cemetery

HOWARD—On Friday, Feb. 20, 1953, James P., husband of Ellen Sullivan; father of Mrs. William Strott, Mrs. Robert Callahan, Norman, James and John Howard. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 9:30. Requiem high mass in the church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays) $		
Casket	465	00
Burial Vault or Box C.P. Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)	31	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to St. Marys Cem	7	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	60	00
Cremation		
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, $	12	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 line Death Notices in 4 Papers	14	40
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	636	90
Less $		
Per M. Balance $		

EDW. McAVOY PAID March 1, 1953

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
3/1/53	By Payment	$ 220 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2568 Yearly No. 14 Date of Entry Feb 25 1953

Name of Deceased Margaret Sheehy (Sr. M. Clara)
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3333 Fifth Avenue ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Sisters of Mercy

Address 3333 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Rel Religious (Social Security Number)

Employer and Address .....

Date of Death Feb 25 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 15 1874 Age 78-2-10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Marys Convent (Mt Mercy)

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Cerebral Hemorrhage of

Contributory Causes Forehead

.....

Certifying Physician Dr (or Coroner)

His Address .....

Name of Father Michael Sheehy

His Birthplace Ireland

Maiden Name of Mother Margaret O'Connor

Her Birthplace Ireland

Date of Funeral Feb 27, 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Marys Am Catholic Pa

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$ 150 00
Casket V	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
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 / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
MAY 1953	
....line Death Notices in ..... Papers	
Pd (Names of Newspapers)	
Billed 4/54	
Sales Tax	
Total Footing of Bill	$ 150 00
Less	$
Balance	$

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2569 Yearly No. 15 Date of Entry Feb. 12 19 53

Name of Deceased Gabriel Strochinsky (STROCHINSKY) 21
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5029 Langhorn Street ☐Husband ☐Wife ☐Widow
or ..... of } Age of Husband or Wife (if living) ..... Years

~~Charge to~~ Mrs. Holland - Re. 1-7062

Address 12 Ulor Way (UXOR)

Order given by Betty Lawrence (or informant)

How Secured Dyke Alley Lgh 7 Pr.

If Veteran, Name of War .....

Occupation Dishwasher 200-07-5064 (Social Security Number)

Employer and Address .....

Date of Death Feb. 12 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 70 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Czechoslovakia

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

Place of Death 5027 Langhorn St.

Cause of Death: Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Alley Co.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Feb. 26 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Row
Lot No. 18
Grave No. 15
Section No. 28
Block No. .....
Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 2 Professional Services		335 00
Burial Vault or Box Cave-proof Case (State Kind)		40 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		90 00
Cremation		
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, $		12 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Billed		
Sales Tax		
Total Footing of Bill	$	477 00
Less	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance Washington Trust Co.		$		To Balance Forward		$
May 13 1953	By Payment	$403 33	$ 73 67		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2570 Yearly No. 16 Date of Entry Mar. 6 1953

Name of Deceased Agapitos (Peter-Albert) Maneshas (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1716 Watson Street

☐ Husband ☐ Wife ☐ Widow } Anna Yurch
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Anna Maneshas

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Painter (Social Security Number)

Employer and Address Alley Co.

Date of Death Mar. 6 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 60 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas Cemetery

Clergyman Fr. Kamelakas (Address)

Religion of the Deceased Greek Orthodox

Birthplace Greece

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 Wm. A. McClelland (or Coroner)

His Address Coroner - Alley Co.

Name of Father Demetrius Maneshas

His Birthplace Greece

Maiden Name of Mother Unknown

Her Birthplace Greece

Date of Funeral Mon. 9 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Nicholas Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 1 Professional Services	5 10	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	130	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
~~Opening of Grave or Tomb~~ Calvary Cem	50	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
2 line Death Notices in 1 Papers	3	20
..... (Names of Newspapers)		
.....		
.....		
Sales Tax April 11 1953		
Total Footing of Bill	$ 695	20
Less	$ 645	20
Per Balance	$	

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

Miscellaneous .....

EDW. J. McAVOY

Date		Amount Paid	Balance
	To Above Balance		$
May 14 1953	By Payment	$ 300 00	$ 395 20
Mar 27 1953	" "	$ 200 00	$ 195 20
Apr 11 53	" "	$ 195 20	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

100

RECORD OF FUNERAL

Total No. 2571 Yearly No. 17 Date of Entry Mar 14 19 53

Name of Deceased Joseph M. Magennis (What Race) N

☐ Married ☐ Single ☒ Widowed ☑ Divorced

Residence 2114 Fatora Street

☐ Husband ☐ Wife ☐ Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Geo Cooper

Address 7630 Race Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Ice Dealer

Employer and Address Self (Social Security Number)

Date of Death Mar 14 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 78 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Penna

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

Place of Death Mercy Hospital

Cause of Death Lobar Pneumonia

Contributory Causes .....

Certifying Physician Wm J McClelland (or Coroner)

His Address Coroner Alleg Co

Name of Father Samuel Magennis

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Mar 17 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Minersville Cem

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	382 00
Casket ... Professional ... Service		3 25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		50 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in 1 .... Papers		
EDW. J. McAVOY		
Sales Tax Sept 21 1953		
Total Footing of Bill	$	400 00
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Mar 16 1953	By Payment	$100 00	$		By Payment	$	$
	" "	$282 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2271 Yearly No. 18 Date of Entry Mar 15 19 53

Name of Deceased Rose Susie Saad (What Race) H

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1102 Bedford Ave

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Edward Saad

Address 1102 Bedford Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation House duties (Social Security Number)

Employer and Address .....

Date of Death Mar 13 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 12 1885 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Maronite Church

Clergyman .....

Religion of the Deceased Maronite Catholic (Address)

Birthplace Lebanon

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

Place of Death Mercy Hospital

Cause of Death Shock & Concussion

Contributory Causes of Injury due to being struck by auto

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Alleg Co.

Name of Father Michael Milhem

His Birthplace Lebanon

Maiden Name of Mother Melina George

Her Birthplace Lebanon

Date of Funeral Mar 17 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket ..... Professional Services	845	00
Burial Vault or Box ..... C.P. Cast (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	4	50
Suit or Dress ..... (State Kind and Color)	22	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot	375	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	80	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 Funeral Director's Charges		
Personal Service		
20 line Death Notices in 2 Papers	8	00
M B John Name of Newspaper		
Sales Tax		
Total Footing of Bill Apr 6 1953 ..... $	1382	00
Less ..... $	42	00
Per ..... Balance ..... $	1339	00

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2572 Yearly No. 19 Date of Entry Mar 15 19 53

Name of Deceased Michael Kirk (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1304 Gibbon Street

☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mamie Hales

Address 1304 Gibbon St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Marble Setter Social Security Number 210-14-6866

Employer and Address .....

Date of Death Mar 15 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 67 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death City T. B. Hospital

Cause of Death Chronic Pulmonary

Contributory Causes T. B. - Hypertension Heart disease

Certifying Physician Dr. Geo. E. Maestri (or Coroner)

His Address City T. B. Hospital

Name of Father John Zurik

His Birthplace Ireland

Maiden Name of Mother Nora Donovan

Her Birthplace Ireland

Date of Funeral Mar 19 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 9 Professional Services	465	00
Burial Vault or Box C.V. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	60	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Newspapers)	6	40
Billed 4/7		
Sales Tax		
Total Footing of Bill	$ 595	40
Less	$	
Balance	$	

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

Miscellaneous .....

Date			Amount Paid		Balance	
		To Above Balance			$	
Apr. 22	53	By Payment	$ 425	56	$ 169	84
Oct. 21	53	" " Mrs	$ 30	00	$ 139	84
May 5	54	" " Mrs	$ 15	00	$ 124	84
Nov. 6	54	" " Mrs	$ 20	00	$ 104	84
May 7	55	" "	$ 20	00	$ 84	84

Date			Amount Paid		Balance	
Feb 27	57	To Balance Forward			$	
		By Payment	$ 20	00	$ 64	84
		" "	$ 20	00	$ 44	84
		" "			$	
		" "			$	
		" "			$	

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 .....

Revised by W. W. Feineman, Long Beach, California

Burial of

Michael Kirk

Date of Death

March 15, 1953

Date of Burial

March 19, 1953

Place of Burial

Calvary Cemetery

Addressed to

Mrs. Mamie Wiles

1304 Gibbon Street

Pittsburgh, Pa.

Statement of Professional Service Rendered

Casket & Professional Services	$465.00	
Cave-proof Case	50.00	
		515.00
CASH DISBURSEMENTS		
Cemetery Charges	60.00	
Church Services	12.00	
Death Notices	6.40	
(2) Certif. Copies Death Certificate	2.00	
		80.40
Total.....		$595.40

Edward J. McAvoy

Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

RECORD OF FUNERAL

Total No. 2573 Yearly No. 20 Date of Entry Mar. 16 19 53

Name of Deceased Michael J. Collins

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2814 Castlemaine Ave. 126 ☐Husband ☐Wife ☐Widow of Margaret Kilkenny

Age of Husband or Wife (if living) Years

Charge to

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired R.R. Clerk 716-14-1253 (Social Security Number)

Employer and Address

Date of Death Mar 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 5 1878 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Carcinomatosis

Contributory Causes Carcinoma of Sigmoid

Certifying Physician Dr. John C. Shaver (or Coroner)

His Address Mercy Hospital

Name of Father John Collins

His Birthplace Ireland

Maiden Name of Mother Mary Cunningham

Her Birthplace Ireland

Date of Funeral Mar. 20 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 596

Grave No. 2

Section No. M

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1545
Casket 7 Professional Services		1255 00
Burial Vault or Box Burial Vault (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $ Shirt & Tie		3 50
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		8 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		60 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		65 00
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		27 00
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 6 Papers		31 20
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill Mar 30, 1953	$	1605 70
Less	$	
Balance	$	

EDW. J. MCAVOY PAID

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2574 Yearly No. 21 Date of Entry Mar. 21 19 53

Name of Deceased Anna Lesoon (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4753 Baum Blvd. ☐Husband ☐Wife ☐Widow of John Age of Husband or Wife (if living) Years

Charge to

Address

Order given by Edw. J. Lesoon (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 21, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orthodox Church (Address)

Clergyman

Religion of the Deceased Syrian Orthodox

Birthplace Palestine

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

Place of Death 4753 Baum Blvd.

Cause of Death Coronary Occlusion

Contributory Causes Nerve Injection

Certifying Physician Dr. Geo. Sonoff (or Coroner)

His Address 3701 Penn Avenue

Name of Father Tayeh Salem

His Birthplace Palestine

Maiden Name of Mother Sadie Kabeer

Her Birthplace Palestine

Date of Funeral Mar 25, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood Cemetery

LESOON — On Saturday, March 21, 1953, Anna Salem, wife of John Lesoon; mother of Edward J. Lesoon; Grandmother of Edward J. Jr., Esther and Lorraine Lesoon. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday afternoon at 1:30. Services at St. George Syrian Orthodox Church at 2 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1840
Casket. Professional Services		945 00
Burial Vault or Box (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		30 00
Slippers, $ 5 ... Hose, $		5 50
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Homewood Cemetery		18 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		7 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		699 50
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
150 Acknowledgment Cards		7 50
10 line Death Notices in 2 Papers		32 00
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Mar 1, 1953	$	1889 50
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2575 Yearly No. 22 Date of Entry May 24 1953

Name of Deceased Infant Joseph A. Delevan (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1611 Custer Street ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Anthony Delevan

Address 1611 Custer St.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 24 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 23 1953 Age 1 day. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Prematurity

Contributory Causes Premature Separation of placenta

Certifying Physician Dr. J. S. Schneider (or Coroner)

His Address Mercy Hospital

Name of Father Anthony Delevan

His Birthplace .....

Maiden Name of Mother Mary Hagaman

Her Birthplace .....

Date of Funeral May 26 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket 4 Professional Services	20	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	25	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	55	00
Less ..... Per ..... $		
Balance ..... $		

EDW. J. McAVOY
Apr 10, 1953

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2576 Yearly No. 23 Date of Entry Apr. 3 19 53

Name of Deceased Virginia E. Cousins (What Race) H

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 176 Burrows Street ☐Husband ☐Wife ☐Widow } or ..... of } Ross Age of Husband or Wife (if living) ..... Years

Charge to: Ross Cousins

Address 176 Burrows St.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Apr. 3. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 12 1906 Age 46 - 8 - 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman .....

Religion of the Deceased Protestant (Address)

Birthplace Chillicothe - Ohio

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

Place of Death Montefiore Hospital

Cause of Death Mesenteric Thrombosis

Contributory Causes .....

.....

Certifying Physician Dr. Isaacson / Dr. Stevenson (or Coroner)

His Address: Montefiore Hospital

Name of Father Samuel Guy Rust

His Birthplace .....

Maiden Name of Mother Yvonne La Rousse

Her Birthplace .....

Date of Funeral Apr. 6. 1953 (Date) 3 P. M. (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } South Side Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	465	00
Burial Vault or Box C.R. Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	60	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 1 .... Papers	3	60
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 574	60
Less	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Apr. 22 53	By Payment 5	$ 500 60	$ 74 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2577 Yearly No. 24 Date of Entry Apr. 8 1953

Name of Deceased Anna Hanratty (What Race) A

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1500 Parker St

☐ Husband ☐ Wife ☐ Widow } Peter
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. Lee Hanratty

Address 1500 Parker St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutie (Social Security Number)

Employer and Address .....

Date of Death April 8 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 22 1884 (Mo.) (Day) (Yr.) Age 68 Yrs. (Yrs.) 3 (Mos.) 16 (Days)

Services at Epiphany Church

Clergyman Rev. L. F. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Little Sisters of the Poor 5324 Penn Ave.

Cause of Death Endocarditis

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr. James Curtis (or Coroner)

His Address 1103 Magee Bldg

Name of Father Joseph M. Gosch

His Birthplace Holland

Maiden Name of Mother Anna Shea

Her Birthplace Ireland

Date of Funeral Apr. 11 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Joseph (Natrona)

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket. 1 Professional Service	380	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to. Extra Mileage	11	10
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot. Cemetery Charges	45	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers	8	00
(Names of Newspapers)		
Sales Tax Apr. 30 1953		
Total Footing of Bill ..... $	457	10
Less ..... $		
Per ..... Balance ..... $		

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

Miscellaneous .....

EDWARD J. McAVOY
FUNERAL DIRECTOR

Date		Amount Paid	Balance
	To Above Balance		$
Apr. 22 53	By Payment	$ 445 41	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2578 Yearly No. 25 Date of Entry Apr. 13 1953

Name of Deceased Infant Girl Lobbett (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1207 Kelton Ave.

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: John J. McCaffrey

Address.....

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

How Secured:.....

If Veteran, Name of War:.....

Occupation None (Social Security Number)

Employer and Address.....

Date of Death Apr. 13 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 13 1953 Age 1 minute (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Allegheny Gen. Hospital

Cause of Death Hydrocephalus

Contributory Causes.....

.....

Certifying Physician Dr. C. A. Beall (or Coroner)

His Address: Carlton House, Pgh. Pa.

Name of Father Francis A. Lobbett

His Birthplace.....

Maiden Name of Mother Jacqueline McCaffrey

Her Birthplace.....

Date of Funeral Apr. 14 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to.....

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

Manufactured by.....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	
Casket. 4 Bronze		20 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		25 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill Apr. 13 1953	$	45 00
Less	$	
Per Jm Balance	$	

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

Miscellaneous.....

EDWARD 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.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2579 Yearly No. 26 Date of Entry Apr 14 19 53

Name of Deceased Anna M. Scott (What Race) A

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 305 Miltenberger Street ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. Marcellus J. Kirsch (M.d.)

Address Kerchner, Marshall & Co.

Order given by Phila. Bank Building Phila. Pa. (or informant)

How Secured

If Veteran, Name of War

Occupation Rooming house proprietress (Social Security Number)

Employer and Address

Date of Death Apr. 17 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 10 1874 Age 78 - 4 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Grephany Church

Clergyman Rev. L.A. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Penna

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

Place of Death 305 Miltenberger St.

Cause of Death Arteriosclerotic heart disease

Contributory Causes with Cardiac failure

Certifying Physician Dr. L.J. Barnett (or Coroner)

His Address 2004 Tioga Ave.

Name of Father James P. Scott

His Birthplace

Maiden Name of Mother Mary Bingham

Her Birthplace

Date of Funeral Apr. 21 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Row 18

Lot No.

Grave No. 43

Section No. 28

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	575	
Casket 4 Professional Services	380	00
Burial Vault or Box Panel (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	24	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot. Cemetery Charges	90	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10 Singers, $ .... Organist, $	27	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)	14	40
To Dr. Barnett for Services	10	00
Sales Tax		
Total Footing of Bill	541	40
Less Billed Apr 25, 1953		
Balance		

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

Date		Amount Paid	Balance	Date
	To Above Balance			
	By Payment			
	" "			
	" "			
	" "			
	" "			

M. J. KIRSCH

KERCHNER, MARSHALL & COMPANY
PHILADELPHIA BANK BUILDING
PHILADELPHIA 2, PA.

METALLURGICAL SALES ENGINEER

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 .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2520 Yearly No. 27 Date of Entry April 12 1953

Name of Deceased James Shakalar (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence:

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: E.J. Lesser

Address:

Order given by: (or informant)

How Secured:

If Veteran, Name of War

Occupation Peddler (Social Security Number)

Employer and Address Self

Date of Death April 12 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 15 1892 (Mo.) (Day) (Yr.) Age 60 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Romley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Palestine

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

Place of Death Maywood Hospital

Cause of Death Coronary Occlusion

Contributory Causes:

Certifying Physician M. D. Maywood (or Coroner)

His Address:

Name of Father George Shakalar

His Birthplace Palestine

Maiden Name of Mother Hennay Abraham

Her Birthplace Palestine

Date of Funeral April 17 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Miscellaneous.

Complete Funeral (except outlays)	$	
Casket 4 Professional Services	195	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	80	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Billed - M.P.A.		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$	275 00
Less ..... June 22, 1953	$	
Balance	$	

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

For .....

Miscellaneous.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Apr. 17	By Payment	$ 153 00	$ 122 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2581 Yearly No. 28 Date of Entry Apr. 18 1953

Name of Deceased Anna George (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1107 Webster Ave

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. Tony George

Address 1107 Webster Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Apr. 15. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 7, 1881 (Mo.) (Day) (Yr.) Age 71 (Yrs.) (Mos.) (Days)

Services at St Anns Maronite Church

Clergyman ..... (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death Maywood State Hospital

Cause of Death Arteriosclerotic Heart disease

Contributory Causes Psychosis with Cerebral arteriosclerosis

Certifying Physician Maywood State Hosp. M.D. (or Coroner)

His Address .....

Name of Father George Simon

His Birthplace Lebanon

Maiden Name of Mother Anna Joseph

Her Birthplace Lebanon

Date of Funeral Apr. 21 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 2559

Grave No. 3

Section No. K

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket 4 Professional Grade	900	00
Burial Vault or Box C. P. Cast (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot	250	00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $	100	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb ete	80	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 Funeral Director's Charges		
Personal Service		
3 line Death Notices in 2 Papers	6	40
(Names of Newspapers)		
B'nai B'rith Newsletter Cardoza	2	00
Bulletin		
Sales Tax		
Total Footing of Bill ..... $	1234	40
Less ..... $	1384	40
Balance ..... $	1340	00

PAID May 28, 1953 EDW. J. MCAVOY

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2582 Yearly No. 29 Date of Entry April 25 1953

Name of Deceased Salem Espes (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence: 1611 Bedford Ave

Charge to: Mrs. Susie Albert

Address: 1611 Bedford Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired Peddler (Social Security Number)

Employer and Address .....

Date of Death Apr 25 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 19 1875 (Mo.) (Day) (Yr.) Age 78 - 3 - 6 (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orthodox

Clergyman Fr. Paul Romley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Syria

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

Place of Death 1611 Bedford Ave

Cause of Death Carcinoma Sub of Pancreas

Contributory Causes .....

.....

Certifying Physician Dr. Albert Gebbum (or Coroner)

His Address: 1710 Bedford Ave

Name of Father Salem Espes

His Birthplace Syria

Maiden Name of Mother Unknown

Her Birthplace Syria

Date of Funeral Apr 28 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Memorial Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket Metropolitan Services	450	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... Clothing (State Kind and Color)	30	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)	1	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill ..... $	481	00
Less ..... Per ..... $		
Balance ..... $		

EDW. J. McAVOY
BILLED
June 1 6 1953

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2583 Yearly No. 30 Date of Entry May 2 19 53

Name of Deceased Helen McKendrick Hawley (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of James A. Age of Husband or Wife (if living) ..... Years

Residence 4717 Perry Highway

Charge to James A. Hawley

Address 4717 Perry Highway

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address Housekeeper

Date of Death May 2 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 27 1902 Age 51-0-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. McGlathery (Address)

Religion of the Deceased Presbyterian

Birthplace Pittsburgh, Pa.

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

Place of Death 4717 Perry Highway

Cause of Death Gunshot wound of right temple

Contributory Causes .....

Certifying Physician Wm. O. McClelland (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father Williams Robinson

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral May 5 1953 (Date) (Day of Week) ..... M. (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket P. Professional Service	380	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	22	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	150	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Directors' Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Per		
Sales Tax		
Total Footing of Bill	$ 553	50
Less	$	
Balance	$	

PAID

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
May 15, 1953	By Payment	$ 500 92	$ 53 58
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2584 Yearly No. 31 Date of Entry April 6 1953

Name of Deceased Sgt. Joseph M. Stankowski R.A. 13-396-111 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 34 Clay Way Pgh. Pa. (19) ☐Husband ☐Wife ☐Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Edward Stankowski Sr.

Address 34 Clay Way

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

How Secured .....

If Veteran, Name of War .....

Occupation Radiowave (Signal Corp) (Social Security Number)

Employer and Address U.S. Army

Date of Death April 6 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 29 1928 Age 24-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Camp Horobetsu Japan

Cause of Death Electrocution

Contributory Causes Congestion of lungs and brain severe

Certifying Physician Samuel D. Hendley 1st Lt. MC (or Coroner)

His Address USAH 2165th A.U. APO 339

Name of Father Edward Stankowski

His Birthplace Poland

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral May 6 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Soldiers Sec (728)

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		125 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		3 00
Funeral Car, $ 1 ..... Ambulance, $		18 50
Limousines to Cemetery 2 @ $ 15		30 00
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from R.R. Station		12 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, $		75 00
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10 ..... Singers, $ .... Organist, $		12 00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		75 00
..... line Death Notices in ..... Papers		
Remembrance Cards		8 00
EDW. J. McAVOY		
PAID		
Sales Tax June 1, 1953		
Total Footing of Bill	$	358 50
Less	$	
Per ..... Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2585 Yearly No. 32 Date of Entry May 3 1953

Name of Deceased Anthony Nicotra

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) A

Residence 415 Serpentine Drive Pk. 16 Pa. ☐Husband ☐Wife ☐Widow or ____ of } Carolina Valenti Age of Husband or Wife (if living) ____ Years

Charge to Mr. S. A. Nicotra

Address 415 Serpentine Drive

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Retired Barber 167-05-6859 (Social Security Number)

Employer and Address ____

Date of Death May 3 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 13 1877 Age 75 - 8 - 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Rev. G. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 415 Serpentine Drive

Cause of Death Coronary Occlusion

Contributory Causes Coronary Arteriosclerosis

Certifying Physician Dr. Brooke Cornelius (or Coroner)

His Address 450 Washington Road

Name of Father Salvatore Nicotra

His Birthplace Italy

Maiden Name of Mother ____ Buonanno

Her Birthplace Italy

Date of Funeral May 7 1953 ____ M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 2353

Grave No. ____

Section No. 7

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	$	1130 00
Casket 7 Professional Bron. (Vault.)		990 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress Toilette (State Kind and Color)		5 25
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
Autos to R. R. Station ____ @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Calvary Cemetery		9 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		85 00
Cremation Copy Chg. Rec'd		
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, $		50 00
Railroad or Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers (Names of Newspapers)		24 00
Sales Tax		
Total Footing of Bill	$	1169 25
Less May 27 1953	$	
Balance	$	

Entered into Ledger, page ____ or below.

Miscellaneous ____

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 ____

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2586 Yearly No. 33 Date of Entry May 7 1953

Name of Deceased Kasser Kelly (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 774 Montclair St ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Harry Kelly 3103 Primrose

Address 536 Dixon St. Homestead Pa.

Order given by G.C. Hoppe No. 1-3802 (or informant)

How Secured Mrs. Kelly Tel. 1-1442

If Veteran, No. of War .....

Occupation Retired Baker (Social Security Number)

Employer and Address .....

Date of Death May 2 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 7 1885 Age 67-10-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orth. Church

Clergyman .....

Religion of the Deceased Syrian Orthodox (Address)

Birthplace Syria

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

Place of Death 774 Montclair St

Cause of Death Congestive heart failure

Contributory Causes Hypertension heart disease

Certifying Physician Dr. J. D. Donovan (or Coroner)

His Address Alger Street

Name of Father Kalile Kasser

His Birthplace Syria

Maiden Name of Mother Helen Kalile

Her Birthplace Syria

Date of Funeral May 9 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Lebanon

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket (Professional Service)	735	00
Burial Vault or Box C.P. Cast (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Undergarments etc. (State Kind and Color)	5	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	100	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in ..... Papers (Names of Newspapers)		
Billed		
Sales Tax		
Total Footing of Bill	$	891 00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Feb 20 54	By Payment	$283 72	$607 28
~ 54	" "	$180 00	$427 28
Mar 25 54	" Mary K. Kelly	$104 91	$323 37
	" "	$ 50 92	$ 271 45
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2587 Yearly No. 34 Date of Entry May 12 19 53

Name of Deceased Frank Homat (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 705 Forbes Street

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to D. P. A.

Address .....

Order given by John Secula (or informant)

How Secured 705 Forbes St.

If Veteran, Name of War .....

Occupation Retired Laborer (Social Security Number)

Employer and Address .....

Date of Death May 10 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 1 1876 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at ~~the~~ Chapel

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Rumania

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

Place of Death 705 Forbes St.

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner Alleg. Co.

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace ~~Unk~~ .....

Date of Funeral ~~Sat~~ 12, 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Chartiers Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket	170	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
EDW. J. McAVOY (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	170	00
Less ..... Par. ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2528 Yearly No. 35 Date of Entry May 10 19 53

Name of Deceased Lillian M. Castell (What Race) 21

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1105 Webster Ave ☐Husband ☐Wife ☐Widow or ..... of Regis Age of Husband or Wife (if living) ..... Years

Charge to Regis Castell

Address 1105 Webster Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Advertising (Social Security Number)

Employer and Address Newspaper (Press)

Date of Death May 10 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 6 1910 Age 42 - 11 - 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1105 Webster Ave

Cause of Death: Massive Cerebrovascular

Contributory Causes. Accident

.....

Certifying Physician Dr. Rex M. Newton (or Coroner)

His Address: 7026 Jenkins Arcade

Name of Father Joseph Barbet

His Birthplace Lebanon

Maiden Name of Mother Eva Assad

Her Birthplace Lebanon

Date of Funeral May 13, 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		960 00
Burial Vault or Box (State Kind)		125 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		32 00
Slippers, $ ..... Hose, $		5 00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		18 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		80 00
Cremation		
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, $		27 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in .....Papers (Names of Newspapers)		
Cleveland Press Chargle on 5.12		17 60
200 Acknowledgment Cards		8 50
Sales Tax		
Total Footing of Bill	$	1274 10
Less	$	
Billed 6/30 Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Sept 10 1953	By Payment	$ 253 39	$ 1020 71
Oct 1953	" "	$ 100 00	$ 920 71
Nov 4 1953	" "	$ 100 00	$ 820 71
Dec 4 1953	" "	$ 100 00	$ 720 71
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 25.89 Yearly No. 36 Date of Entry May 13 19 53

Name of Deceased Sadie Anthony

☐ Married ☐ Single ☒ Widowed ☒ Divorced

Residence 1407 Webster Ave

☐ Husband ☐ Wife ☐ Widow } of Thomas Anthony (What Race)

Age of Husband or Wife (if living) Years

Charge to Marcan Anthony

Address 1407 Webster Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death May 13 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 77 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Maronite Church

Clergyman

Religion of the Deceased Syrian Maronite (Address)

Birthplace Lebanon

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

Place of Death Hoobville Hospital

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease

Certifying Physician A.C.S.D. - M.D. (or Coroner)

His Address

Name of Father Elias Thomas

His Birthplace Lebanon

Maiden Name of Mother Yesmin Koukas

Her Birthplace Lebanon

Date of Funeral May 16 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 993	00
Casket a Professional Service	875	00
Burial Vault or Box A.P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	4	65
Suit or Dress (State Kind and Color)	25	00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)	4	00
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	80	00
Cremation		
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 / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Bill EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$ 1073	65
Less	$	
Balance	$	

PAID July 21, 1953 Jem

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May 15 1953	By Payment	$ 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

Witness

Address

Revised by W. W. Peineman, Long Beach, California

120

RECORD OF FUNERAL

Total No. 2590 Yearly No. 37 Date of Entry May 13 1953

Name of Deceased Philip Joseph (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 20 Congress Street ☐Husband ☐Wife ☐Widow or ____ of Adeline Yemin

Age of Husband or Wife (if living) ____ Years

Charge to Mrs. Adeline Joseph

Address 20 Congress Street

Order given by ~~Mr. Brennan~~ Dr 11502 (or informant)

How Secured Mr Baer

If Veteran, Name of War ____

Occupation Truck Driver (Social Security Number)

Employer and Address Self

Date of Death May 13 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 4 1927 Age 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspharry Church

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Dump in Homewood Cemetery

Cause of Death Crushed head and chest

Contributory Causes due to high left going over embankment

Certifying Physician Wm D McClelland (or Coroner)

His Address Coroner Allg Co.

Name of Father Gabriel Joseph (Bedrus)

His Birthplace Lebanon

Maiden Name of Mother ____

Her Birthplace ____

Date of Funeral May 16 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	$	
Casket 2 Professional Bronze		1095 00
Burial Vault or Box (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
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)		
3 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot		85 00
Cremation ____		
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 / Motor } Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
____ line Death Notices in ____ Papers (Name of Newspapers)		2 20
Sales Tax		
Total Footing of Bill	$	1233 20
Less	$	
Balance	$	
Entered into Ledger, page ____ or below.		

McAVOY FUNERAL HOME May 20 1953 PER JBM

Miscellaneous ____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May 15 1953	By Payment	$ 225 00	$		By Payment	$	$
	" "	$ 150 00	$ 861 20		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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 ____

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2591 Yearly No. 38 Date of Entry May 16 1953

Name of Deceased Peter J. Mc Nulty

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 309 Jamonville Street ☐Husband ☐Wife ☐Widow or ..... of (What Race) Virginia Mc Nee

Charge to Mrs. Virginia Mc Nulty Age of Husband or Wife (if living) ..... Years

Address 2035 Fifth Ave

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

How Secured .....

If Veteran, Name of War WW #1

Occupation Surveyor (Social Security Number)

Employer and Address Alley A.

Date of Death May 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 11 1889 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Rev. E. J. Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Presbyterian Hospital

Cause of Death Acute Myocardial

Contributory Causes Arteriosclerosis

.....

Certifying Physician ..... (or Coroner)

His Address Presbyterian Hospital

Name of Father Bartley Mc Nulty

His Birthplace Ireland

Maiden Name of Mother Honora Connelly

Her Birthplace Ireland

Date of Funeral May 20, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 159

Grave No. 6

Section No. C

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket Professional Service	465	00
Burial Vault or Box C.R. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	80	00
Cremation		
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, $	15	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 2 .... Papers	6	40
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill J. McAVOY ..... $	629	40
Less ..... $		
Balance ..... $		

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

Oct 5, 1954

Miscellaneous 9pm

Date		Amount Paid	Balance
	To Above Balance		$
1953	By Payment	$	$
June 7	" "	$ 456 00	$ 173 40
	" " Mass	$ 23 40	$ 150 00 Amt Due
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2592 Yearly No. 39 Date of Entry May 13 19 53

Name of Deceased Mary Joseph (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 5324 Penn Ave - 1108 Bedford Ave ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Miss Lillian McCarey

Address 1108 Bedford Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Housewife) (Social Security Number)

Employer and Address .....

Date of Death May 19 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 86 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Anns Maronite

Clergyman Rev E. Basil (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death Pittsburgh Hospital

Cause of Death Hypostatic Pneumonia

Contributory Causes Arteria sclerotic heart disease. Following fracture of left hip due to a fall a year ago

Certifying Physician Wm. O. McClelland (or Coroner)

His Address: Coroner Allegh.

Name of Father Raymond McCarey

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace Lebanon

Date of Funeral May 22 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 389

Grave No. 3

Section No. 5

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	145 00
Casket		120 00
Burial Vault or Box C.R. Case (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		33 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		80 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	883 00
Less	$	
Balance	$	

EDW. J. McAVOY
MAY 25 1953

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2593 Yearly No. 40 Date of Entry May 18 19 53

Name of Deceased Emil M. Johnson (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1504 Calwell Street

☐ Husband ☐ Wife ☐ Widow } Loretta George
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Loretta Johnson

Address 1504 Calwell Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Milk Truck Driver 209-09-6268 (Social Security Number)

Employer and Address Harmony Dairy

Date of Death May 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 21 1903 Age 50 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Brooklock, Pa.

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 Hm. D. McClelland (or Coroner)

His Address Conmen - Alley Co.

Name of Father George Johnson

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral May 22 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Hm. Penn Mem.

Diagram of Lot or Vault

Lot No. 115

Grave No. 1

Section No. EE

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$ 930	00
Casket	830	00
Burial Vault or Box (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery	12	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	65	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 1 .... Papers	12	80
..... (Names of Newspapers)		
SS-OK. EDW. J. MCAVOY		
..... PAID		
Sales Tax ..... June 26, 1953		
Total Footing of Bill	$ 972	80
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

.....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2594 Yearly No. 41 Date of Entry May 21 19 53

Name of Deceased Julia Nee (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1929 Tustin Street ☐Husband ☐Wife ☐Widow of Michael Age of Husband or Wife (if living) Years

Charge to: Michael Nee

Address 1929 Tustin St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 21 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 25 1904 Age 48-1-23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev. J. A. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death California Ave

Cause of Death Abdominal Carcinoma

Contributory Causes Carcinoma of Cervix

Certifying Physician Dr. H. Kuehnel (or Coroner)

His Address:

Name of Father Michael Vaughan

His Birthplace Ireland

Maiden Name of Mother Bridget McDonough

Her Birthplace Ireland

Date of Funeral May 25 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

NEE—On Thursday, May 21, 1953, Julia Vaughan, wife of Michael Nee; mother of Mrs. Mary Keys, Bridget, Julia, John and Michael Nee; sister of Mrs. Mary Nee. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 8:30. Requiem high mass at Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No. New 18

Grave No. 59

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	360 00
Casket Professional Service		645 00
Burial Vault or Box O.F. Case (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		30 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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 (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
Flowers, $ Palms, $ Matting, $		15 00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		12 00
Railroad / or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers		16 00
100 Rem (Name of Newspaper) EDW. J. McAVOY		2 00
Sales Tax		
Total Footing of Bill	$	881 00
Less	$	
Per Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2595 Yearly No. 42 Date of Entry May 25 1953

Name of Deceased Mary Felber (What Race) N

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1015 Bluff Street ☐Husband ☐Wife ☐Widow } of Henry

Charge to Mr. Eugene Felber Age of Husband or Wife (if living) ..... Years

Address 1015 Bluff St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 25 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 3 1878 Age 74-9-23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Fryburg

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Wheeling W. Va.

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

Place of Death 1015 Bluff St.

Cause of Death Coronary Heart disease

Contributory Causes .....

.....

Certifying Physician Dr. L. J. Barnett (or Coroner)

His Address 2004 Jefferson

Name of Father John Lenahan

His Birthplace Ireland

Maiden Name of Mother Catherine Byrne

Her Birthplace Ireland

Date of Funeral May 30 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Calvary - Wheeling W. Va.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 7 Professional Sequence	670	00
Burial Vault or Box Outside Case (State Kind)	15	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	4	45
Suit or Dress (State Kind and Color)	20	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Wheeling	90	00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	55	00
Cremation		
Flowers, $ 5 Palms, $ ..... Matting, $	30	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 Singers, $ .... Organist, $	17	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers	24	00
1 Wheeling paper (Name of Newspaper)	4	73
1 obit. Item Paid J. McAVOY	2	00
.....		
Sales Tax		
Total Footing of Bill July 6, 1953 PAID $	943	38
Less Bill Paid $		
Per Balance $		

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2596 Yearly No. 43 Date of Entry May 31 19 53

Name of Deceased Elizabeth O'Hare (Sr. M. Bride) (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence: Mercy Hospital

Charge to: Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teacher (In Religion) (Social Security Number)

Employer and Address

Date of Death May 21 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 22 1868 Age 84-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Xaviers Academy

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Bronchio Pneumonia

Contributory Causes

Certifying Physician Dr John M. Johnston (or Coroner)

His Address: Mercy Hospital

Name of Father Joseph O'Hare

His Birthplace Ireland

Maiden Name of Mother Elizabeth Campbell

Her Birthplace Ireland

Date of Funeral June 3 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Xaviers Cem. Latrobe Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Service	150	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in M.C. Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	150 00
Less Per	$	
Bill Rubert Balance	$	

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

Miscellaneous

RECEIVED JUN 25 1954 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2597 Yearly No. 44 Date of Entry June 12 19 53

Name of Deceased Joseph F. Howard (What Race) W

☒ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 59 Tunnel Street

☐Husband ☐Wife ☐Widow of Marie K. Poe Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Marie K. Howard

Address 59 Tunnel St.

Order given by Mrs. Delia Abbott (or informant)

How Secured 1539 Methyl St. Pgh 16 Pa.

If Veteran, Name of War .....

Occupation Plasterer (Social Security Number)

Employer and Address .....

Date of Death June 12, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 30, 1896 Age 56 - 7 - 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 59 Tunnel St.

Cause of Death Lobar Pneumonia

Contributory Causes .....

.....

Certifying Physician Dr. L. J. Barnett (of Coroner)

His Address 2004 Forbes Ave.

Name of Father Michael Howard

His Birthplace Ireland

Maiden Name of Mother Julia Connelly

Her Birthplace Ireland

Date of Funeral June 16, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

HOWARD—On Friday, June 12, 1953, Joseph F. Howard, husband of Marie K. Poe; brother of Mrs. William R. Brown, Mrs. James H. Abbott, Mrs. George J. Wagner, Mrs. James Finn and Gerald E. Howard. 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. 6

Section No. 28

Row .....

Block No. 19

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket a Professional Service	560	00
Burial Vault or Box C.P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	110	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Notary Fee		50
11 line Death Notices in 4 Papers (Names of Newspapers)	17	60
Sales Tax Dec 11, 1953		
Total Footing of Bill	$	754 10
Less Per J.F.M.	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
July 22 53	By Payment	$ 348 72	$ 405 38
	" "	$ 200 00	$ 205 38
	" "	$ 50 00	$ 155 38
Sept 23 53	" "	$ 55 38	$ 100 00
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2598 Yearly No. 46 Date of Entry June 16 19 53

Name of Deceased Ezmary Hajas (Hajash) (What Race)

☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 234 Rowena Way ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Joan Hajas

Address 4750 Centre Ave.

Order given by 204 Kohler - Pgh 27 (or informant)

How Secured:

If Veteran, Name of War

Occupation Beauty Operator (Social Security Number)

Employer and Address Self (204 - 5th Ave)

Date of Death June 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 10 1882 Age 64 - 8 - 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Budapest Hungary

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

Place of Death Magee Hospital

Cause of Death Bronchogenic Carcinoma

Contributory Causes C. metastases

Certifying Physician Dr. Carl E. Pedersen (or Coroner)

His Address Magee Hospital

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral June 18 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 19

Grave No. 9

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	400	00
Burial Vault or Box C. P. Cook (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	90	00
Cremation		
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, $	12	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 552	00
Less	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Sept. 4 1953	By Payment	$ 287 50	$ 264 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2599 Yearly No. 46 Date of Entry June 22 19 53

Name of Deceased Julia Meyers (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 900 Locust Street

☐Husband ☐Wife ☐Widow or ..... of { John Meyers (Di Maria) Age of Husband or Wife (if living) ..... Years

Charge to Mr. John Meyers Jr.

Address 329 Miranda St.

Order given by Dr. Po Pa (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death June 22 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 2 1884 Age 69-5-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mayview State Hospital

Cause of Death Coronary Thrombosis

Contributory Causes Psychosis with Cerebral thrombosis

Certifying Physician Mayview State Hospital (or Coroner)

His Address .....

Name of Father Dennis Hurley

His Birthplace Ireland

Maiden Name of Mother Anna Collins

Her Birthplace .....

Date of Funeral June 25, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory } ..... St. Mary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Service	485	00
Burial Vault or Box O. P. Case (State Kind)	56	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	4	65
Dressing Body, $ ..... Underwear, $	34	00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Chgs	120	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers	16	00
(Names of Newspapers)		
Sales Tax Oct 25, 1953		
Total Footing of Bill	$ 723	65
Less ..... Per	$	
Balance	$	

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

Miscellaneous .....

EDW. J. McAVOY

Date		Amount Paid	Balance
	To Above Balance		$
July 16 53	By Payment	$ 554 27	$ 167 38
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 26.00 Yearly No. 47 Date of Entry June 28 19 53

Name of Deceased John Bracci 2t.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1706 Forbes Street ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Eli Bracci

Address 1706 Forbes St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death June 26 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 24 1953 Age 1 1/12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Congenital atelectasis

Contributory Causes Pulmonary

.....

Certifying Physician Dr. Rupert Friday (or Coroner)

His Address Mercy Hospital

Name of Father Eli Bracci

His Birthplace .....

Maiden Name of Mother Anna Prospero

Her Birthplace .....

Date of Funeral June 30 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } .....

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket ... x Professional Services	20	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	25	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers ..... (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	45 00
Less	$	
Balance	$	

EDW. J. McAVOY
Aug 31 1953
Per

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

Miscellaneous .....

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2601 Yearly No. 48 Date of Entry July 12 1953

Name of Deceased Martha Lohman (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1120 Vickery St

☐ Husband ☐ Wife ☐ Widow of Wm. J. Age of Husband or Wife (if living) ..... Years

Charge to Wm. J. Lohman

Address 1120 Vickery St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death July 12 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 16 1917 Age 35-6-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Newton N. Y.

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

Place of Death Montefiore Hospital

Cause of Death Metastic cancer from

Contributory Causes the lung & liver

Primary Carcinoma of breast

Certifying Physician ..... (or Coroner)

His Address Montefiore Hospital

Name of Father George Nieslein

His Birthplace .....

Maiden Name of Mother Anna Kocab

Her Birthplace .....

Date of Funeral July 16 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Wednesday afternoon at 2 o'clock.

LOHMAN—On Sunday, July 12, 1953 Martha Nieslein, wife of William Lohman Sr., mother of Mary Jean and William Lohman Jr., daughter of George and Anna Nieslein. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Thursday morning at 8:30. Requiem high mass at Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Row
Lot No. 19

Grave No. 17

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 9 Professional Services	895	00
Burial Vault or Box (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	4	65
Suit or Dress (State Kind and Color)	32	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery	9	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	125	00
Cremation		
Flowers, $ 5 .... Palms, $ ..... Matting, $	30	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 .... Singers, $ .... Organist, $	12	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 ... Papers (Names of Newspapers)	24	00
Sales Tax		
Total Footing of Bill	$	1192 65
Less	$	1192 65
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	1954	To Balance Forward		$
Aug. 29 1953	By Payment	$ 195 00	$ 997 65	Mar. 29	By Payment	$ 50 00	$ 547 65
Sept. 1953	" "	$ 200 00	$ 797 65	Apr. 27	" "	$ 50 00	$
Oct. 3 1953	" "	$ 100 00	$ 697 65	May 15	" "	$ 50 00	$ 447 65
Jan. 25 1954	" "	$ 50 00	$ 647 65	July 15	" "	$ 50 00	$ 397 65
Feb. 27 1954	" "	$ 50 00	$ 597 65		" "	$	$

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 .....

Revised by W. W. Feineman, Long Beach, California

Burial of

Martha Lohman

Date of Death

July 12,1953

Date of Burial

July 16,1953

Place of Burial

Calvary Cemetery

Addressed to

Wm. J. Lohman

1120 Vickroy St

Pittsburgh, Pa

Statement
of
Professional Service Rendered

Casket & Professional Services	895.00	
Cave-proof Case	50.00	945.00
CASH DISBURSEMENTS		
Clothing	36.65	
Flower Car	9.00	
Cemetery Charges	135.00	
Flowers	30.00	
Religious Service	12.00	
Death Notices	24.00	
Death Certificate	1.00	247.65
	Total.....	$1192.65

Edward J. McAvoy
Funeral Director
1700 FORBES STREET, PITTSBURGH, PA.

RECORD OF FUNERAL

Total No. 2602 Yearly No. 49 Date of Entry July 13 1953

Name of Deceased Mary E. Szabo (Ro Bear)

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1503 Boyle Street ☐Husband ☐Wife ☐Widow or ____ of { Paul Szabo Age of Husband or Wife (if living) ____ Years

Charge to John Ro Bear

Address 936 N. Lincoln Ave. (33)

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death July 13 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 54 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1503 Boyle Street

Cause of Death: Carcinoma of Cervix

Contributory Causes with metastases

____

Certifying Physician Dr. Wm. Perara (or Coroner)

His Address 206 N. Ohio Street

Name of Father John Holland

His Birthplace ____

Maiden Name of Mother Johanna Cullinan

Her Birthplace ____

Date of Funeral July 16 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	$	
Casket Professional Bronze	650	00
Burial Vault or Box C. P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____	4	65
Suit or Dress ____ (State Kind and Color)	19	00
Slippers, $ ____ Hose, $ ____	5	00
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
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, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	70	00
Cremation ____		
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, $ ____	12	00
Railroad / Motor } Tickets, $ ____ Aero-plane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
9 line Death Notices in 3 Papers (Names of Newspapers)	10	80
Sales Tax		
Total Footing of Bill	$	821 45
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Miscellaneous ____

Date		Amount Paid	Balance
	To Above Balance		$
July 14 53	By Payment	$ 500 00	$ 321 45
	" "	$ 60 00	$ 261 45
Sept 13, 1953	" "	$ 70 00	$ 171 45
Dec. 13 1953	" "	$ 30 00	$ 141 45
	" "	$	$

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.

Signed ____

Witness ____ Address ____

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2603 Yearly No. 50 Date of Entry July 19 1953

Name of Deceased Andrew C. McGraw (What Race) 24

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1612 Fifth Ave ☐Husband ☐Wife ☐Widow of Jennie McGee Age of Husband or Wife (if living) ..... Years

Charge to Mrs Mary Maher

Address 1612 Fifth Ave

Order given by Co. 12745 (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death July (Mo.) 19 (Day) 1953 (Yr.) (Hour)

Date of Birth Unknown (Mo.) Age (Day) Abt (Yr.) 67 yrs (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Cerebral vascular

Contributory Causes Accident

Certifying Physician Dr. Geo. E. Cowan (or Coroner)

His Address Mercy Hospital

Name of Father James J. McGraw

His Birthplace

Maiden Name of Mother Ellen Shuggens

Her Birthplace

Date of Funeral July (Date) 23 (Day of Week) 1953 (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 16

Grave No. 181

Section No. 14

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Impressions Bronze	380	00
Burial Vault or Box C. P. Gre (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	70	00
Cremation		
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, $	12	00
Railroad / or Motor } Tickets, $ ..... Aero- / plane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers (Names of Newspapers)	13	20
Sales Tax		
Total Footing of Bill	$	526 20
Less	$	
Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2604 Yearly No. 51 Date of Entry July 23 19 53

Name of Deceased William H. Van Landingham Jr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1909 Fruatin Street

☐ Husband ☐ Wife ☐ Widow } Stella Mc Connell
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Stella Van Landingham

Address 1909 Fruatin St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Truck Driver 167-10-5599 (Social Security Number)

Employer and Address Pgh. Post Gazette

Date of Death July 23 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 20 1897 Age 55 - 7 - 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Penna

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

Place of Death Presbyterian Hospital

Cause of Death Carcinoma of Stomach

Contributory Causes .....

.....

Certifying Physician Dr. A. M. Berkhoff (or Coroner)

His Address Presbyterian Hospital

Name of Father James Van Landingham

His Birthplace .....

Maiden Name of Mother Mary Smith

Her Birthplace .....

Date of Funeral July 25 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. B. 1010

Section No. 35

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$ 1000	00
Casket 7 Professional Service	885	00
Burial Vault or Box (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt & Tie (State Kind and Color)	3	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	10	00
Cremation		
Flowers, $ 4 .... Palms, $ ..... Matting, $	37	50
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 .... Singers, $ .... Organist, $	10	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers	14	40
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax Aug. 6 1953		
Total Footing of Bill	$ 1012	90
Less	$	
Per Balance	$	

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2605 Yearly No. 52 Date of Entry Aug. 5 19 53

Name of Deceased Margaret L. Barnes (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1618 Edna Street ☐Husband ☐Wife ☐Widow or ..... of John Age of Husband or Wife (if living) ..... Years

Charge to Mrs. John Barnes

Address 1618 Edna Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Aug. 5 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 6 1912 Age 41 6 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Brazil Indiana

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

Place of Death 1618 Edna St.

Cause of Death Coronary Occlusion

Contributory Causes Hypertensive heart disease

Certifying Physician Dr. H. R. Bailey Jr. (or Coroner)

His Address Mercy Hospital

Name of Father Michael Maher

His Birthplace .....

Maiden Name of Mother Julia Lynch

Her Birthplace .....

Date of Funeral Aug. 8 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

S... on Friday, invited.

BARNES—Suddenly, on Wednesday, Aug. 5, 1953, Margaret L. Maher, wife of John Barnes; mother of Mrs. Julia DeMarco, Mrs. Anna Diller, John and William Barnes. Funeral from the family residence, 1618 Edna St., on Saturday morning at 8:30. Requiem high mass in the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Row ..... Lot No. 19

Grave No. 37

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	600	00
Casket 4 Professional Services	400	00
Burial Vault or Box One Tone Cast (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	110	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	21	50
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $	12	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers)	24	00
EDW. J. McAVOY		
PAID Aug. 26, 1953		
Sales Tax		
Total Footing of Bill $	619	50
Less Per JPM $		
Balance $		

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2606 Yearly No. 53 Date of Entry Aug. 11 1953

Name of Deceased James A. Sommers (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 222 Mayran Ave

☐Husband ☐Wife ☐Widow of Nellie Murray Age of Husband or Wife (if living) Years

Charge to Mrs. Nellie Sommers

Address 1627 Penn Ave Pgh. 16 Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 206-03-4840 (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Aug. 11 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 14 1894 Age 58-9-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Rev. E.J. Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Possible Pulmonary

Contributory Causes Carcinoma

Pulmonary Hemorrhage

Certifying Physician Dr. D. Kenhouse (or Coroner)

His Address Mercy Hospital

Name of Father James Sommers

His Birthplace

Maiden Name of Mother Alice Carey

Her Birthplace

Date of Funeral Aug. 14 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	840 00
Casket Professional Service		620 00
Burial Vault or Box C.V.L. Case (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Calvary Cemetery		9 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 0 Singers, $ Organist, $		15 00
Railroad / or Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in 3 Papers		14 40
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Aug. 31, 1953	$	875 40
Less	$	
Balance	$	

PAID

Per

Entered into Ledger, page or below.

Miscellaneous

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

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.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2647 Yearly No. 54 Date of Entry Aug. 13 19 53

Name of Deceased Lawrence R. Rice (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1501 Locust St. ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Agnes Rice

Address 1501 Locust St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Clerk (Social Security Number)

Employer and Address Internal Rev. Dept.

Date of Death Aug. 13. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 16 Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1501 Locust St.

Cause of Death Rheumatic heart disease

Contributory Causes .....

.....

Certifying Physician Wm. Mathias (or Coroner)

His Address Mercy Hospital

Name of Father John Rice

His Birthplace .....

Maiden Name of Mother Elizabeth Farrell

Her Birthplace .....

Date of Funeral Aug. 17. 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 416

Grave No. 1

Section No. 11

Block No. .....

Owner John Rice

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	825 00
Casket 7 Professional Services		660 00
Burial Vault or Box Cth. Case (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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, $		27 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 5 Papers		24 00
EDW. J. McAVOY (Names of Newspapers)		
Sales Tax Aug. 25. 1953		
Total Footing of Bill	$	858 00
Less	$	
Per JKM Balance	$	

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2608 Yearly No. 55 Date of Entry August 21 19 53

Name of Deceased Edward B. Herst (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 1715 Edna St.

☐ Husband ☐ Wife ☐ Widow } or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Bess Weeden

Address 1715 Edna St.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death Aug. 21 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death 1715 Edna St

Cause of Death Coronary Heart disease

Contributory Causes Hypertension Arteriosclerotic heart disease

Certifying Physician Dr. L. J. Barnett (for Coroner)

His Address 2004 Fifth Ave

Name of Father James W. Herst

His Birthplace .....

Maiden Name of Mother Elizabeth Howe

Her Birthplace .....

Date of Funeral Aug 25 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

HERST—On Friday, Aug. 21, 1953, Edward B., brother of Bess Weeden. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday at 9:30 a. m. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. 30

Section No. H

Block No. .....

Owner Herst

Miscellaneous .....

Complete Funeral (except outlays) $		53
Casket T. Architectural Services	465	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	115	00
Cremation		
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, $	20	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
7 line Death Notices in 4 Papers	11	20
(Names of Newspapers)		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Aug. 28, 1953 $	618	20
Less $		
Balance $		
Per		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2609 Yearly No. 56 Date of Entry August 22 19 53

Name of Deceased Raymond J. Manning (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence

Charge to Estate - Andrew McInerney Wife-Executrix

Address

Order given by (or informant)

How Secured

If Veteran, Name of War World War I

Occupation Steamfitter (Social Security Number)

Employer and Address

Date of Death Aug. 22, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death V.A. Hospital - Aspinwall 15, Pa.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John J. Scheible

His Birthplace

Maiden Name of Mother Emma Manning

Her Birthplace

Date of Funeral Aug. 26, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Mary's

MANNING—Raymond J., on Saturday, Aug. 22, 1953, brother of Bill, Jack and Fritz Scheible. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Wednesday morning at 9:30. Solemn requiem high mass at the Church of the Epiphany at 10 o'clock. Members of Local 449 Steam Fitters Union and friends invited.

Diagram of Lot or Vault

Lot No. 110

Grave No. 1

Section No. 4

Block No.

Owner

Miscellaneous

Husband ☐ Wife ☐ Widow ☐ or of } Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	
Casket: Professional Services		915 00
Burial Vault or Box (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ ✓		25 0
Suit ~~or Dress~~ (State Kind and Color)		27 50
Slippers, $ Hose, $		5 50
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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 / Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rosary Beads		8
10 line Death Notices in 6 Papers (Names of Newspapers)		24 00
Sales Tax Aug. 31, 1953		
Total Footing of Bill	$	1121 50
Less Par Jem	$	
Balance	$	

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

Miscellaneous

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

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2610 Yearly No. 57 Date of Entry August 15 1953

Name of Deceased Julia Cullinan (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence:

Charge to: McGarvey Bros.

Address Lorain Ave - Cleveland. Ohio.

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death August 15 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace

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

Place of Death Cleveland, Ohio

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

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

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 178

Grave No.

Section No. 6

Block No.

Owner Daniel Cullinan

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		125 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 4 @ $		32 50
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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 Funeral Director's Charges		
Personal Service		35 00
42 line Death Notices in 2 Papers		9 60
(Name of Newspapers) EDW. J. McAVOY		
PAID Sept 16, 1953		
Sales Tax		
Total Footing of Bill	$	277 10
Less	$	
Per		
Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2611 Yearly No. 58 Date of Entry Aug. 30 1953

Name of Deceased Florence A. McCaffrey (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 16 Vine Street

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to John T. McCaffrey

Address 951 Fordham Ave. Pgh. 26 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Domestic 160-22-4091 (Social Security Number)

Employer and Address Mercy Hospital

Date of Death Aug. 30 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 22 1892 Age 61-6-8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes C. pondylopituitarism

.....

Certifying Physician Mary X. Kelly (or Coroner)

His Address Mercy Hospital

Name of Father Daniel McCaffrey

His Birthplace .....

Maiden Name of Mother Mary A. Lynch

Her Birthplace .....

Date of Funeral Sept. 3 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ... Redwood Bronze	895	00
Burial Vault or Box ... C.R. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ... (State Kind and Color)	32	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... 2 ... @ $ 13.50	27	00
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Calvary Cem	10	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	R	
Pall Bearer Service, $ .... Use of Chapel, $	1	00
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	70	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5.- Singers, $ .... Organist, $	27	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers	25	20
(Names of Newspapers)		
Sales Tax 1% ..... Sept 30 1953		
Total Footing of Bill ..... $	1107	20
Less ..... $		
Per Balance ..... $		

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

Miscellaneous .....

.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
Sept 30 53	By Payment	$ 1107 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2612 Yearly No. 59 Date of Entry Sept. 4 19 53

Name of Deceased Wm. J. Diven (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 2523 Wadsworth St

☐ Husband ☐ Wife ☐ Widow } of Nellie Diven

Age of Husband or Wife (if living) ..... Years

Charge to: Mrs Nellie Diven

Address 2523 Wadsworth St Pgh 10 Pa.

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Watchman

Employer and Address City of Pgh. Bureau (Social Security Number)

Date of Death Sept 1 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 16. 1896 Age 77-6-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Slovak Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Passavant Hospital

Cause of Death SUBARACHNOID HEMORRHAGE

Contributory Causes PNEUMONITIS

Certifying Physician (or Coroner)

His Address:

Name of Father Peter Diven

His Birthplace

Maiden Name of Mother Margaret McQuaide

Her Birthplace

Date of Funeral Sept. 4. 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Miscellaneous

Complete Funeral (except outlays)	$	600
Casket Professional Bronze		465 00
Burial Vault or Box (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10 Singers, $ .... Organist, $		12 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers (Names of Newspapers)		19 20
Sales Tax 1%		2 58
Total Footing of Bill	$	619 78
Less EDW. J. McAVOY	$	
Balance	$	

PAID Sept 11 1953

For Wm

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2613 Yearly No. 60 Date of Entry Sept. 16 19 53

Name of Deceased William P. Leng (What Race) M

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 48 Julema St.

☐ Husband ☐ Wife ☐ Widow of Betty Hall Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Betty Leng

Address 48 Julema St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Taxi Cab Driver 211-10-5137 (Social Security Number)

Employer and Address Yellow Cab Co.

Date of Death Sept 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 31 1898 Age 55 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Regis Church

Clergyman Fr. Kane (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 48 Julema St.

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Coroner Alleg. Co.

Name of Father Henry Leng

His Birthplace .....

Maiden Name of Mother Grace Moore

Her Birthplace .....

Date of Funeral Sept. 19 Mon. 3 P.M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to .....

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

Manufactured by .....

Cemetery / Crematory Calvary Cem.

Diagram of Lot or Vault

Lot No. Row 19

Grave No. 42

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	885	35
Casket 2 Professional Service	690	00
Burial Vault or Box C.V. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	135	00
Cremation		
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 or Motor / Tickets, $ ..... Aeroplane / Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers) EDW. J. MCAVOY	14	40
Sales Tax Sept 29 1953	3	95
Total Footing of Bill	910	35
Less ..... $		
For ..... Balance ..... $		

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2614 Yearly No. 61 Date of Entry Sept 29 19 53

Name of Deceased Andrew (Andy) McDonald (What Race) 21

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Residence: 112 Forbes Street

Charge to: DPA

Address

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Laborer (Social Security Number)

Employer and Address Hospitals

Date of Death Sept 29 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 3 1876 Age 77-8-17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Pneumonia + Pul. Edema

Contributory Causes

Certifying Physician Dr. Ed. zur Horst (or Coroner)

His Address: Mercy Hospital

Name of Father Unknown

His Birthplace Ireland

Maiden Name of Mother ??

Her Birthplace Ireland

Date of Funeral Sept 23 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket. Comp. Funerals		170 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers		
Dec 3, 1953 (Names of Newspapers)		
Sales Tax Per		
Total Footing of Bill	$	170 00
Less	$	
Billed 10/21 Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 26 15 Yearly No. 62 Date of Entry Sept 29 19 53

Name of Deceased James K. Messer W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 212 S. St. Clair St ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Jas. M. Kraus Fun. Home

Address 139 N. Potomac St.

Order given by Hagerstown Md. (or informant)

How Secured

If Veteran, Name of War

Occupation Salesman 173-18-9311 (Social Security Number)

Employer and Address

Date of Death Sept 29 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 6M 50 (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Services at Hagerstown Md. (Address)

Clergyman

Religion of the Deceased Protestant

Birthplace Pocahontas W. Va.

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

Place of Death 212 S. St. Clair St.

Cause of Death Undetermined Natural

Contributory Causes ..... Causes

Certifying Physician Hm. A. McClellan (or Coroner)

His Address Cooper Alley C.

Name of Father Granville Messer

His Birthplace

Maiden Name of Mother Mary M. Parker

Her Birthplace

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

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Rose Hill Cem. Hagerstown

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Miscellaneous

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box	
Embalming Body (State Kind) Morgue Charges (Name of Embalmer)	10 00
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to Sharpsburg	12 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, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
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, $ ..... Aeroplane Service, $	27 48
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	25 00
....line Death Notices in A.V.C. Papers	
(Names of Newspapers)	
Oct. 9, 1953	
Sales Tax	
Total Footing of Bill	$ 74 48
Less Paid JM	$
Balance	$

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

Miscellaneous

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

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2616 Yearly No. 63 Date of Entry Oct. 15 19 53

Name of Deceased George Loon (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 16 Arlington Park Ogk. St. Pa.

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Lee Loop

Address 16 Arlington Park

Order given by (721 24th Ave) (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Merchant (Social Security Number)

Employer and Address

Date of Death Oct 15 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 27 1886 Age 66-10-18 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St Louis Masonic

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death 16 Arlington Park

Cause of Death

Contributory Causes

Certifying Physician Dr Francis Aarons (or Coroner)

His Address

Name of Father Loop Casey

His Birthplace Lebanon

Maiden Name of Mother Rozina Dageur

Her Birthplace Lebanon

Date of Funeral Oct 19 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Row Lot No. 19

Grave No. 56

Section No. 28

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 1083	18
Casket 7 Professional bronze	935	00
Burial Vault or Box (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	135	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers		
EDW. J. McAVOY (Names of Newspapers)		
Nov 19 1953		
Sales Tax	5	18
Total Footing of Bill	$ 1128	18
Less ..... Per	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2617 Yearly No. 64 Date of Entry Oct 16 19 53

Name of Deceased David Zeter ☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) A

Residence 1214 Gilmore Way ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Jas. Zeter

Address 1214 Gilmore Way

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

How Secured .....

If Veteran, Name of War .....

Occupation Asbestos Cleaner 168-09-0295 (Social Security Number)

Employer and Address Dunsmuir

Date of Death Oct. 16 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 21 1893 Age 60 - 5 - 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna's Maronite

Clergyman ..... (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death Mercy Hospital

Cause of Death Lobar Pneumonia

Contributory Causes Portal Cirrhosis

.....

Certifying Physician ..... (or Coroner)

His Address Mercy Hospital

Name of Father Zeter Ayoub

His Birthplace Lebanon

Maiden Name of Mother Sultana Gopel

Her Birthplace Lebanon

Date of Funeral Oct. 20 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Lot No. 19 Row

Grave No. 58

Section No. 28

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	525	00
Burial Vault or Box C.P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	7	00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	135	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
EDW. J. McAVOY		
....line Death Notices in ..... Papers		
(Names of Newspapers) Mar. Times 10/22		
.....		
.....		
Sales Tax		
Total Footings of Bill	$	755 02
Less Mar. 17th	$	307
Balance	$	752 02

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance	$	$
Oct. 23, 1953	By Payment	$ 240 00	$ 486 02
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2618 Yearly No. 65 Date of Entry Oct. 17 19 53

Name of Deceased Laughlin P. Kemp (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2541 Fifth Ave (Mar. 17 1955) ☐Husband ☐Wife ☐Widow or ☐ of Catherine Van Kirk

Age of Husband or Wife (if living) ..... Years

Charge to Catherine Kemp

Address 2541 Fifth Ave

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

How Secured .....

If Veteran, Name of War W.W. #2

Occupation Truck Driver 170-01-4206 (Social Security Number)

Employer and Address Press

Date of Death Oct 17 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 17 1901 Age 45-7-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 2541 Fifth Ave

Cause of Death Carcinoma of lung

Contributory Causes .....

.....

Certifying Physician Dr. Edw. P. Griffith (or Coroner)

His Address Medical Arts Bldg

Name of Father Thomas Kemp

His Birthplace .....

Maiden Name of Mother Flora McCurdy

Her Birthplace .....

Date of Funeral Oct. 20 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Mary's Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

	1092	00
Complete Funeral (except outlays) $		
Casket F. Wrapmaroff Bronze	880	00
Burial Vault or Box C.P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	90	00
Cremation		
Flowers, $ 47 .... Palms, $ .... Matting, $	27	50
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 47 .... Singers, $ .... Organist, $	30	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Directors Charges		
Personal Service		
9 line Death Notices in 9 Papers	32	40
(Names of Newspapers)		
Sales Tax Calif. Revenue & Use Tax	5	18
Total Footing of Bill $	1147	08
Less $		
Balance $		

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

Miscellaneous .....

.....

EDWARD MCAVOY
Per

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2619 Yearly No. 66 Date of Entry Oct 20 19 53

Name of Deceased Joseph Tesmonte (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1013 Hickory St. ☐Husband ☐Wife ☐Widow of Josephine Age of Husband or Wife (if living) Years

Charge to Nick Gallo

Address 1013 Hickory St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Coal Miner (Social Security Number)

Employer and Address

Date of Death Oct 20 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 21 1877 Age 76-1-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 1013 Hickory St.

Cause of Death Chronic Myocarditis

Contributory Causes

Certifying Physician Dr. Gallo (or Coroner)

His Address Plaza Bldg

Name of Father Joseph Tesmonte

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral Oct 23 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Union Cemetery St Clairsville Ohio.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Service	620	00
Burial Vault or Box Outside Case (State Kind)	17	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	22	50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to McConnelsville Ohio	65	00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	72	00
Cremation		
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, $	17	00
Railroad or Motor / Aero-plane Tickets, $ ... Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers	20	80
(Name of Newspaper)		
Remembrance Candles MCAVOY	1	50
	3	27
Sales Tax		
Total Footing of Bill	$ 841	07
Less PAID	$	
Balled 11-5-53 Per Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Oct 28 1953	By Payment	$ 311 90	$
Nov 7 1953	" "	$ 250 00	$ 279 17
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

150

RECORD OF FUNERAL

Total No. 2620 Yearly No. 67 Date of Entry Oct. 18 19 53

Name of Deceased James B. Cuddy (What Race)

☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 7629 Kelly Street ☐Husband ☐Wife ☐Widow } of } of Age of Husband or Wife (if living) Years

Charge to Carol Dizon

Address Division St. Chic. Ill.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Real Estate Broker (Social Security Number)

Employer and Address

Date of Death Oct. 18, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age 64 Yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Mesenteric Thrombosis

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Vincenzo Cuddy

His Birthplace Italy

Maiden Name of Mother Rosella Odia

Her Birthplace Italy

Date of Funeral Oct 22, 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	250	00
Casket		
Burial Vault or Box (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)	1	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot. Cemetery Charge	110	00
Cremation		
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, $	12	00
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax — 1.1%	2	75
Total Footing of Bill		
Less		
Balance		

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
1953	By Payment	$145 —	$		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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 26.21 Yearly No. 68 Date of Entry Oct 21 1953

Name of Deceased Mary Mariani ☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2401 Starkamp St (26) ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Josie Mariani

Address 2401 Starkamp St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 177-18-8186 (Social Security Number)

Employer and Address .....

Date of Death Oct 24 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 2 1881 Age 72-4-19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters Church

Clergyman Fr. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 2401 Starkamp St

Cause of Death Cerebral Thrombosis

Contributory Causes Cerebral & Generalized Arteriosclerosis - Arteriosclerotic Hrt

Certifying Physician Thomas J Cuddehacke (Co Coroner)

His Address 1222 Brooklyn Blvd

Name of Father Peter Filipassi

His Birthplace Italy

Maiden Name of Mother Maria Parette

Her Birthplace Italy

Date of Funeral Oct 26 1953 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Colony

Diagram of Lot or Vault

Lot No. 529

Grave No. 2

Section No. T

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1244 00
Casket 7 Professional Bearers	980 00
Burial Vault or Box Vault (State Kind)	160 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ✓ (State Kind and Color)	30 00
Slippers, $ ✓ ..... Hose, $	5 50
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	70 00
Cremation	
Flowers, $ ✓ ..... 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, $	30 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
Remembrance Cards	3 50
12 line Death Notices in 6 Papers	29 80
(Names of Newspapers) EDW. J. MCAVOY	
Sales Tax ✓	6 70
Total Footing of Bill Nov 23, 1953	$ 1334 50
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

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 .....

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RECORD OF FUNERAL

Total No. 2622 Yearly No. 69 Date of Entry Oct. 19 1953

Name of Deceased Anthony Uniwity (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1932 Duquesne Ave. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. John Flaherty Local 249

Address 1945 Fifth Ave

~~Order given~~ by Pearl Irene Reese (or informant)

How Secured 12 Jovin. Pur. Stead. West. Mifflin

If Veteran, Name of War Wor 17221

Occupation Truck driver 183-24-2866 (Social Security Number)

Employer and Address .....

Date of Death Oct 19 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 3 1912 Age 41 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Jack Mangan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Allegheny Gen. Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

.....

Certifying Physician Wm. R. McClelland (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Frances Perry

Her Birthplace .....

Date of Funeral Oct 27 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Chartiers Cemetery

Diagram of Lot or Vault

Lot No. 3

Grave No. Range 15

Section No. A

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	275 00
Casket a Service	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	60 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ 10 Singers, $ .... Organist, $	10 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax 1.76	1 38
Total Footing of Bill $	346 38
Less $	
Balance $	

EDW. J. McAVOY PAID 12-9-53 Per

Entered into Ledger, page ... or below.

Miscellaneous .....

JOHN FLAHERTY
Business Agent
General Teamsters, Chauffeurs and Helpers
Local Union No. 249
Teamsters Building
1945 Fifth Avenue
PITTSBURGH 19, PA
Phone, GRant 1-3536

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2623 Yearly No. 70 Date of Entry Nov. 5 19 53

Name of Deceased Stillborn Heintz (What Race) A

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 916 Lindberg Ave

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Frank J. Heintz

Address 916 Lindberg Ave

Order given by Dept of Medical Sciences (or informant)

How Secured Duquesne Univ. Oct 1952

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Nov. 5 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 5 1953 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death Cause Undetermined

Contributory Causes Intra Uterine Foetal death - 4 days ante partum

Certifying Physician Raymond Gibbs (or Coroner)

His Address Mercy Hospital

Name of Father Frank J. Heintz

His Birthplace Florida

Maiden Name of Mother Catherine A. Bolger

Her Birthplace Cambridge Mass

Date of Funeral Nov 9 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket P. Professional Service		30 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		10 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of Town Funeral Director's Charges		
Personal Service		
Line Death Notices in ..... Papers (Names of Newspapers)		
Per		
Sales Tax Emma Sales Tax		15
Total Footing of Bill	$	40 15
Less	$	
Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2624 Yearly No. 71 Date of Entry Nov. 6 19 53

Name of Deceased Margaret O'Reilly - Sr. M. Francis Xavier - St.

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 3333 Fifth Ave

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address: 3333 Fifth Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation Teacher (Science) R.N. (Social Security Number)

Employer and Address .....

Date of Death Nov. 6 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 16 1879 Age 74-6-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent - Mt. Mercy

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Monongahela City Pa

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

Place of Death .....

Cause of Death Sarcoma of Uterus

Contributory Causes .....

.....

Certifying Physician E. H. zur Horst (or Coroner)

His Address: Mercy Hospital

Name of Father Matthew O'Reilly

His Birthplace Ireland

Maiden Name of Mother Mary McCahill

Her Birthplace Mary Scotland

Date of Funeral Nov. 9 1953 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Xaviers Cem - Latrobe Pa.

Sirlin Mortuary, 620 E. Ohio St. Time later. ecu
O'REILLY (Sister M. Francis Xavier) —On Friday, Nov. 6, 1953, Sister M. Francis Xavier, of the the Order of Mercy; sister of Mrs. Grace McFarland and Alex O'Reilly. Funeral from St. Mary's Convent, 3333 Fifth Ave., on Monday morning with high mass of requiem at 9 o'clock. Interment St. Xavier's Cemetery, Latrobe, Pa. RIL day rew. SIL Frid Will TOC dsy. Ave. Pa.
FOPPI—Suddenly, Thursday, Nov. 5, 1953, Michael J., of 525 Garden Court, North Braddock, beloved WAL angis burial

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to Mt. Mercy	~~10 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, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
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 Funeral Director's Charges	
Personal Service	
.... line Death Notices in 1 Papers	
EDW. J. MCAVOY (Names of Newspapers)	
PAID Jan 29, 1954	
Sales Tax	
Total Footing of Bill	$ 150.00
Less ..... Per	$
Balance	$

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

Sister Francis Xavier, Mt. Mercy Scientist

Sister M. Francis Xavier O'Reilly, 72, who as head of Mt. Mercy College's biology department turned out countless students now sharing the science world spotlight, died last night in Mercy Hospital.



Sun-Telegraph Photo.
SISTER XAVIER
. Mt. Mercy teacher dies .

The revered nun, who last April celebrated her fiftieth anniversary in the Mercy Order, made a lasting impression in the "career" world.

During her long teaching life, Sister Xavier won enduring friendships among all her pupils with her understanding and philosophical reasoning.

One of Pittsburgh's leading scientists once said she sent more lady medical technologists into the science world than any other person.

WOULDN'T RETIRE

Howevr, when she marked a half century in the religious order last Spring, she observed:

"I'm keen about girls who work for a few years. But then they should find themselves a husband."

When, at that time, someone mentioned retirement to her, the venerable educator came back with this:

"Retire? I wouldn't know what to do with myself."

Also a registered nurse, Sister Xavier was reared in a farm home in Monongahela. As a young girl there, she once directed rescue workers who saved five men—one her brother—trapped in a coal mine explosion.

RAN NIGHT SCHOOL

Sister Xavier formerly operated a night school and taught mathematics and mining to immigrants. And she spent 12 years at Cathedral High School.

Some of her outstanding students at Mt. Mercy went on to play important research roles in developing Pitt's polio and influenza vaccines, while others have worked on atomic energy projects.

Friends are being received at Mt. Mary's Convent, Mt. Mercy, 3333 Fifth Ave., Oakland.

Solemn requiem high mass will be sung Monday at 9 a. m. in the convent chapel. Burial will be in St. Xavier's Cemetery, Latrobe.

Surviving are one sister, Mrs. Mary Grace McFarland, of Cleveland, O., and a brother, Alexander O'Reilly, of Bridgeville.

J&L Foreman's Funeral Set

Services for Frank C. Moser, 72, a Jones & Laughlin Steel Corp. foreman, will be held at 3 p. m. tomorrow in the John D. Schaub Sons Funeral Home, 425 Brownsville Rd., Mt. Oliver. Burial will be in Allegheny County Memorial Park.

Mr. Moser, who died Wednesday, had been employed by J & L for 35 years. A lifelong resident of Pittsburgh, he was a member of the Knoxville United Presbyterian Church. He lived at 2117 Brownsville Rd., Carrick.

Mr. Moser leaves two sons, Frank C. Jr., of Endicott, N. Y., and Harry McClarey, of Beaver Falls; a daughter, Mrs. Viola McCallum, of Pittsburgh; two brothers, Fred and August Moser, both of Coraopolis; six

RECORD OF FUNERAL

Total No. 2625 Yearly No. 72 Date of Entry Nov. 7 1953

Name of Deceased Mary Spagnolo (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1614 Locust Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by Mrs. Mary Gallegos (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Nov. 7 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 7 1894 Age 59-8-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters Church

Clergyman Rev. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 1614 Locust Street

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician Dr. D. Bonnett (or Coroner)

His Address 2604 Fifth Ave

Name of Father Sam Gargotta

His Birthplace Italy

Maiden Name of Mother Frances Pusateri

Her Birthplace Italy

Date of Funeral Nov. 11 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

1193.22

Complete Funeral (except outlays)	$	1170	90
Casket Professional Services		905	00
Burial Vault or Box C.P. Case (State Kind)		50	00
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $		6	25
Dressing Body, $ ..... Underwear, $ -		34	00
Suit or Dress - (State Kind and Color)		5	50
Slippers, $ - ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to Cemetery		8	00
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Cemetery Charges		120	00
Cremation			
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, $		50	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
14 line Death Notices in 6 Papers		33	60
200 Remembrance Cards (Names of Newspapers)		9	50
Sales Tax Gross Sales Tax		5	05
Total Charges or Bill	$	1220	90
Less	$		
Jan 6, 1954 Balance	$		

PAID

J. W. McAVOY

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

Miscellaneous Items

Per .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2626 Yearly No. 13 Date of Entry Nov. 13 19 53

Name of Deceased Gertrude McCarthy Sr. M. Augusta (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence: Mercy Hospital

Charge to: Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teacher (Social Security Number)

Employer and Address

Date of Death Nov. 12, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 1, 1878 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Braddock, Pa.

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

Place of Death Mercy Hospital

Cause of Death Parkinsons Disease

Contributory Causes

Certifying Physician Dr. A. R. McCormick (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick McCarthy

His Birthplace Braddock Pa.

Maiden Name of Mother Margaret Forberg

Her Birthplace Braddock Pa.

Date of Funeral Nov. 14, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Josephs Cemetery Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays) $	150 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
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 Funeral Director's Charges	
Personal Service	
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	150 00
Less Per $	
Balance $	

EDW. J. McAVOY

JAN 29 1954

Billed

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

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2637 Yearly No. 74 Date of Entry Nov. 28 19 53

Name of Deceased Anthony J. Moses (What Race) N

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3079 Tessa Ave

☐Husband ☐Wife ☐Widow } of Ann Age of Husband or Wife (if living) 1150 Years

Charge to Mrs. Ann Moses

Address 3079 Tessa Ave. 16 Pa.

Order given by Dr. 17517 (or informant)

How Secured

If Veteran, Name of War

Occupation Tepic. Cab Driver 206-03-7714 (Social Security Number)

Employer and Address

Date of Death Nov. 26. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 21. 1896 Age 57-8-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Mennite Church

Clergyman Rev. E. Braid (Address)

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death City T.B. Hospital Luck Farm

Cause of Death Gastric Hemorrhage

Contributory Causes Carcinoma of Stomach Pulmonary Tuberculosis

Certifying Physician Dr. K.J. Zetterhoff (or Coroner)

His Address City T.B. Hospital

Name of Father Joseph Moses

His Birthplace Lebanon

Maiden Name of Mother Ann Esh Eshot

Her Birthplace Lebanon

Date of Funeral Dec 1, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Professional Bearers	975	00
Burial Vault or Box C.P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	95	00
Cremation		
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, $ Mark, Wis.		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers (Names of Newspapers)	17	60
200 Dickinson - Cite - 200 Mining Cash	12 / 5	00 / 50
Sales Tax ... 3%		
Total Footing of Bill	$	1159 10
Less	$	
Balance	$	

Entered into ledger, page ... or below.

Miscellaneous

EDW. J. McAVOY

Date		Amount Paid	Balance
	To Above Balance		$
Jan 20 1954	By Payment	$ 1000 00	$ 159 10 Paid
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2628 Yearly No. 75 Date of Entry Nov. 29 1953

Name of Deceased William Reilly (What Race) A.

☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of Elizabeth Reilly Age of Husband or Wife (if living) ..... Years

Residence: 1626 Locust St

Charge to: James Reilly

Address 1626 Locust St.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death Nov. 29 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rathke (Address)

Religion of the Deceased .....

Birthplace Ohio

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

Place of Death Normandie Hospital

Cause of Death Arteriosclerotic heart disease

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address: .....

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Dec. 2, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 20

Grave No. 22

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	700 00
Casket 9 Professional Bronze		465 00
Burial Vault or Box C. P. Cook (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		30 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		135 00
Cremation		
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, $		12 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers		16 00
(Names of Newspapers)		5 00
Oakland Cemetery		2 23
Sales Tax		
Total Funeral Bill McAVOY	$	715 23
Less	$	
Balance	$	

PAID Dec 15 1953

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

Miscellaneous .....

Per .....

Date		Amount Paid	Balance
	To Above Balance		$
Dec 1 1953	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2629 Yearly No. 76 Date of Entry Nov. 30 19 53

Name of Deceased Anna Munk (What Race) A

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 321 S. Negley Ave. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Cyril Schiller

Address 1421 Morningside Ave.

Order given by Pittsburgh 6 Pa. (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Seamstress 168-05-8976 (Social Security Number)

Employer and Address

Date of Death Nov. 30 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 24 1868 Age 85-8-6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Sheller (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death Hebbel Nursing Home - Negley Ave

Cause of Death Congestive Cardiac Failure

Contributory Causes Arteria sclerosis

& Hypertension

Certifying Physician Dr. Harry A. Goldstein (or Coroner)

His Address 4210 Butler St.

Name of Father John Conrad Munk

His Birthplace Germany

Maiden Name of Mother Elizabeth Ravenschuend

Her Birthplace Germany

Date of Funeral Dec. 3 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Smithfield Cem.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	510 —
Casket "Professional Service"		375 00
Burial Vault or Box C.P. Case (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress — Clothing (State Kind and Color)		21 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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 / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 4 Papers		9 60
EDW. J. McAVOY (Name of Deceased)		
Sales Tax		2 35
Total Footing of Bill Dec 2 1953	$	522 95
Less	$	
55-61 Per Balance	$	

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

Miscellaneous

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 3630 Yearly No. 77 Date of Entry Dec. 9, 1953

Name of Deceased Sadie Liaon (What Race) W

☑ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 16 Arlington Park ☐Husband ☐Wife ☐Widow or ____ of George Age of Husband or Wife (if living) ____ Years

Charge to: Mr. Leo Liaon

Address 16 Arlington Park (3-4)

Order given by Ca. 17953 Leon (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec. 9, 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 2, 1889 Age 64-10-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna Maronite

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death 16 Arlington Park

Cause of Death Cardio-vascular renal

Contributory Causes disease - generalized arteriosclerosis & Renal failure

Certifying Physician Dr. R. H. Dunlop (or Coroner)

His Address: 729 Washington Road

Name of Father Anthony D. Coury

His Birthplace Lebanon

Maiden Name of Mother Mary Coury

Her Birthplace Lebanon

Date of Funeral Dec. 12, 1953 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1007 18
Casket 4 Professional Bronze		935 00
Burial Vault or Box C.P. Case (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		70 00
Cremation		
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 / Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
____ line Death Notices in ____ Papers		
(Names of Newspapers)		
Sales Tax 1%		5 18
Total Footing of Bill	$	1060 18
Less Paid	$	
Balance	$	

Entered into Ledger, page ____ or below.

Miscellaneous

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

Witness ____ Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2631 Yearly No. 78 Date of Entry Dec 14 1953

Name of Deceased Anna Gunselman (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 79 Congress Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of deceased

Address Mrs Margaret Kreidhoff - Admx

Order given by M. Mrs. Kreidhoff Mrs. (or informant)

How Secured 21 McCreary St Johnstown Pa

If Veteran, Name of War Thomas P. Mulvany (Att)

Occupation Retired Domestic (Social Security Number)

Employer and Address .....

Date of Death Dec. 14. 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 84 yrs 8 mos (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Bavaria Germany

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

Place of Death Mercy Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Wm A. McClelland (or Coroner)

His Address Coroner - Alby Co.

Name of Father John Gunselman

His Birthplace Germany

Maiden Name of Mother Anna Hostingans

Her Birthplace Germany

Date of Funeral Dec. 16 1953 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $	693	-
Casket ... 7 Professional Service	475	00
Burial Vault or Box ... A.P. Case (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)	27	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	110	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 12 Singers, $ .... Organist, $	12	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Pall Bearers Service	20	00
8 line Death Notices in 6 Papers		
..... (Newspapers) EDW. J. McAVOY		
..... PAID		
Sales Tax 1%	3	00
Total Footing of Bill Feb 3, 1954 $	716	70
Less ..... $		
Billed Per ..... Balance $		

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

Miscellaneous .....

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2432 Yearly No. 79 Date of Entry Dec 31 19 53

Name of Deceased Charles W Whaley (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 919 Wylie Ave

☐ Husband ☐ Wife ☐ Widow } or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Lemon Whaley

Address 919 Wylie Ave

Order given by Mrs Dillon - Attorney (or informant)

How Secured Super Bldg Co 1-7-4-7-4

If Veteran, Name of War

Occupation Barber (Social Security Number)

Employer and Address

Date of Death Dec 31 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 5 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Calvary Cem (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Arkansas

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

Place of Death 1101 Wylie Ave

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Wm. R. McClelland Co. (or Coroner)

His Address 542-416 Ave

Name of Father Joseph W Whaley

His Birthplace Sumner Tishomingo

Maiden Name of Mother Unknown

Her Birthplace Kansas

Date of Funeral Thursday 1 1954 11 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. Rev. 20

Grave No. 45

Section No. 28

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous 55 # 183-28-1464

Complete Funeral (except outlays)	$ 1200 -
Casket Professional Service	1045 00
Burial Vault or Box C.P. Case (State Kind)	60 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	110 00
Cremation	
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, $	35 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service W. J. McAVOY	
....line Death Notices in ..... Papers	
55-6K (Name of Newspapers) Journ 30.1.54	
Sales Tax 1% John	5 85
Total Footing of Bill	$ 1255 85
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

2633

RECORD OF FUNERAL

Total No. [illegible] Yearly No. 90 Date of Entry Dec. 31 19 53

Name of Deceased Infant Dugan (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 209 SOUTHERN AVE Pgh. 11

Charge to RICHARD T. DUGAN

Address 209 SOUTHERN AVE

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

How Secured .....

If Veteran, Name of War .....

Occupation INFANT (Social Security Number)

Employer and Address .....

Date of Death Dec. 31 1953 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 31 53 Age STILLBORN (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Calvary Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Endotracheal Fetalis

Contributory Causes .....

.....

Certifying Physician Dr. Gillis (or Coroner)

His Address Mercy Hospital

Name of Father Richard T. Dugan

His Birthplace Pittsburgh

Maiden Name of Mother Marion Mc Mann

Her Birthplace .....

Date of Funeral Jan. 2 Saturday M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to Calvary

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	40	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax 1% Jan 2, 1954		40
Total Footing of Bill $	50	40
Less ..... Per ..... $		
Balance $		

EDW. J. McAVOY

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

164

RECORD OF FUNERAL

Total No. 2634 Yearly No. 1 Date of Entry January 1, 1954

Name of Deceased Patricia Ann Joyce (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1608 Ballenger St. Lgh. Co. Ca.

Charge to Walter R. Joyce

Address 1608 Ballinger St.

Order given by Walter R. Joyce (or informant)

How Secured

If Veteran, Name of War

Occupation Infant (Social Security Number)

Employer and Address

Date of Death January 1, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 26 Age 0 0 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Cemetery (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace St. Margarets Mem. Hosp

Resided in the State Calif. (or U. S. or City or County) (Year) (Month)

Place of Death St. Margarets Hosp.

Cause of Death Esophageal Tracheal Fistula

Contributory Causes: Tuberculosis

Heart

Certifying Physician R. C. Freelack MD (or Coroner)

His Address St. Margarets Mem. Hosp.

Name of Father Walter R. Joyce

His Birthplace Lgh. Co. Calif.

Maiden Name of Mother Mary Mc Kenzie

Her Birthplace Long Beach

Date of Funeral Sat. Jan. 2 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Anns Cemetery Castle & Hanson

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 40	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax 1%		40
Total Footing of Bill	$ 55	40
Less Paid	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/9/54	To Above Balance	55 40	$ 00 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 .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2635 Yearly No. 2 Date of Entry JAN. 5 19 54

Name of Deceased JOHN S DALY
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 109 4th St ASPINWALL
☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to MARY E NNIS

Address 54 QUEENSTON St Spa 1 0

Order given by HERBERT R LATTIMORE (or informant)

How Secured

If Veteran, Name of War

Occupation C I C R R 166-24-1473 (Social Security Number)

Employer and Address PENNA S.T.A.T.C.

Date of Death JAN 5 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 19 1888 Age 65 Yrs. 4 Mos. 17 Days (Mo.) (Day) (Yr.)

Services at EPIPHANY CHURCH

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace PITTSBURGH PA

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

Place of Death ALLEGHENY GEN HOSP

Cause of Death UNDETER NAT CAUSES

Contributory Causes

Certifying ~~Physician~~ WM R McCLELLAND (or Coroner)

His Address 542 Hillcrest Ave Spa Pa

Name of Father THOMAS F DALY

His Birthplace

Maiden Name of Mother ELLEN LEE

Her Birthplace

Date of Funeral SAT JAN 9 1954 10:30 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery ~~Cemetery~~ } CATHOLIC CEM

Diagram of Lot or Vault

Lot No. 5
Grave No. 1
Section No. 1
Block No.
Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 2 Prof Spec 2P Cir		155 00
Burial Vault or Box (State Kind)		60 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		35 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $		12 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
55-61		
10 line Death Notices in 6 Papers		24 00
(Names of Newspapers)		
100 BW Rem - 5 Acknowledgments		6 50
		4 40
Sales Tax		
Total Footing of Bill	$	767 90
Less Bullet	$	
Balance	$	

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Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
MAR 6 1954	By Payment	$ 886 30	$ 101 60
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2636 Yearly No. 3 Date of Entry JAN 6 19 54

Name of Deceased INFANT SALTMER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 351 O PARK St Pgh 27 PA ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to EDWARD E. SALTMER

Address 351 O PARK St Pgh 27, Pa

Order given by Ed. SALTMER (or informant)

How Secured

If Veteran, Name of War

Occupation INFANT (Social Security Number)

Employer and Address

Date of Death JAN 6 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 6 1954 Age 0 0 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman

Religion of the Deceased PROTESTANT (Address)

Birthplace MERCY HOSPITAL Pgh

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

Place of Death MERCY HOSPITAL Pgh

Cause of Death: Hyd. Rocephalic Monstrosity

Contributory Causes

Certifying Physician J. G. SCHNEIDER (or Coroner)

His Address MERCY HOSPITAL

Name of Father EDWARD E. SALTMER

His Birthplace PENNA N. A.

Maiden Name of Mother LAURA K. ALLEN

Her Birthplace PENNA N. A.

Date of Funeral JAN 7 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } MINERSVILLE

Diagram of Lot or Vault

Lot No. 3 G R

Grave No. 2

Section No. POSSUM ANT

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	—
Casket 2 PROFESSIONAL SERVICES	30	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot CEMETERY CHARGES	20	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax JAN 21 1954		
Total Footing of Bill	$	50 00
Less ..... Per	$	
Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2637 Yearly No. 4 Date of Entry JAN. 7 19 54

Name of Deceased George W. Depp (What Race: W)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3617 LOUISA St. Pgh. 13 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) 55 Years

Charge to MRS. ALICE DEPP

Address 3617 Louisa St. Pgh. 13 PA.

Order given by MRS. PAUL HEUBER (or informant)

How Secured 243 Atwood St.

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death JAN. 7 (Mo.) (Day) 1954 (Yr.) (Hour)

Date of Birth APRIL 17 1869 (Mo.) (Day) (Yrs.) Age 84 (Mos.) 8 (Days) 20

Services at St. Joseph's Cemetery

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace .....

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

Place of Death WOODVILLE HOSP.

Cause of Death GENERALIZED

Contributory Causes ARTERIO SCLEROSIS

.....

Certifying Physician ..... Resident (or Coroner)

His Address WOODVILLE COUNTY HOSP.

Name of Father FRANK DEPP

His Birthplace PGH. PENNA Petrie

Maiden Name of Mother MARY

Her Birthplace U.S.

Date of Funeral Jan 9 (Date) (Day of Week) 1954 (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Joseph's Pgh. 10, Pa.

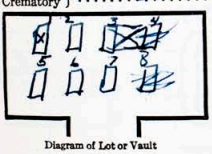


Diagram of Lot or Vault

Lot No. 76

Grave No. 344

Section No. G

Block No. .....

Owner Geo. Depp

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	425	00
Burial Vault or Box (State Kind)	60	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery charges	50	00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service	3	00
Fem Cards		
9 line Death Notices in McKeesport	14	40
Sales Tax 1%	2	73
Total Footing of Bill	$ 570	13
Less	$	
Balance	$	

Received Payment Jan 30, 1954 PAID Per WM

Billed 1/20/54

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

Miscellaneous .....

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 .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2638 Yearly No. 5 Date of Entry Jan 9 19 54

Name of Deceased Betty Jane Koury (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1710 Cliff Street

☐ Husband ☐ Wife ☐ Widow } of Ralph Age of Husband or Wife (if living) ..... Years

Charge to Mr. Ralph Koury

Address 1710 Cliff Street

Order given by Mrs. Forbes Sr. (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 175-22-8484 (Social Security Number)

Employer and Address

Date of Death Jan 9 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 24 1929 Age 24-5-19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna Maronite

Clergyman Rev. E. Basil (Address)

Religion of the Deceased Maronite Catholic

Birthplace New Kensington Pa.

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

Place of Death 1710 Cliff Street

Cause of Death Carcinoma of Intestines

Contributory Causes with generalized metastases

Certifying Physician Dr. L. J. Barnett (& Coroner)

His Address 2004 Fifth Ave.

Name of Father George Abraham

His Birthplace

Maiden Name of Mother Edna Haddad

Her Birthplace

Date of Funeral Jan. 13 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 20

Grave No. 51

Section No. 29

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket ? Sylvania Service	790	00
Burial Vault or Box C. P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ ✓	4	65
Suit or Dress ✓ (State Kind and Color)	30	00
Slippers, $ ✓ ..... Hose, $	5	00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	135	00
Cremation		
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, $	30	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ✓ OK		
12 line Death Notices in 6 Papers	32	40
EDW. J. McAVOY Funeral Director Bellevue Pittsburgh PAID June 11, 1955		
Sales Tax 3%	4	65
Total Footing of Bill	$ 1096	70
Less	$	
Per Jim Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Jan 11 1954	By Payment	$ 200 00	$ 896 70	Jan 12 54	By Payment	$ 50 00 —	$ 600 00
Feb 12 1954	" "	$ 96 70	$ 800 00	July 12 54	" "	$ 50 00	$ 550 00
Mar	" "	$ 50 00	$ 750 00	Aug 11 54	" "	$ 50 —	$ 500 —
Apr 12 54	" "	$ 50 00	$ 700 00		" " 9/10/54	$ 50 —	$ 450 —
May 14 54	" "	$ 50 00	$ 650 00		" " 10/11/54	$ 50 —	$ 400 —

Insurance $ ..... Names of Lodges ..... Insurance Companies 11/12/54 50 — $ 350 —

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to 12/13/54 — 50 — 300 (From Name of Funeral Directors.) 250

for the payment of aforesaid sum, and 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 9/10/55 50 — 200 12/14/55 50 — 150

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

FORM OA-C721
(8-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Betty Jane Abraham Koury
NAME OF DECEASED

175-22-8484
SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

RECORD OF FUNERAL

Total No. 2639 Yearly No. 6 Date of Entry Jan 10 19 54

Name of Deceased. Domenica (Minnie) Imburgia - Murgie 24.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 339 Chestnut St N.E. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Charles Murgie

Address 1567 Oak Knoll - Warren Ohio

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Jan. 10, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 15 1872 Age 81 - 9 - 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters

Clergyman Fr. Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Trumbull Memorial Hospital

Cause of Death Arteriosclerosis of Kidney

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Frank Manna

His Birthplace Italy

Maiden Name of Mother Minnie Vacaro

Her Birthplace Italy

Date of Funeral Jan. 14, 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

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

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 Hearse		15 00
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		70 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ c. Singers, $ .... Organist, $		75 00
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. Professional Chapel Rental		200 00
18 line Death Notices in 6 Papers		43 20
(Names of Newspapers)		
~~1 to Remembrance Cards~~		~~3 00~~
E. J. McAVOY		
Sales Tax 1%		2 25
Total Footing of Bill	$	690 45
Less Jan 28, 1954	$	
Billed 1/28/54 Balance	$	

Entered into Ledger, page M. or below.

Miscellaneous .....

.....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2640 Yearly No. 7 Date of Entry Jan 19 1954

Name of Deceased. Stillborn Female Haney 1H (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1104 Vickroy Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: John J. Haney Jr.

Address: 1104 Vickroy St.

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 19, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 19 1954 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Cord wrapped around

Contributory Causes neck

.....

Certifying Physician Dr. J. J. McCarthy (or Coroner)

His Address: 2005 Jefferson Ave.

Name of Father John J. Haney Jr.

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Eleanor L. Bundelsky

Her Birthplace Pittsburgh Pa.

Date of Funeral Jan 20 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 8. Professional Service	40	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	10	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Jan 19 1954	By Payment	$ 35 00	$ 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 .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2641 Yearly No. 8 Date of Entry Jan 20 1954

Name of Deceased Agnes Roberts (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence St Josephs Home 40 Pine St ☐Husband ☐Wife ☐Widow of Samuel

Charge to Mr. Andrew J Sullivan Age of Husband or Wife (if living) Years

Address 64 Stratford St

Order given by Asst. Roxbury, Mass (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Jan 20 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 72 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death St Josephs Home

Cause of Death Hypertension due

Contributory Causes to Gall bladder

Certifying Physician Dr. J. R. Donahue (or Coroner)

His Address 1914 Carson St

Name of Father James Sullivan

His Birthplace Ireland

Maiden Name of Mother Mary McCarthy

Her Birthplace Ireland

Date of Funeral Jan 23 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	761	00
Casket Prepareing Service	6 00	00
Burial Vault or Box C.P. Case (State Kind)	60	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	22	50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Call Bearer Service	20	00
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax $		
Outlay for Lot	70	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 1 Papers (Names of Newspapers)	3	60
Paid 2-8-54 EDW. J. McAVOY		
Sales Tax	3	60
Total Footing of Bill Feb. 15, 1954 $	791	70
Less $		
Balance $		
Per		
Entered into Ledger, page ... or below		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Jan 23 1954	By Payment	$400 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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2642 Yearly No. 9 Date of Entry Jan. 25 1954

Name of Deceased David Carey (What Race) W

☒ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 1506 Greenmont Ave

Charge to: Mrs. Majeedy Carey ☐Husband ☐Wife ☐Widow of Majeedy

Address 1506 Greenmont Ave Age of Husband or Wife (if living) Years

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired 283-10-5559 (Social Security Number)

Employer and Address

Date of Death Jan. 25, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 24, 1884 Age 69-6-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orthodox

Clergyman Rev. Pobl. Romley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Syria

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

Place of Death Charities Creek - Oil Co.

Cause of Death Exposure to cold and water

Contributory Causes

Certifying Physician Hm. D. McClelland (or Coroner)

His Address: Coroner Alley Co.

Name of Father Abrahem Carey

His Birthplace Syria

Maiden Name of Mother Ney

Her Birthplace Syria

Date of Funeral Jan. 28 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Lebanon

Thursday, Jan. 28, at 2 p. m. Interment, Beth Shalom Cemetery.

COREY — Suddenly on Monday, Jan. 25, 1954, David, husband of Majeedy Simon; father of Gloria, David Jr., Conrad, Harry and Ronald Corey; brother of Michael, Wadie, Mrs. Samuel Namy, Mrs. Thomas Elias. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday afternoon at 12:30. Services at St. George Syrian Orthodox Church at 1 o'clock.

Monday Jan 28

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	920	00
Casket 7 Professional Bronze	725	00
Burial Vault or Box C.P. Crete (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	1	50
Suit or Dress (State Kind and Color)	40	00
Slippers, $ ... Hose, $	5	00
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	100	00
Cremation		
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 / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers (Names of Newspapers)	13	20
EDW. J. McAVOY PAID		
Sales Tax Feb. 8, 1954	4	28
Total Footing of Bill $	956	98
Less ... Paid $		
Balance $		

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2643 Yearly No. 10 Date of Entry Jan. 28 1954

Name of Deceased Joseph T. Rodgers

☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence 1906 Watson Street

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Laura Pierce

Address 1906 Watson Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Brick Layers Helper 210-03-3925 (Social Security Number)

Employer and Address J & L Steel Corp.

Date of Death Jan. 26. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 16 1903 Age 50-3-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Rev. E.J. Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death South Side Hospital

Cause of Death Pneumonia & Pleurisy

Contributory Causes Fatty Metamorphosis of Liver - Leukemia

Certifying Physician Dr. Henry Klenzing (or Coroner)

His Address 1205 Mary Building

Name of Father Thomas Rodgers

His Birthplace Prussia

Maiden Name of Mother Mary Mowrek

Her Birthplace U.S.A.

Date of Funeral Feb 1 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

RODGERS—On Thursday, January 28, 1954, Joseph W. Rodgers, brother of Laura, Agnes, Frank, and Edward Rodgers. Funeral from the McAvoy Funeral Home, 1700 Forbes St. on Monday morning at 8:30. Solemn requiem high mass at St. Agnes Church at 9 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	1150	00
Casket	925	00
Burial Vault or Box (State Kind)	160	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charges	70	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10 Singers, $ .... Organist, $	25	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 4 Papers	12	80
Remembrance Cards (Name of Newspaper)	2	00
EDW. J. McAVOY		
PAID		
Sales Tax	6	23
Total Footing of Bill Jan 22, 1954 $	1204	03
Less $		
Per Balance $		

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2644 Yearly No. 11 Date of Entry Jan. 30 19 54

Name of Deceased Anna Walsh (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Mercy Hospital ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to:

Address:

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Telephone Operator (Social Security Number)

Employer and Address Mercy Hospital

Date of Death Jan. 30 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 83 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Carcinoma of Colon & Carcinomatosis - Tuberculosis

Contributory Causes

Certifying Physician Dr. E. H. von Hoat (or Coroner)

His Address: Mercy Hospital

Name of Father Martin Walsh

His Birthplace Ireland

Maiden Name of Mother Mary Lilly

Her Birthplace Ireland

Date of Funeral Feb. 3 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Colony

WALSH—On Sat., Jan. 30, 1954, Anna Walsh, sister of Mrs. David Marchand, of Rochester, N. Y.; Mrs. Charles Lebau, of Oakland, Cal., and Katherine Walsh. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday 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.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		200 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		20 00
Cremation		
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, $		91 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers (Names of Newspapers)		16 00
Sales Tax		
Total Footing of Bill	$	313 00
Less	$	
Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

SERAPHIC MASS ASSOCIATION
St. Augustine Monastery
220 THIRTY-SEVENTH STREET
PITTSBURGH, PA.

February 3, 1954

Mr. John P. McAvoy,
1700 Forbes Street,
Pittsburgh, 19, Pa.

Dear Mr. McAvoy:

I am in receipt of your letter with the certificate to be used for Gregorian Masses for Miss Anne Walsh. I shall see to it that they are taken care of promptly, as per the arrangement with St. Augustine's Church, when she deposited this money here on April 4, 1950. You may keep this letter as a confirmation that you have taken care of your part of the arrangement, in seeing to it that these Masses are said for her after death.

Thanking you and with every good wish, I am

Sincerely yours,
Wilbert Kelly, O.M.Cap.

THE FRANCISCAN FATHERS
ST. BERNARDINE'S MONASTERY
HOLLIDAYSBURG, PA.

At the request of Miss Anne Walsh (arranged before death)

the thirty consecutive Gregorian Masses *have been offered for the repose of the soul of* Anne Walsh

Fr. Benignus Faccagher

RECORD OF FUNERAL

Total No. 2645 Yearly No. 12 Date of Entry Jan 30 19 54

Name of Deceased Mollie O'Connor - Sr. M. Aniceta (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence St. Vincents Latrobe Pa.

Charge to Sisters of Mercy

Address Latrobe Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Teacher - Religious (Social Security Number)

Employer and Address .....

Date of Death Jan. 30. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 15, 1875 Age 78-9-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mercy Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Arteria sclerotic heart

Contributory Causes Disease

.....

Certifying Physician Dr. Wm J. Mullen (or Coroner)

His Address Mercy Hospital

Name of Father James O'Connor

His Birthplace Ireland

Maiden Name of Mother Bridget Mallen

Her Birthplace Ireland

Date of Funeral Feb. 3 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Vincents Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

		Amount	
Complete Funeral (exept outlays)	$		
Casket Corpsmond Bronze		200	00
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to Mt. Mercy			
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, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
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, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
.... line Death Notices in 6 .... Papers			
(Names of Newspapers)			
Sales Tax		1	00
Total Footing of Bill Paid Mar 1954	$	201	00
Less	$		
Balance	$		

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2646 Yearly No. 13 Date of Entry Jan 31 1954

Name of Deceased Rose Peters Gabriel (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence: 60 Elm Street

Charge to: Peter Gabriel

Address: 60 Elm Street

Order given by: Mrs Josephine Thomas (or informant)

How Secured: 1114 Bedford Ave

If Veteran, Name of War .....

Occupation: Dish Dryer 159-32-4345 (Social Security Number)

Employer and Address: Hotel Penn Hotel

Date of Death: Jan 31 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Sept 2 1895 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: St Anns Maronite Church

Clergyman: Rev E. Basil

Religion of the Deceased: Maronite Catholic (Address)

Birthplace: Lebanon

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

Place of Death: D.O.A. Mercy Hospital

Cause of Death: Coronary Occlusion

Contributory Causes .....

Certifying Physician: Dr Jos A. McCullough (or Coroner)

His Address: Coroner - Alley C.

Name of Father: Joseph Bodie

His Birthplace: Lebanon

Maiden Name of Mother: Sadie Lowery

Her Birthplace: Lebanon

Date of Funeral: Feb 4 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

		1400
Complete Funeral (except outlays)	$	
Casket ... 20 Professional Service		880 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		5 00
Suit or Dress (State Kind and Color)		24 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		337 50
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		95 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		35 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Name of Newspapers)		
$ ..... Per		
Sales Tax ... 7 1/2 %		5 05
Total Footing of Bill	$	1450 55
Less	$	
Balance	$	

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

Miscellaneous .....

RAW J. McAVOY
FUNERAL DIRECTOR
Mar 13 1954
Per JM

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 26.4.7 Yearly No. 14 Date of Entry Feb 2 1954

Name of Deceased Stellbauer Dr. Donato (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1723 Fenestra St. ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years

Charge to Anthony Dr. Donato

Address 1723 Fenestra St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Feb. 2 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 2 1954 Age Stellbauer (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Erythroblastosis fetus

Contributory Causes 8 mo.

Certifying Physician (or Coroner)

His Address Mercy Hospital

Name of Father Anthony J. Dr. Donato

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Marie D. Lenna

Her Birthplace Spangler Pa.

Date of Funeral (Date) Feb 3 1954 (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket + Service	35 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	10 00
Cremation	
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 Funeral Director's Charges	
Personal Service	
... line Death Notices in ... Papers (Names of Newspapers)	
EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill	$ 45 00
Less	$
Balance	$

Paid Feb 3, 1954

Entered into Ledger, page ... or below.

Miscellaneous

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

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.

Signed

Address

Witness

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2646 Yearly No. 15 Date of Entry Feb. 9 1954

Name of Deceased Peter Gabriel (Gabriel P. Gabriel) (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 60 Elm Street

☐ Husband ☐ Wife ☐ Widow } of Rose Peters Age of Husband or Wife (if living) ..... Years

Charge to Peter Gabriel - Mrs Chas Thomas

Address 60 Elm St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Feb 9 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 57 yrs (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Services at St Anna Maronite Church

Clergyman .....

Religion of the Deceased Maronite Catholic (Address)

Birthplace Lebanon

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

Place of Death Nashville Hospital

Cause of Death: Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address: .....

Name of Father Peter Gabriel

His Birthplace Lebanon

Maiden Name of Mother Mary —

Her Birthplace Lebanon

Date of Funeral Feb 12 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	1070	—
Casket	895	00
Burial Vault or Box C. P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	2	50
Suit or Dress (State Kind and Color)	33	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot	70	00
Cremation		
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, $	35	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers	7	20
(Names of Newspapers)		
Sales Tax	5	15
Total Footing [illegible]	1115	85
Less ..... $		
Balance ..... $		

EDW. J. McAVOY

PAID

Per

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2649 Yearly No. 16 Date of Entry Feb. 9 19 54

Name of Deceased Thomas Henretty (What Race) N

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3305 Terrace St

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Daniel J. O'Malley

Address 3305 Terrace St

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired - Hospital Orderly (Social Security Number)

Employer and Address .....

Date of Death Feb. 9. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 19. 1872 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Hawthorne Hospital

Cause of Death Generalized Arteria sclerosis

Contributory Causes .....

.....

Certifying Physician Dr. Wm. D. McClelland (or Coroner)

His Address Coroner - Alby Co.

Name of Father James Henretty

His Birthplace Ireland

Maiden Name of Mother Rose Donohoe

Her Birthplace Ireland

Date of Funeral Feb 12. 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Raw 21

Grave No. 7

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	560	00
Casket Professional Service	385	00
Burial Vault or Box G.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	1	50
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	110	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 Singers, $ .... Organist, $	15	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in S.F.C. Papers	3	20
(Names of Newspapers)		
Feb 12. 1954		
Sales Tax	2	58
Total Footing of Bill $	582	28
Less Per ..... $		
Balance $		

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

180

RECORD OF FUNERAL

Total No. 2650 Yearly No. 17 Date of Entry Feb 19 19 54

Name of Deceased Nellie Tracy (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1819 Fruitvale Ave ☐Husband ☐Wife ☐Widow } of Henry F. Age of Husband or Wife (if living) Years

Charge to Henry Tracy

Address Bingham Dr.

Order given by Mrs. Mary Collman (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Feb 12 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 27 1880 Age 73-2-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Maymuse Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

Certifying Physician (or Coroner)

His Address

Name of Father James J. Cussen

His Birthplace Ireland

Maiden Name of Mother Mary McDonough

Her Birthplace Ireland

Date of Funeral Feb 23 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

TRACY—On Friday, February 19, 1954, Nellie M., wife of the late Henry F. Tracy Sr.; mother of Henry F. Jr.; sister of Mrs. Mary V. Collman. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Tuesday morning at 8:30. Solemn requiem high mass at the Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 685	25
Casket Professional Bronze	520	00
Burial Vault or Box Cove Vault Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)	1	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charges	70	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 ... Singers, $ ... Organist, $	27	00
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers (Names of Newspapers) EDW. J. McAVOY FEB 19 1954	24	00
Sales Tax	3	25
Total Footing of Bill $	710	25
Less ... Per Jos. F. McAvoy $		
Balance $		

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward	$	$
Feb 20 1954	By Payment	$ 180 00	$ 530 25		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 ...

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2651 Yearly No. 18 Date of Entry Feb. 20 1954

Name of Deceased Martin (Barsick) Borschick (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 59 Marion St

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Michael Cerwenka

Address 5 Marion Street

Order given by Joseph Melnos (or informant)

How Secured 5 Marion Street Pgh. Pa.

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death Feb. 22, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 9 1882 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Yugoslavia

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

Place of Death Mercy Hospital

Cause of Death Pneumonia Carcinoma

Contributory Causes of Gallbladder

Certifying Physician Dr. James V. Scott (or Coroner)

His Address Mercy Hospital

Name of Father George Borschick

His Birthplace Yugoslavia

Maiden Name of Mother Helen Cvetkovic

Her Birthplace Yugoslavia

Date of Funeral Feb. 24 1954 ' M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Sec. 21

Grave No. 14

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	270	00
Burial Vault or Box Cem. proof case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	110	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
(Name of Publication)		
EDW. J. McAVOY		
Sales Tax	2	00
Total Footings of Bill June 3, 1954	$ 461	00
Less	$	
Per Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
May. 25, 1954	By Payment Construction & Interment	$ 200 00	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2652 Yearly No. 19 Date of Entry Feb. 27 19 54

Name of Deceased Infant (Stillborn) Gianuntsos (Male) 24
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1247 Hillsdale Ave ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Michael Gianuntsos

Address 1247 Hillsdale Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Feb. 27. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 27. 1954 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman .....

Religion of the Deceased Greek Orthodox (Address)

Birthplace Pittsburgh, Pa.

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

Place of Death South Side Hospital

Cause of Death Congenital Heart

Contributory Causes Enlarged Liver

.....

Certifying Physician Dr. M. A. Hartman (or Coroner)

His Address 600 Jenkins Arcade

Name of Father Michael Gianuntsos

His Birthplace Pittsburgh, Pa

Maiden Name of Mother Mary Kowalski

Her Birthplace Pittsburgh, Pa

Date of Funeral Mar. 1. 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Nicholas Greek Orthodox

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket Professional Service	35	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
EDW. J. McAVOY (Names of Newspapers)		
Apr 13, 1954		
Sales Tax		
Total Footing of Bill ..... $	35	00
Less ... Per ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		
Miscellaneous		

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2653 Yearly No. 20 Date of Entry Feb. 28 1954

Name of Deceased Philip J. Hahn (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 114 Fox Chapel Rd

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Kenneth E. Cooney

Address 422 Kathleen St Pgh 16 Pa.

Order given by Mr 1-0214 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Truck Driver 190-05-2241 (Social Security Number)

Employer and Address Reed Dairy Co.

Date of Death Feb. 28 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 6 1883 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Pgh. V.A. Hospital Leech Farm

Cause of Death Pulmonary Tuberculosis

Contributory Causes Coronary Pulmonale

& Cardiac Failure

Certifying Physician Dr. C.K. Palmer (or Coroner)

His Address Pgh. V.A. Hospital Leech Farm

Name of Father John Hahn

His Birthplace

Maiden Name of Mother Joanna Kreyer

Her Birthplace

Date of Funeral Mar. 3 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. Row 21

Grave No. 18

Section No. 28

Block No.

Owner

Miscellaneous

	$	
Complete Funeral (except outlays)	480	-
Casket 4 Professional Service	300	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	110	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 2 .... Papers	5	60
(Name of Newspaper) EDW. J. MCAVOY		
55-01K		
Sales Tax	2	15
Total Footing of Bill	$ 496	75
Less	$	
Per ..... Balance	$	

Mar 26 1954

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Mar. 19, 1954	By Payment	$351 20	$145 55
	" "	$	$
	" "	$	$
	" "	$	$

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

Names of Lodges

Insurance Companies

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.

Signed

Address

Witness

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2654 Yearly No. 21 Date of Entry Mar. 7 19 54

Name of Deceased Mary Bane (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 59 Marion Street ☐Husband ☐Wife ☐Widow of John Age of Husband or Wife (if living) Years

Charge to John Bane

Address 116 Mansion Street

Order given by Pittsburgh, Pa. (or informant)

How Secured

If Veteran, Name of War

Occupation Waitress (Social Security Number)

Employer and Address

Date of Death Mar. 3, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 22, 1911 (Mo.) (Day) (Yr.) Age 42 - 10 - 17 (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Chicago, Illinois

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

Place of Death Mercy Hospital

Cause of Death Bronchial Pneumonia

Contributory Causes following Cirrhosis of Liver

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner Alley Co.

Name of Father Michael Flaherty

His Birthplace Ireland

Maiden Name of Mother Nora Connelly

Her Birthplace Ireland

Date of Funeral Mar. 11, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 21

Grave No. 22

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	340 —
Casket 2 Professional Services		330 00
Burial Vault or Box Casket (State Kind) Case		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)		29 50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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 (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
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, $		12 00
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in 2 ... Papers		2 00
EDW. J. MCAVOY (Names of Newspapers)		
PAID Mar 26, 1954		
Sales Tax		2 30
Total Footing of Bill	$	557 80
Less	$	
Per JKM Balance	$	
Entered into Ledger, page ... or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Mar 8 54	By Payment	$ 200 00	$ 357 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.

Signed

Witness ... Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 26.55 Yearly No. 22 Date of Entry Mar 9 19 54

Name of Deceased Morgan M. Howe (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 30 Forde Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Leo H. Howe

Address 4827 Wheaton Drive

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

How Secured .....

If Veteran, Name of War .....

Occupation Cabinet Maker (Social Security Number)

Employer and Address .....

Date of Death Mar 9 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 9 1892 Age 61 - 11 - 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mayview State Hospital

Cause of Death Arteriosclerotic heart

Contributory Causes Anemia

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Marston L. Howe

His Birthplace .....

Maiden Name of Mother Ellen O'Leary

Her Birthplace .....

Date of Funeral Mar 12, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary - (Coldsure Plot)

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket 8" Professional Service	395	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	22	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 Singers, $ .... Organist, $	12	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 1 .... Papers	2	40
(Names of Newspapers)		
Billed 7/23 24.55 MCAVOY		
Sales Tax	2	65
Total Footing of Bill ..... $ Snow 13, 1954	501	55
Less ..... $		
9a Courtesy Balance ..... $		
Entered into Ledger, page 17 ....or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
Aug 10, 1954	By Payment Ins	$ 150 00	$ 351 55
Sept 21, 1954	" "	$ 276 55	$ 75 00
Nov 13 1954	" "	$ 75 00	$ —
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2656 Yearly No. 23 Date of Entry Mar. 10 1954

Name of Deceased Anthony G. Jacobs (What Race) H.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 219 Oakland Ave

☐Husband ☐Wife ☐Widow } of Margaret Mackenzie

Age of Husband or Wife (if living) Years

Charge to: Mrs. Margaret Jacob

Address 219 Oakland Ave

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Bartender 187-01-8903 (Social Security Number)

Employer and Address

Date of Death Mar. 10 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 5 1907 Age 46 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. E. Brasl (Address)

Religion of the Deceased Maronite Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Montefiore Hospital

Cause of Death Broncho Pneumonia

Contributory Causes Myocardial Degeneration Cerebral Edema

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner - Alley Co.

Name of Father Pudway Jacob

His Birthplace Lebanon

Maiden Name of Mother Jenah Alaw

Her Birthplace Lebanon

Date of Funeral Mar. 13 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Row Lot No. 21

Grave No. 24

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	955 45
Casket		760 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		3 00
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		135 00
Cremation		
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 / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers (Names of Newspapers)		16 00
100 Envelopes		7 00
100 Announcements		4 45
Sales Tax		
Total Footing of Bill Mar 6, 1954	$	990 45
Less	$	
Balance	$	

EDW. J. McAVOY

GS OK-

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

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2657 Yearly No. 24 Date of Entry Mar 15 1954

Name of Deceased Anna Joseph (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1106 Bedford Ave

☐Husband ☐Wife ☐Widow } Michael
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Debe Joseph

Address 1106 Bedford Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Mar 15 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 15 1884 Age 69 - 11 - 0 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St Anns Maronite

Clergyman ..... (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death 1106 Bedford Ave

Cause of Death Acute Myocardial Failure

Contributory Causes Arteriosclerosis

Mild Diabetes

Certifying Physician Dr. Albert Goldblum (or Coroner)

His Address 1710 Bedford Ave

Name of Father Moses Slyman

His Birthplace Lebanon

Maiden Name of Mother Mary Katicke

Her Birthplace Lebanon

Date of Funeral Mar 19 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

JOSEPH—On Monday, March 15, 1954, Anna Slyman, wife of the late Michael Joseph; mother of Mrs. Rose M. Joseph, Debe, Joseph, Elias and the late George M. Funeral from the McAvoy Funeral Home, 1001 Fortes St., on Friday morning at 8:30. Requiem high mass at St. Ann's Maronite Church at 9 o'clock. [illegible]

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1467	95
Casket P. Professional Services	980	00
Burial Vault or Box C.R. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ✓ (State Kind and Color)	30	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	240	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	135	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ .. Singers, $ .... Organist, $	35	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)	14	40
200 Cards announcements	12	00
Sales Tax Gross Sales 4%	5	55
Total Footing of Bill	$ 1517	95
Less ..... EDW. J. McAVOY	$	
Balance	$	

PAID

Entered into Ledger page 1954 or below.

Miscellaneous .....

For .....

Date		Amount Paid	Balance
	To Above Balance		$
Mar 17 54	By Payment	$ 357 00	$
Mar 18 54	" "	$ 500 00	$ 615 95
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2658 Yearly No. 25 Date of Entry Mar. 16 19 54

Name of Deceased Joseph Rubleusky (What Race) H

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 1112 Forbes Street

☐ Husband ☐ Wife ☒ Widow } of Rose Mayer Rubleusky
Age of Husband or Wife (if living) Years

Charge to: John Mayer

Address 1321 Beechview Ave.

Order given by Pgh. 16 Pa. Fe. 19704
(or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Housemover 162-16-0305
(Social Security Number)

Employer and Address Shenton Hotel

Date of Death Mar. 16, 1954
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 8, 1888 Age 65 - 7 - 8
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lithuania

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. J. J. McCarthy (or Coroner)

His Address:

Name of Father Mathew Rubleusky

His Birthplace Lithuania

Maiden Name of Mother Catherine Kalvevus

Her Birthplace Lithuania

Date of Funeral Mar. 18, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

RUBLEWSKY—On Tuesday, March 16, 1954, Joseph, husband of the late Rose Mayer; father of John and Wilbert. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30, thence to the Church of The Epiphany at 9 o'clock. Requiem high mass at the Church

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	542 00
Casket Professional Services		385 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		22 50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 ... Singers, $ ... Organist, $		12 00
Railroad / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in 1 Papers		3 20
EDW. J. McAVOY (Names of Newspapers) PAID		
Sales Tax June 19, 1954		2 56
Total Footing of Bill	$	562 28
Less Per Wm	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 508 32	$ 30 00
June 1	" "	$ 30 00	$ —
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness ... Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2659 Yearly No. 26 Date of Entry Mar 28 1954

Name of Deceased Charles A. Martin (What Race) A

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1929 Sixth Ave

Charge to Estate of Chas A. Martin

Address Joseph Steinberg - Exec

Order given by 242 S. Evaline St. (or informant)

How Secured

If Veteran, Name of War

Occupation Accountant 209-05-3228 (Social Security Number)

Employer and Address

Date of Death Mar 28 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 29 1886 Age 68 - 2 - 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death West Penn Hospital

Cause of Death Acute Myocardial

Contributory Causes Pulmonary Embolism Fibrosis - Malnutrition & Dehydration

Certifying Physician Dr. Fisher (or Coroner)

His Address West Penn Hospital

Name of Father Charles Martin

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Mar 31 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Union Dale Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Professional Bearer	685	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress etc. (State Kind and Color)	37	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	81	00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
7 line Death Notices in 6 Papers	16	80
Newspaper		
Sales Tax	4	08
Total Footing of Bill	$ 902	38
Less	$	
Balance	$	

EDW. J. McAVOY FUNERAL DIRECTOR May 28 1954

Per

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2660 Yearly No. 27 Date of Entry Mar. 30 1954

Name of Deceased Nassif Makfood (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 2701 Homehurst St

☐Husband ☐Wife ☐Widow of Lamie Age of Husband or Wife (if living) Years

Charge to: Mrs. Lamie Makfood

Address 2701 Homehurst St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Barber (Social Security Number)

Employer and Address Self

Date of Death Mar. 30 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 1891 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Maronite Church

Clergyman Rev. E. Basil-Le Nader (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death S.O.A. Alley Gen. Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Hon. A. McAlford (or Coroner)

His Address Coroner Alley Co.

Name of Father Michael Makfood

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace Lebanon

Date of Funeral Apr. 2 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 21

Grave No. 34

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1375 -
Casket Professional Services		110 00
Burial Vault or Box Vault (State Kind)		120 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery Home @ $		5 00
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		12 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		135 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 ... Singers, $ ... Organist, $		30 00
Railroad / Motor Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in 2 ... Papers (Names of Newspapers)		9 60
Billed May 1		
Sales Tax		6 70
Total Footing of Bill	$	1419 30
Less Cards	$	9 84
add Cards		
Balance	$	1429 14

Entered into Ledger Page ... or below

Miscellaneous

EDWARD J. McAVOY

PAID

June 15, 1954

Date		Amount Paid	Balance	Date		Amount Paid	Balance
May 17 1954	To Above Balance	~~1356 14~~	$		To Balance Forward		$
	By Payment	$ ~~1368 14~~	$		By Payment	$	$
May 17 1954	" "	$ 954 55	$ 413 59		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2661 Yearly No. 28 Date of Entry April 1 19 54

Name of Deceased Robert Kowalecki (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 59 Marion Street

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Anna Kowalecki

Address 59 Marion St

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

How Secured .....

If Veteran, Name of War .....

Occupation Student (Social Security Number)

Employer and Address .....

Date of Death April 1 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 27 1946 Age 7-8-4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Childrens Hospital

Cause of Death .....

Contributory Causes Brain Tumors

.....

Certifying Physician Dr. Mannlestein (Klein) (or Coroner)

His Address Childrens Hospital

Name of Father Walter Kowalecki

His Birthplace .....

Maiden Name of Mother Anna Hill

Her Birthplace .....

Date of Funeral April 3 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Row

Lot No. 41

Grave No. 27

Section No. 8

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	400 00
Casket		300 00
Burial Vault or Box C.R. Case (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Cap (State Kind and Color)		1 98
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		50 00
Cremation		
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, $		12 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 2 .... Papers (Names of Newspapers)		6 40
EDW. J. McAVOY		
Sales Tax		1 95
Total Footing	$	417 33
Less	$	
Balance	$	

PAID

Per .....

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2662 Yearly No. 29 Date of Entry Apr. 4 19 54

Name of Deceased Mary (Hasna) Abdulla (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 902 Hyde Avenue

☐ Husband ☐ Wife ☐ Widow } of Joseph Age of Husband or Wife (if living) Years

Charge to: Mrs. Labebe Abdulla

Address 902 Hyde Ave.

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Peddler (Social Security Number)

Employer and Address Apr. 4 1954

Date of Death (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 75 years (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Anns Maronite Church

Clergyman Rev. E. Basil (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death Mayview State Hospital

Cause of Death Arteriosclerotic heart

Contributory Causes disease - generalized arteriosclerosis

Certifying Physician (or Coroner)

His Address: Mayview State Hospital

Name of Father Unknown

His Birthplace Lebanon

Maiden Name of Mother

Her Birthplace Lebanon

Date of Funeral Apr. 6 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	909 00
Casket		730 00
Burial Vault or Box C. P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ ✓		5 00
Suit or Dress (State Kind and Color)		30 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $		35 00
Railroad / Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in 1 Papers		4 80
EDW. J. McAVOY (Name of Newspapers)		
May 7 1954		
Sales Tax		4 30
Total Footing of Bill	$	946 10
Less Per	$	
Billed 4-26-54 Balance	$	

Entered into Ledger, page or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2663 Yearly No. 30 Date of Entry Apr. 6 1954

Name of Deceased William O'Connor (What Race) A.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2077 Bentley Drive ☐Husband ☐Wife ☐Widow of } Anna Goggins Age of Husband or Wife (if living) Years

Charge to Anna O'Connor

Address 2077 Bentley Drive

Order given by Mrs. McGrail - Sis. 9278 (or informant)

How Secured 2039 - 5th Ave Apt 2

If Veteran, Name of War Spanish Amer

Occupation Retrd. Marble Setters Helper (Social Security Number)

Employer and Address

Date of Death Apr. 6 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 13 1870 Age 83-10-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lawrence Mass Manchester N.H. (or U. S. or City or County) (Years) (Months)

Resided in the State

Place of Death V.A. Hospital Aspinwall

Cause of Death Bilateral - Bronchs

Contributory Causes Pneumonia

Certifying Physician V.A. Hosp. Physician (or Coroner)

His Address

Name of Father Michael O'Connor

His Birthplace Ireland

Maiden Name of Mother Mary Goggins

Her Birthplace Ireland

Date of Funeral Apr. 9 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary (Soldiers Plot.)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	385	00
Burial Vault or Box C.P. Cox (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)	4	75
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $	12	00
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
7 line Death Notices in 1 ... Papers (Names of Newspapers)	2	80
Sales Tax	2	60
Total Footing of Bill	$ 47	40
Less ... Apr 9 1954	$	
Balance	$	

Entered into Ledger page ... or below.

Miscellaneous

EDW. J. McAVOY

VA J

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Apr. 7 1954	By Payment	$ 200 00	$ 174 15		By Payment	$	$
May 5 1954	" "	$ 5 00	$		" "	$	$
June 15 1954	" "	$ 20 00	$ 249 15		" "	$	$
Aug 27 1954	" " V.A.	$ 150 00	$ 99 15		" "	$	$
Nov 13 1954	" " alley Co	$ 75 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

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2664 Yearly No. 31 Date of Entry Apr. 6 19 54

Name of Deceased David Thomas

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3243 Hard Street ☐Husband ☐Wife ☐Widow } Elizabeth

or of Age of Husband or Wife (if living) Years

Charge to Mrs Elzibeth Thomas

Address 3243 Hard Street

Order given by Mrs. Thomas 4681 (FRIEND) (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Elevator Operator 177-18-9265A (Social Security Number)

Employer and Address

Date of Death April 6 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth (Mo.) (Day) (Yr.) Age 78 yrs. (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orthodox Church

Clergyman Rev. Paul Romley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Syria

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

Place of Death Fort Chartier Hollow Bridge

Cause of Death Internal injuries due to fall

Contributory Causes jumping off bridge

Certifying Physician Wm. O. McClelland (or Coroner)

His Address Coroner Alley Co.

Name of Father Thomas Barakel

His Birthplace Syria

Maiden Name of Mother Unknown

Her Birthplace Syria

Date of Funeral (Date) Apr. 9 1954 (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. George Cemetery Burbank

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	435 00
Casket 4 Professional Bronze		435 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ 4 ... Ambulance, $		10 00
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		30 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		7 13
Total Footing of Bill	$	475 00
Less	$	
Balance	$	475 13

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1954	To Above Balance		$		To Balance Forward		$
Apr 9	By Payment	$ 235 00	$ 232 13		By Payment	$	$
Apr 13	by John Mould	$ 83 00	$ 149 13		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

Revised by W. W. Feineman, Long Beach, California

Sept 13 - 1934.

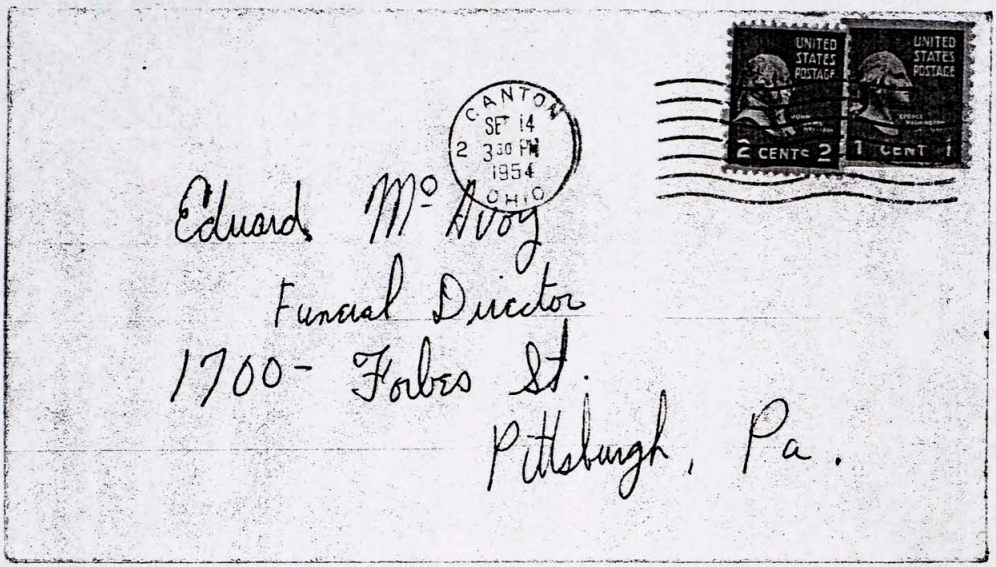
Dear Sirs:-

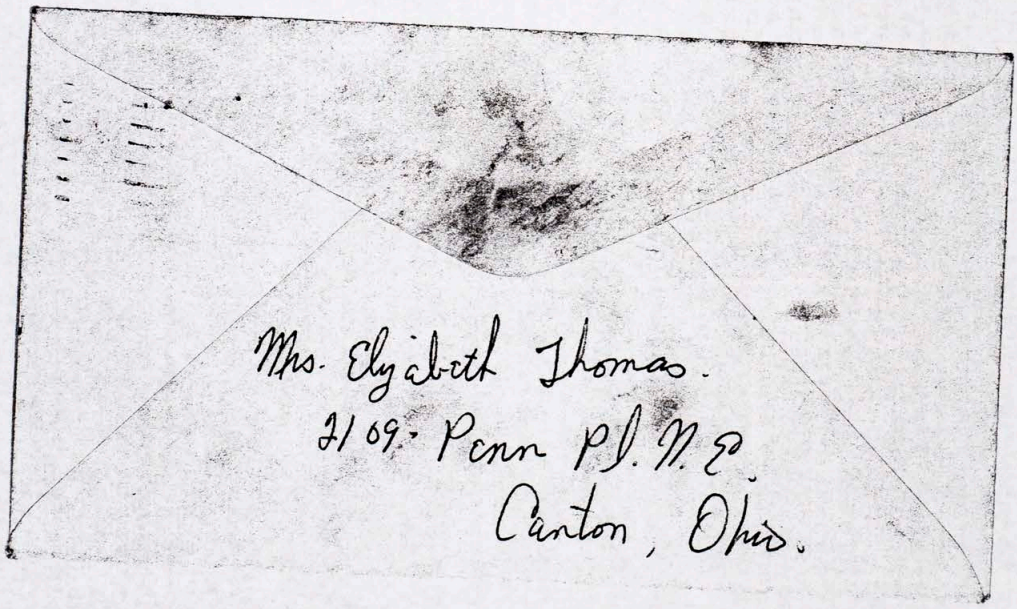
Rec'd your letter. And am very sorry can not give you any more of the Bill then I gave you. Since I lost my husband have been sick & no money for a Dr. Since I come to Canton can not get Old age Pension within 5-yrs. Have no help whatever from my people. I am nearly crippled in my one leg can hardly walk. Many thanks to the people & friends from Pittsburg who gave you what money you did receive. Have no way to make any money.

Thanking you very kindly.

Yours Mrs. Elizabeth
+ Thomas.

P.S. The + is Mrs Thomas's signature


CANTON
SEP 14
2 30 PM
1954
OHIO
UNITED STATES POSTAGE
2 CENTS 2
UNITED STATES POSTAGE
1 CENT 1
Eduard. Mc Avoy
Funeral Director
1700- Forbes St.
Pittsburgh, Pa.


Mrs. Elizabeth Thomas.
2109. Penn Pl. N.E.
Canton, Ohio.

RECORD OF FUNERAL

Total No. 2665 Yearly No. 32 Date of Entry Apr 9 19 54

Name of Deceased Paul J. Walsh (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1745 Fifth Ave ☐Husband ☐Wife ☐Widow of Dorothy Howard Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Dorothy Walsh

Address 1745 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Watchman (Retired) (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Apr. 9 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 26 1890 Age 53-5-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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 Wm D McClelland (or Coroner)

His Address Coroner Allegheny Co.

Name of Father Robert Walsh

His Birthplace N. Y.

Maiden Name of Mother Margaret Feeley

Her Birthplace Pittsburgh, Pa.

Date of Funeral Apr. 13, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Row

Lot No. 21

Grave No. 38

Section No. 28

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	1195	
Casket 4 Professional Services	970	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	135	00
Cremation		
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, $	12	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in 4 Papers (Names of Newspapers)	19	20
Bulletin Mgmt.		
Sales Tax EDW. J. McAVOY	5	50
Total Footing of Bill ..... $	1209	70
Less ..... $		
Balance ..... $		

May 29 1954

Entered into Ledger Page ..... or below.

Per .....

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2666 Yearly No. 33 Date of Entry Apr. 9 19 54

Name of Deceased. Mary de Sales Henry - Sr. M. Lucille (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence.....

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Sisters of Mercy

Address. 3333 Fifth Ave

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

How Secured.....

If Veteran, Name of War.....

Occupation Teacher (Social Security Number)

Employer and Address St. Regis

Date of Death. Apr. 9 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth. Mar 6 1870 Age 84-1-3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at. St. Xaviers Academy Pittsburgh

Clergyman..... (Address)

Religion of the Deceased. Catholic

Birthplace Ebensburg - Pa

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

Place of Death. Mercy Hospital

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address:.....

Name of Father. Samuel Henry

His Birthplace.....

Maiden Name of Mother. Kittell

Her Birthplace.....

Date of Funeral. Apr. 12 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to.....

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

Manufactured by.....

Cemetery Crematory } Calvary St. Xaviers Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	
Casket Composite Service	200	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in 4 Papers (Names of Newspapers)		
Billed May 1		
Sales Tax Paid 1954		1 00
Total Footing of Bill	$	201 00
Less Jan 1955	$	
Balance	$	

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

Miscellaneous.....

.....

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.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2667 Yearly No. 34 Date of Entry Apr. 16 1954

Name of Deceased George S. Doherty

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 1904 Forbes Street

☐ Husband ☐ Wife ☐ Widow of Mae Morgan Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mae Doherty

Address 1904 Forbes Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer (Social Security Number)

Employer and Address City of Pgh.

Date of Death Apr. 16, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 16, 1895 Age 58-7-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death St. Francis Hospital

Cause of Death Generalized Carcinamatosis

Contributory Causes Carcinoma of Lung

Certifying Physician Dr. J. C. Duffy (or Coroner)

His Address St. Francis Hospital

Name of Father Patrick S. Doherty

His Birthplace .....

Maiden Name of Mother Mary Mulvaney

Her Birthplace .....

Date of Funeral Apr. 19, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

DOHERTY—On Friday, April 16, 1954, George S., husband of Mae Morgan; father of Robert G.; brother of Mrs. Louis Schubert, Charles, Edward and John Doherty; also survived by 2 grandchildren. 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. Row 21

Grave No. 42

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

	$	
Complete Funeral (except outlays)	920	00
Casket 7 Professional Bronze	700	00
Burial Vault or Box Concrete Vault (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	135	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 ... Singers, $ .... Organist, $	27	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers	19	20
200 Cards 100 ea 100 Pam (Names of Newspapers)	7	50
Sales Tax EDW. J. McAVOY	4	15
Total Footing of Bill	$ 959	85
Less	$	
Balance	$	

May 6, 1954

Entered in Ledger, Page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2668 Yearly No. 35 Date of Entry Apr. 19 19 54

Name of Deceased Ida B. Nuss (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 108 Marion Street ☐Husband ☐Wife ☐Widow } Wm. Nuss

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George R. Carver

Address 909 Franklin St. Ave

Order given by Hilkenbrey Sr. (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Apr. 19, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 12, 1887 Age 66-9-7 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Penna

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

Place of Death Passavant Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Arterio sclerosis

generalized

Certifying Physician Dr. H. Aber (or Coroner)

His Address Passavant Hospital

Name of Father George A. Mangus

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Apr. 22, 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Alleg. Co. Mem. Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	619 15
Casket Professional Service		470 00
Burial Vault or Box C. P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		4 65
Suit or Dress (State Kind and Color)		24 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers		7 20
(Name of Newspapers)		
Sales Tax		3 00
Total Footing of Bill	$	644 85
Less	$	
Balance	$	

EDW. J. McAVOY

PAID

5-7-54

Per

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2669 Yearly No. 36 Date of Entry Apr. 24 19 54

Name of Deceased Alice Dowling (Sr. Mary Alice) (What Race) A

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave

Charge to Sisters of Mercy

Address 3333 Fifth Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teacher (Social Security Number)

Employer and Address Dr. Religion

Date of Death Apr 24 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 30, 1890 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary's Convent Mt. Mercy

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Infarction Embolism

Contributory Causes Pulmonary Thrombosis

Certifying Physician Dr. J. C. Shower (or Coroner)

His Address Mercy Hospital

Name of Father Martin Dowling

His Birthplace

Maiden Name of Mother Mary E. Hettrick

Her Birthplace

Date of Funeral Apr. 26 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Lawrence - Latrobe, Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

☐ Husband ☐ Wife ☐ Widow } or of Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	
Casket Professional Services		200 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers (Names of Newspapers)		
Sales Tax		1 00
Total Footing of Bill	$	201 00
Less	$	
Balance	$	

EDW. J. McAVOY
Oct 25, 1954
John P. McAvoy

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

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2670 Yearly No. 37 Date of Entry Apr. 28 19 54

Name of Deceased Salvatore Spagnolo (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1614 Locust St.

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Samuel Spagnolo

Address 1614 Locust Street

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

How Secured .....

If Veteran, Name of War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death Apr. 28, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 13, 1918 Age 35-10-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mayview State Hospital

Cause of Death Tuberculosis of the Lungs

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Philip Spagnolo

His Birthplace Italy

Maiden Name of Mother Mary Gargotta

Her Birthplace Italy

Date of Funeral May 1, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Complete Funeral (except outlays)	$	040 00
Casket Professional Service		750 00
Burial Vault or Box Cl. Crate (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4.- Singers, $ .... Organist, $		50 00
Railroad / or Motor } Tickets, $ ..... Aero- plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers (Names of Newspapers)		28 80
1 col. Adv. Card EDW. J. MCAVOY		2 00
Sales Tax		4 40
Total Footing of Bill May 5, 1954	$	996 20
Less	$	
Balance	$	

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

Miscellaneous .....

Memorial Park.

SPAGNOLO—On Tuesday, April 27, 1954, Salvatore, son of the late Philip and Mary Gargotta Spagnolo; brother of Mrs. Mary Gallure, Mrs. Agnes Malatesta, Frances, Carmella, Josephine, Joseph, Samuel and Anthony Spagnolo. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 8 o'clock. Solemn requiem high mass at St. Peter the Apostle Church at 8:30.

THOMAS—On Wednesday, April 28, 1954, at her home, 438 Bailey Ave., Mt. Washington, Sarah Ann

Lot No. 629

Grave No. 1

Section No. H

Block 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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2671 Yearly No. 38 Date of Entry May 2 1954

Name of Deceased James A. Healey (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1511 Locust St

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Annie Healey

Address 1511 Locust St

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer (Social Security Number)

Employer and Address Alley Co.

Date of Death May 2 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 25 1881 Age 72-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death South Side Hospital

Cause of Death Liver Metastases & Cancer

Contributory Causes Carcinoma of Stomach

.....

Certifying Physician Dr. J. H. Curran (or Coroner)

His Address South Side Hospital

Name of Father Henry Healey

His Birthplace .....

Maiden Name of Mother Margaret Burns

Her Birthplace .....

Date of Funeral May 6 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1120 —
Casket # Professional Services		930 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		36 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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, $		12 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 6 Papers (Names of Newspapers)		26 40
EDW. J. MCAVOY PAID June 2 1954 Per		
Sales Tax		5 20
Total Footing of Bill	$	1172 70
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
May 25 54	By Payment	$ 977 61	$ 195 29
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2672 Yearly No. 39 Date of Entry Apr. 28 1954

Name of Deceased William H. Vallmer (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of Elizabeth Kohl Age of Husband or Wife (if living) ..... Years

Residence: 1720 Fisher Street

Charge to: Wm. H. Vallmer

Address: Steward Apt (20)

Order given by Dunkirk Ind. (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Laborer 173-18-9044 (Social Security Number)

Employer and Address

Date of Death Apr. 28 1954 - 1145 AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age Abt. 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace

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

Place of Death Emsworth Dam - Ohio River

Cause of Death Drowning

Contributory Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Conaco - Alley Co.

Name of Father Wm. H. Vallmer

His Birthplace

Maiden Name of Mother Fredericka Mann

Her Birthplace

Date of Funeral May 6 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Allegheny Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	640	00
Burial Vault or Box A.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 @ $	15	00
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	170	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Newspapers)	6	40
Sales Tax	3	85
Total Footing of Bill	$ 912	25
Less Dec 1, 1954	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
June 8 1954	By Payment	$ 500 00	$ 412 25		By Payment	$	$
July 9 1954	Wm Jr.	$ 103 06	$		" "	$	$
July 9 1954	Da Card	$ 103 06	$ 206 13		" "	$	$
July 16 1954	Walter "	$ 103 07	$ 103 06		" "	$	$
Dec 1 54	Elmer "	$ 103 07	$ —		" "	$	$

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 .....

Revised by W. W. Feineman, Long Beach, California

Woman Identifies Body of Man

The body of a man recovered from the Ohio River at the Emsworth Dam Wednesday has been identified as William Vollmer, 72, of 1720 Forbes St., morgue officials reported. Deputy coroners said identification was made by Volmmer's landlady, Mrs. Elizabeth Seabright. Mrs. Seabright is trying to locate, a sister of Vollmer's She know her only as Alberta Frances, of Homewood.

RECORD OF FUNERAL

Total No. 2673 Yearly No. 40 Date of Entry May 7 19 54

Name of Deceased George J. Bartorino (What Race) A

☑ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1615 Bedford Ave ☐Husband ☐Wife ☐Widow } or ..... of } Mary Evan

Charge to Mrs. Mary Bartorino Age of Husband or Wife (if living) ..... Years

Address 1615 Bedford Ave

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

How Secured .....

If Veteran, Name of War 24-24 #1

Occupation Parking Lot attendant 159-12-4812 (Social Security Number)

Employer and Address .....

Date of Death May 7 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 27 1899 (Mo.) (Day) (Yr.) Age 54-6-7 (Yrs.) (Mos.) (Days)

Services at St. Rita's Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1615 Bedford Ave

Cause of Death Coronary Occlusion

Contributory Causes Varicose Pneumonia

.....

Certifying Physician Dr. Goldblum (or Coroner)

His Address 1710 Bedford Ave

Name of Father Costonia Bartorino

His Birthplace Italy

Maiden Name of Mother Archangel Volpe

Her Birthplace Italy

Date of Funeral May 11 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1250 00
Casket 7 Professional Service		1035 00
Burial Vault or Box C.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		10 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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, $		75 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers (Names of Newspapers)		20 80
200 Cards (Mr. Mrs. Miss)		16 50
Sales Tax		3 85
Total Footing of Bill	$	1323 15
Less	$	
Balance	$	

EDW. J. McAVOY

PAID May 23, 54

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2673 Yearly No. 46 Date of Entry May 7 19 54

Name of Deceased George J. Barturomo N

☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1615 Bedford Ave ☐Husband ☐Wife ☐Widow of Mary Esau

Charge to Mrs. Mary Barturomo Age of Husband or Wife (if living) Years

Address 1615 Bedford Ave

Order given by (or informant)

How Secured

If Veteran, Name of War N. N. N.

Occupation Parking Lot Attendant 159-12-4912 (Social Security Number)

Employer and Address

Date of Death May 2 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 27 1899 Age 54-6-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Pallas Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1615 Bedford Ave.

Cause of Death Coronary Occlusion

Contributory Causes Varicose Pneumonia

Certifying Physician Dr. Goldblum (or Coroner)

His Address 1710 Bedford Ave

Name of Father Antonio Barturomo

His Birthplace Italy

Maiden Name of Mother Archangel Volpe

Her Birthplace Italy

Date of Funeral May 11 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1250	00
Casket 7 Professional Bronze	1035	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	10	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charge	95	00
Cremation		
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, $	75	00
Railroad or Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers (Names of Newspapers)	20	80
200 Cards (Off. Ltr. Hd. Env.)	16	50
Sales Tax EDW. J. McAVOY	5	85
Total Footing of Bill	1323	15
Less May 22, 1954		
Balance		
Entered into Ledger, page ... of below.		
Miscellaneous		

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2674 Yearly No. 41 Date of Entry May 8 1954

Name of Deceased Michael Zartarian (What Race) At

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1913 Fifth Ave

☐ Husband ☐ Wife ☐ Widow } of Rose Chelebrian Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Rose Zartarian

Address 1913 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Invalid (Social Security Number)

Employer and Address .....

Date of Death May 6 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 64 years (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas Greek Orthodox

Clergyman Rev. Demetrius Heliopoulos (Address)

Religion of the Deceased 111 Hobart St - Mar 1 1945

Birthplace Armenia

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

Place of Death 1913 Fifth Ave

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Wm D. McClelland (or Coroner)

His Address 3 Gomer - Alley C

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral May 10 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Monrovia Cemetery

Lot No. Boys 7

Grave No. 41

Section No. Division 12

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	700 —
Casket. Professional Services		615 00
Burial Vault or Box Outside Case (State Kind)		18 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 @ $		15 00
Extra Limousines @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		70 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
19 line Death Notices in 2 Papers		8 00
EDW. J. MCAVOY		
Billed 5/24/54 PAID		
Sales Tax		3 48
Total Footing of Bill June 7, 1954	$	733 48
Less	$	
Per Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May 10 1954	By Payment	$ 500	$		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2675 Yearly No. 42 Date of Entry May 12 1954

Name of Deceased Albert P. Burch Age 71

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 62 Van Braam St

☐Husband ☐Wife ☐Widow } Margaret Fox
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Margaret Burch

Address 62 Van Braam St

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address Steel Heigh Master

Date of Death May 12, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 2, 1879 Age 83-6-10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Curry (Address)

Religion of the Deceased Protestant

Birthplace Crestline Ohio

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

Place of Death 62 Van Braam St

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr. L. J. Bennett (or Coroner)

His Address 7904 Fifth Ave

Name of Father Charles A Burch

His Birthplace .....

Maiden Name of Mother Emma Thatcher

Her Birthplace .....

Date of Funeral May 14, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homestead Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	895	00
Casket Professional Service	845	00
Burial Vault or Box Outside Case (State Kind)	18	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charge	55	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
14 line Death Notices in 3 Papers (Names of Newspapers) 1 Para 1 Tele Homestead	14	40
EDW. J. McAVOY PAID May 17, 1954		
Sales Tax	4	34
Total Footing of Bill $	937	74
Less ..... $		
Blanks $		
Entered into Ledger Page ..... or below.		

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

206

RECORD OF FUNERAL

Total No. 2676 Yearly No. 43 Date of Entry May 17 19....

Name of Deceased Margaret Ellen Sires St.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1841 Locust Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Ellen Sires

Address 1841 Locust Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation Registered Nurse (Social Security Number)

Employer and Address .....

Date of Death May 17 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 6 1919 Age 34-9-11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Magee Hospital

Cause of Death Rheumatic Heart Disease

Contributory Causes .....

.....

Certifying Physician Dr. Paul M. Parks (or Coroner)

His Address: Magee

Name of Father Albert Sires

His Birthplace .....

Maiden Name of Mother Ellen Noonan

Her Birthplace .....

Date of Funeral May 20 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

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

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	427 00
Casket ? Professional Services		320 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		30 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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, $		27 00
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in 4 Papers		20 80
(Name of Paper) EDW. J. McAVOY		
Cards		8 00
Sales Tax June 1, 1954		4 25
Total Footing of Bill		973 05
Less		
Per Balance		

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

Miscellaneous .....

.....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2677 Yearly No. 44 Date of Entry May 19 1954

Name of Deceased James J. Swide Jr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 525 Bellaire Ave

☐ Husband ☐ Wife ☐ Widow of Marie Schmitt Age of Husband or Wife (if living) Years

Charge to Mrs. Marie Swide

Address 525 Bellaire Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Police Officer (Social Security Number)

Employer and Address

Date of Death May 19 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 3 1907 Age 47 Yrs 2 Mos 16 Days (Mo.) (Day) (Yr.)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death St. Josephs Hospital

Cause of Death Myocardial Infarction

Contributory Causes

Certifying Physician Dr. John A. O'Donnell (or Coroner)

His Address Jenkins Arcade

Name of Father Joseph J. Swide

His Birthplace

Maiden Name of Mother Marion Butler

Her Birthplace

Date of Funeral May 24 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Clothing ... noon ... o'clock. ... private.

Clipping: "Swide—Suddenly on Wednesday, May 19, 1954, James J. husband of Marie Schmitt; father of Sally Ann and James M. Swide, Mrs. Dorothy Lallibrie, John and Raymond Schwaim; son of Marion Swide and the late Joseph J. Swide; brother of Ann Swide and uncle of Marion Michaels. Funeral from the McAvoy Funeral Home, 1701 Forbes St. (Notice of time ... TAYLOR—On Thursday, May 20, ... Manor."

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 588 00
Casket a Professional Service	135 00
Burial Vault or Box Vault (State Kind)	145 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	18 50
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	95 00
Cremation	
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 / Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 4 Papers (Names of Newspapers)	28 80
EDW. J. McAVOY	
Sales Tax	8 20
Total Footing or Bill	$ 1648 50
Less May 20, 1954	$
Balance	$

PAID

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2678 Yearly No. 45 Date of Entry June 3 1954

Name of Deceased Anna L. Mc Elligott 71
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1840 Arcana Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to:

Address

Order given by Charles Mc Elligott (or informant)

How Secured 1840 Arcana St

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death June 2 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 22 1883 Age 71 3 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman Rev. Frank Boosmissue (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death St. Josephs Hospital

Cause of Death Abdominal Carcinamatosis

Contributory Causes Cholelithiasis

Certifying Physician Dr. Arcari (or Coroner)

His Address 2850 N. Liberty Ave.

Name of Father Wilbam Mc Elligott

His Birthplace

Maiden Name of Mother Mary Foley

Her Birthplace

Date of Funeral June 5 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Professional Grannies	710	00
Burial Vault or Box Cone Top Case (State Kind)	45	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	5	00
Suit or Dress (State Kind and Color)	30	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	95	00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 2 Papers	20	00
EDW. J. McAVOY (Name of Newspaper)		
PAID July 9, 1954		
Sales Tax	4	20
Total Footing or Bill	$	947 20
Less	$	
Per Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2679 Yearly No. 46 Date of Entry June 14 1954

Name of Deceased Joseph P Clark 74
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 205 Main St - Youngstown, O.
or ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Barr Funeral Home

Address Lemstown Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death June 14 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 16 1876 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Youngstown, Ohio

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

Place of Death Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes Coronary Artery Disease

Certifying Physician Dr. E. H. Mullaney (or Coroner)

His Address Mercy Hospital

Name of Father Wm Clarke

His Birthplace .....

Maiden Name of Mother Mary Catherine

Her Birthplace .....

Date of Funeral June 15 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Lemstown Pa.

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box		
Embalming Body etc (State Kind) (Name of Embalmer)		65 00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
EDW. J. McAVOY (Names of Newspapers)		
PAID		
Sales Tax		
Total Footing of Bill	$	65 00
Less Per	$	
Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

210

RECORD OF FUNERAL

Total No. 2680 Yearly No. 47 Date of Entry June 19 19 54

Name of Deceased James J. Roberts (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1634 Hatton St

☐ Husband ☐ Wife ☐ Widow } of Jennie Garner Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Jennie Roberts

Address 1634 Hatton St

Order given by Billie 1625 Archer St (or informant)

How Secured Dr 1525

If Veteran, Name of War

Occupation Shearman (Social Security Number)

Employer and Address J & L Steel Corp

Date of Death June 19 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13 1901 Age 52 - 11 - 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1634 Hatton St

Cause of Death: Myocardial Infarction

Contributory Causes Hypertension Obesity

Certifying Physician Dr M. A. Garrity (or Coroner)

His Address 2016 Fifth Ave

Name of Father Henry Roberts

His Birthplace

Maiden Name of Mother Anna Toner

Her Birthplace

Date of Funeral June 23 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1120 00
Casket Professional Service	835 00
Burial Vault or Box (State Kind)	145 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	135 00
Cremation	
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, $	12 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 4 Papers (Names of Newspapers)	22 40
Rim Cycle	4 25
Sales Tax	4 83
Total Footing of Bill	$ 1458 65
Less	$ 1163 48
Balance	$

EDW. J. McAVOY PAID July 13, 1954 For

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Above Balance	$	$
	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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2691 Yearly No. 48 Date of Entry June 23 1954

Name of Deceased John J. Murray (What Race) W.

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 411 N Evaline St

Charge to Mrs Jean Kelly - Mrs Mary Lehman ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Address 11.20 Vickroy St

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Carpenter (Social Security Number)

Employer and Address .....

Date of Death June 23 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 4 1891 (Mo.) (Day) (Yr.) Age 63 - 3 - 19 (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death St Francis Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes a Pulmonary - Central ... Cirrhosis

Certifying Physician Dr. W. Kerr (or Coroner)

His Address St Francis Hospital

Name of Father William Murray

His Birthplace .....

Maiden Name of Mother Catherine Murray

Her Birthplace .....

Date of Funeral June 26 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary (Soldiers Plot)

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 635	70
Casket & Professional Service	550	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $	27	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)	12	80
EDW. J. McAVOY PAID July 23 1954		
Sales Tax	3	40
Total Footing of Bill	$ 66	70
Less ... Per Aetna	$	
Balance	$	

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

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2682 Yearly No. 49 Date of Entry July 9 19 54

Name of Deceased Mazeedy Corey (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1506 Greenmount Ave ☐Husband ☐Wife ☐Widow } of David Age of Husband or Wife (if living) Years

Charge to Mrs. Gloria Rose

Address 1506 Greenmount Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutties (Social Security Number)

Employer and Address

Date of Death July 9 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 64 Yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anna's Maronite Church (Address)

Clergyman Rev. E. Basil

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death 1506 Greenmount Ave

Cause of Death Uremia

Contributory Causes Chronic Glomerulo Nephritis - Hypertensive Heart Disease

Certifying Physician Dr. A. E. De Lee (or Coroner)

His Address 1500 Guilford Ave.

Name of Father Michael Simon

His Birthplace Lebanon

Maiden Name of Mother Budwear Aboud

Her Birthplace Lebanon

Date of Funeral July 13 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 420

Grave No. 6

Section No. K

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	918 —
Casket 4 Professional Service		725 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		5 00
Suit or Dress (State Kind and Color)		34 00
Slippers, $ ... Hose, $		5 00
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 4 Papers		20 80
EDW. J. McAVOY		
PAID Sept 27, 1954		
Sales Tax		4 28
Total Footing of Bill	$	955 08
Less	$	
Per John P. McAvoy Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2683 Yearly No. 50 Date of Entry July 10 1954

Name of Deceased Amelia Alpino (What Race) A

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1504 Parker Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Mary Richard

Address 1504 Parker Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death July 10 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 20 1877 Age 76 11 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters Church

Clergyman Rev Chas Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 1504 Parker Street (or U. S. or City or County) (Years) (Months)

Place of Death 1504 Parker St

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Antonio Cece

His Birthplace Italy

Maiden Name of Mother Emanuela Cece

Her Birthplace Italy

Date of Funeral July 15 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket Professional Service	725	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	5	00
Suit or Dress (State Kind and Color)	24	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot	110	00
Cremation		
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 or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers	16	00
(Name of Newspaper) EDW. J. MCAVOY		
Sales Tax Paid July 12 1954	4	28
Total Footing of Bill	$ 974	28
Less	$	
Per Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
July 15	By Payment	$ 100 00	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

214

RECORD OF FUNERAL

Total No. 2684 Yearly No. 51 Date of Entry July 12 1954

Name of Deceased Mary Sheelish (What Race) 74

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 661 North Crest Drive ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Rita Shabason

Address 661 Northcrest Drive

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death July 12, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death South Side Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerotic Hypertensive heart disease

Certifying Physician Dr. Paul Petraglia (or Coroner)

His Address 205 Virginia Ave

Name of Father Thomas Sheelish

His Birthplace Ireland

Maiden Name of Mother Anna Gibbons

Her Birthplace Ireland

Date of Funeral July 15, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

GREALISH—On Monday, July 12, 1954, Mary; sister of Mrs. Agnes Bane; aunt of Mrs. Samuel Marini, Mrs. Max Shabason, Mrs. Joseph Finn, John, Patrick and Regis Bane; also survived by six grandnephews and six grandnieces. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 9:30. Requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 665

Grave No. 1

Section No. H

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	775	28
Casket. Professional Service	485	00
Burial Vault or Box C. P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	5	00
Suit or Dress (State Kind and Color)	28	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot	175	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 15 Singers, $ .... Organist, $	15	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 1 Papers	19	20
Sales Tax	3	08
Total Footing of Bill $	796	28
Less $		
Balance $		

EDW. J. McAVOY

PAID

Aug 21, 1954

Per J. McAvoy

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Above Balance	$	$
	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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2685 Yearly No. 53 Date of Entry July 13 1954

Name of Deceased Charles Pellegrini

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1624 Fifth Ave

☐ Husband ☐ Wife ☐ Widow of Elizabeth Pantera (What Race) Age of Husband or Wife (if living) Years

Charge to Elizabeth Pellegrini

Address 1624 Fifth Avenue

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address Self employed

Date of Death July 13 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 10 1891 Age 55-2-3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters Church

Clergyman Rev Costa (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Alley Med Hospital

Cause of Death Hemorrhage from bowel

Contributory Causes Varicose Veins

Carcinoma of Liver

Certifying Physician Dr. C. W. Elkins (or Coroner)

His Address 121 University Place

Name of Father Louis Pellegrini

His Birthplace Italy

Maiden Name of Mother Louisa Biancciano

Her Birthplace Italy

Date of Funeral July 17 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	385	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	22	50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	110	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 ... Singers, $ ... Organist, $	25	00
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers (Names of Newspapers)	7	20
Sales Tax	2	58
Total Footing of Bill EDW. J. McAVOY	$ 621	28
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous Per Wm

Date		Amount Paid	Balance
	To Above Balance		$ mar. Instal.
July 24 1954	By Payment	$ 40 00	$ 581 28
July 17 54	" "	$	$ 500 00
Aug 11 54	" "	$ 500 00	$ 81 28
	" "	$	$
	" "	$	$

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.

Signed

Witness

Address

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2685 Yearly No. 53 Date of Entry July 14 19 54

Name of Deceased Grace Summers

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 48 Zulema Street ☐Husband ☐Wife ☐Widow } Charles

Charge to Betty Lenz or ..... of } Age of Husband or Wife (if living) ..... Years

Address 48 Zulema St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death July 14 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 9 1876 Age 78-4-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Regis Church

Clergyman Fr. Lane

Religion of the Deceased Catholic (Address)

Birthplace Pittsburgh Pa.

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

Place of Death 48 Zulema St.

Cause of Death Acute Myocardial Failure

Contributory Causes Chronic Arteriosclerosis

.....

Certifying Physician Dr. D. Rhoms (or Coroner)

His Address 3457 Zulema Park St

Name of Father Patrick Moore

His Birthplace Ireland

Maiden Name of Mother Mary McKeever

Her Birthplace U.S.A.

Date of Funeral July 17 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

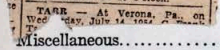
Manufactured by .....

Cemetery Crematory } Calvary Cemetery

	$	
Complete Funeral (except outlays)	$	977 00
Casket Professional Services		825 00
Burial Vault or Box G.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		25 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		70 00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 4 Papers (Names of Newspapers)		12 80
EDW. J. McAVOY		
Sales Tax Aug. 7, 1954		4 78
Total Footing of Bill	$	1018 58
Less	$	
Per V.P.M. Balance	$	

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

Miscellaneous .....



SUMMERS — Suddenly, on Wednesday, July 14, 1954, Grace Moore, wife of the late Charles Summers. Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Saturday morning at 9:30. Requiem high mass at St. Regis Church at 10 o'clock.

TARR — At Verona, Pa., on Wednesday, July 14, 1954, ...

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2686 Yearly No. 54 Date of Entry July 26 1954

Name of Deceased James J. Marks (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1508 Forbes Street

☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) ..... Years

Charge to Frank L. Marks

Address 4851 E. Hillcrest Rd. Pgh. 27 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Roofer 210-01-4933 (Social Security Number)

Employer and Address .....

Date of Death July 26 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 25 1884 Age 70-4-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1508 Forbes Street

Cause of Death Undetermined Natural

Contributory Causes Causes

.....

Certifying Physician Ame A. M. Clelland (or Coroner)

His Address Coroner - Alleg Co.

Name of Father Michael Marks

His Birthplace .....

Maiden Name of Mother Mary Higgins

Her Birthplace .....

Date of Funeral July 29 1954 (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

MARKS—Suddenly on Monday, July 26, 1954, James J., son of the late Michael and Mary Higgins; brother of Frank L. and uncle of Frank Leo Marks. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock. Members of Roofers' Local #37 and friends invited.

MARTIN—On Sunday, ...

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

		960	00
Complete Funeral (except outlays)	$		
Casket Professional Services		825	00
Burial Vault or Box C.P. Case (State Kind)		65	00
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
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)			
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2	00
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Cemetery Charges		70	00
Cremation			
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 / Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
11 line Death Notices in 4 Papers (Names of Newspapers)		17	60
Billed 7/29			
Sales Tax .... EDW. J. McAVOY		4	28
Total Footing of Bill	$	1000	38
Less 7 mos @ 5% Aug 15, 1954	$		
Balance	$		

PAID

Entered into Ledger, page ..... for below

Per .....

Miscellaneous .....

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

Names of Lodges .....

Insurance $ .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient r

for the payment of aforesaid sum, and 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 .....

Revised by W. W. Feineman, Long Beach, California

PHONE ATLANTIC 1-2531

UNITED SLATE AND TILE COMPOSITION ROOFERS
DAMP AND WATER PROOFERS
LOCAL No. 37—A. F. OF L.
87

DAVID L. RODGERS
BUSINESS REPRESENTATIVE

206 HOUSE BUILDING
PITTSBURGH 22, PA.

218

RECORD OF FUNERAL

Total No. 2627 Yearly No. 55 Date of Entry July 31 1954

Name of Deceased Anthony Davis (What Race) Ct

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1832 Locust Street ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to: Mr. Charles Davis

Address

Order given by (or informant)

How Secured

If Veteran, Name of War W.W. #2

Occupation Warehouseman 184-14-5296 (Social Security Number)

Employer and Address

Date of Death July 31 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 26 1924 Age 30 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns Maronite Church

Clergyman

Religion of the Deceased Maronite Catholic (Address)

Birthplace Pittsburgh, Pa.

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

Place of Death D.O.A. Mercy Hospital

Cause of Death Undetermined

Contributory Causes

Certifying Physician Dr. Wm. D. McClelland (or Coroner)

His Address Coroner - Alleg. Co.

Name of Father Charles Davis

His Birthplace Lebanon

Maiden Name of Mother Mary Sakis

Her Birthplace Lebanon

Date of Funeral Aug 3 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 22

Grave No. 33

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	845	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	135	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $	50	50
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 Funeral Director's Charges		
Personal Service		
12 line Death Notices 2 Papers (Names of Newspapers)	8	00
W. J. McAVOY		
Acct. of Reamer Davis Aug 25, 1954		
Sales Tax	4	88
Total Footing of Bill	1121	09
Less ... Per ...	$	
55 OK		
Balance	$	
Entered into Ledger, page ... or below.		

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2688 Yearly No. 56 Date of Entry Aug. 3 1954

Name of Deceased Michael John Kania (What Race) 24

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 7424 Penfield Place, Pgh. 8 Pa. ☐Husband ☐Wife ☐Widow of ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to John H. Kania

Address 7424 Penfield Place

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Aug. 3 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 2 1954 (Mo.) (Day) (Yr.) Age 54 Yrs. 11 Mos. 31 Days

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Intracranial Hemorrhage

Contributory Causes associated with Prematurity

Certifying Physician Dr. Joseph H. Carroll (or Coroner)

His Address 3708 Fifth Ave

Name of Father John F. Kania

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Mary K. Daugherty

Her Birthplace Pittsburgh Pa.

Date of Funeral Aug. 5 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket Professional Services	25	00
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	15	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
..... EDW. J. MCAVOY		
Sales Tax ..... PAID		
Total Footing of Bill Aug 6 1954 ..... $	40	00
Less ..... $		
Balance ..... $		

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

220

RECORD OF FUNERAL

Total No. 2689 Yearly No. 57 Date of Entry Aug. 6 19 54

Name of Deceased Albert Poczyka (What Race) W

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: 1844 Fifth Avenue ☐Husband ☐Wife ☐Widow of Julia

Charge to: O.P.A. Age of Husband or Wife (if living) Years

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer 166-24-4098 (Social Security Number)

Employer and Address

Date of Death Aug. 6, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 19 1889 Age 65 2 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ohio

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

Place of Death 1844 Fifth Avenue

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerotic Heart disease - Cirrhosis of Liver

Certifying Physician L. J. Barnett (or Coroner)

His Address: 2004 Fifth Ave

Name of Father Wm. Poczyka

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Aug. 7, 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket A Professional Service	120	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	30	00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Name of Newspaper)		
Sales Tax		
Total Footing of Bill	$	150 11
Less	$	
Per ... Balance	$	

EDW. J. McAVOY PAID Sept 23, 1954

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

4875

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC ASSISTANCE
HARRISBURG, PA.

CREDITOR NUMBER	INVOICE DATE MONTH	INVOICE DATE DAY	CASH DISCOUNT	NET AMOUNT
579 6	8	18		170 00 170 00 T

REQUISITION NUMBER
3030

MCAVOY FUNERAL HOME
1700 FORBES ST.
PITTSBURGH, PA. 19

ORIGINAL - REMITTANCE STATEMENT

DPA FORM 236 - REV. 4-45 - 25M 4-54 A

RECORD OF FUNERAL

Total No. 2690 Yearly No. 58 Date of Entry August 13 1954

Name of Deceased George Hobson (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1625 Edna Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Virginia Hobson

Address 1625 Edna St Pgh 19 Pa

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Clerk 206-07-8345 (Social Security Number)

Employer and Address .....

Date of Death Aug. (Mo.) 13 (Day) 1954 (Yr.) 5 AM (Hour)

Date of Birth ..... Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace England

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

Place of Death Mercy Hospital

Cause of Death Fractures Left Femur

Contributory Causes Hypertension Arteriosclerosis Diabetes Mellitus

Certifying Physician Dr. J. H. Paoletti (or Coroner)

His Address Mercy Hospital

Name of Father Charles Hobson

His Birthplace .....

Maiden Name of Mother Ellen Matthews

Her Birthplace .....

Date of Funeral Aug. (Date) 16 (Day of Week) ..... (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 223

Grave No. 7

Section No. B

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	805 00
Casket		
Burial Vault or Box C.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		95 00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers (Names of Newspapers)		16 00
		8 00
Rev. Candles EDW. J. McAVOY		4 09
Sales Tax		
Total Footing of Bill	$	999 09
Less 55-OK Sept 10, 1954 PAID	$	
Balance	$	

Entered into Ledger, Page 93 or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

222

RECORD OF FUNERAL

Total No. 2691 Yearly No. 59 Date of Entry Aug. 16 19 54

Name of Deceased Lottie Forrest 71
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1920 Fustin St. (Rear) ☐Husband ☐Wife ☐Widow } of Robert H.
Age of Husband or Wife (if living) Years

Charge to: D. P. A.

Address

Order given by Robert D. Forrest (or informant)

How Secured: 2205 Fifth Ave. (Rear)

If Veteran, Name of War Co. I - 0791

Occupation Housemaid (Social Security Number)

Employer and Address

Date of Death Aug. 16, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt. 76 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death 1920 Fustin St.

Cause of Death Senile Arteriosclerosis

Contributory Causes Chronic Bronchiectasis

Certifying Physician Dr J.J. McCarthy (or Coroner)

His Address: 2016 Fifth Ave.

Name of Father Harold Haney

His Birthplace

Maiden Name of Mother Elizabeth Jones

Her Birthplace

Date of Funeral Aug 18, 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Oakland Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket $ Professional Services	120	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	70	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
line Death Notices in Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	190 00
Less	$	
Balance	$	

EDW. J. McAVOY
PAID
Oct. 6, 1954

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Aug 17 1954	By Payment	$ 20 00	$ 170 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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2692 Yearly No. 60 Date of Entry Aug 19 1954

Name of Deceased John Hahn (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1112 Forbes Street ☐Husband ☐Wife ☐Widow of Mary McGinley Age of Husband or Wife (if living) ..... Years

Charge to John Hahn Jr.

Address 4307 Stanley St Pgh 7 Pa

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired - Glass blower (Social Security Number)

Employer and Address .....

Date of Death Aug. 19 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 80 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1112 Forbes Street

Cause of Death Natural Causes

Contributory Causes .....

.....

Certifying Physician Hm. D. McClelland (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father John Hahn

His Birthplace .....

Maiden Name of Mother Susan Mullen

Her Birthplace .....

Date of Funeral Aug. 23 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	575	00
Casket ... Professional Services	385	00
Burial Vault or Box ... C.R. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)	22	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	95	00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 1 ... Papers	3	60
(Name of Newspaper)		
Sales Tax Bills Sept 24, 1954	2	53
Total Footing of Bill $	590	63
Less ..... $		
Per ..... Balance ..... $		

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

Miscellaneous .....

.....

.....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

224

RECORD OF FUNERAL

Total No. 2693 Yearly No. 61 Date of Entry Aug. 21 19 54

Name of Deceased Thomas C Lydon (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: 431 Baldwin Road ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to:

Address:

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Plasterer (Social Security Number)

Employer and Address

Date of Death Aug. 21, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gospherry Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Allegheny Gen. Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Coleman Lydon

His Birthplace

Maiden Name of Mother Ellen

Her Birthplace

Date of Funeral Aug. 25, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Interment private.
LYDON—Suddenly, on Saturday, Aug. 21, 1954, Thomas C., father of Thomas R. and James J. Lydon; brother of Mrs. Mary Young, Martin, Patrick and Coleman Lydon. 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.
McCULLOUGH—At Neville Island,

Lot No. 1174
Grave No. 4
Section No. 17
Block No.
Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		385 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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 / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers		8 80
EDWIN J. McAVOY		
Sales Tax		2 58
Total Footing of Bill Aug. 26, 1954	$	546 38
Less	$	
Per ..... Balance	$	

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2694 Yearly No. 62 Date of Entry Aug 22 1954

Name of Deceased Stillborn Hagan

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5521 Margaretta St

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. James P. Hagan

Address 5521 Margaretta Street

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Aug 22, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 22, 1954 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician J. A. Schneider M.D. (or Coroner)

His Address Mercy Hospital

Name of Father James Hagan

His Birthplace Pittsburgh Pa

Maiden Name of Mother Genevieve Bevalacqua

Her Birthplace Pittsburgh Pa

Date of Funeral Aug 24, 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket & Service	35	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	10	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 45	00
Less	$	
Balance	$	

Billed

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

Miscellaneous .....

.....

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

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.

Signed .....

Address .....

Witness .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2695 Yearly No. 63 Date of Entry Sept. 2 19 54

Name of Deceased Stillborn Hancock (Male) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1506 Forbes Street ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Raymond E. Hancock

Address 1506 Forbes Street

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept. 2. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 2 1954 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Magee Hospital

Cause of Death Intra Uterine Fetal death

Contributory Causes Unknown

.....

Certifying Physician Dr. Louis Mezus (or Coroner)

His Address Magee Hospital

Name of Father Raymond E. Hancock

His Birthplace Pgh Pa

Maiden Name of Mother Thomasina C. Pascuzzi

Her Birthplace Pgh Pa

Date of Funeral Sept. 3 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Carmel Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 2 Professional Women		30 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		10 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax Rec. 11.19.54		
Total Footing of Bill	$	40 00
Less	$	
Balance	$	

EDW. J. MCAVOY

Per .....

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Sept. 3 1954	By Payment	$ 26 40	$ 13 60		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2695 Yearly No. 64 Date of Entry Sept 5 1954

Name of Deceased Martin T. Flannigan (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1208 Fifth Ave

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Kathryn Talamo

Address 659 Chess St Pgh 11 Pa

Order given by Mrs Ann Sullivan (or informant)

How Secured 420 McKee Place Pgh 13

If Veteran, Name of War .....

Occupation Laborer 172-14-6647 (Social Security Number)

Employer and Address .....

Date of Death Sept 5, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 5, 1886 (Mo.) (Day) (Yr.) Age 68 (Yrs.) - 2 (Mos.) - 0 (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death 1208 Fifth Ave

Cause of Death Undetermined Natural

Contributory Causes Causes

.....

Certifying Physician Harry D. McClelland (or Coroner)

His Address Coroner - City Co

Name of Father Martin Flannigan

His Birthplace .....

Maiden Name of Mother Mary McCue

Her Birthplace .....

Date of Funeral Sept 8, 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 159

Grave No. .....

Section No. N

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	660 00
Casket Professional Services		485 00
Burial Vault or Box C.B. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers)		8 00
EDW. J. McAVOY		
Sales Tax		3 08
Total Footing of Bill Oct 7, 1954	$	684 08
Less	$	
Balance	$	

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

Miscellaneous .....

.....

.....

Be Held on Tuesday at 1:30 p. m.

FLANNIGAN — Sunday, Sept. 5, 1954, Martin T., brother of Mrs. Kathryn Talamo, Mrs. Fred Huston, Mrs. Ann Sullivan, Mrs. Margaret Morgan. Funeral from the McAvoy Funeral Home, 1700 Forbes St., Wednesday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

FOSTER — Sunday, Sept. 5, 1954,

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Avoy Date 9-6-54

The following selection was made in Our Showroom for the Funeral of:

_____

Casket & Service	485	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL _____

Signed _____

Signed _____

Signed _____

228

RECORD OF FUNERAL

Total No. 2696 Yearly No. 65 Date of Entry Sept 7 19 54

Name of Deceased Joseph Marawa

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1218 Gilmore Way

Charge to Mrs. Esther Marawa

Address 1218 Gilmore Way

Order given by Phillip Maraway (or informant)

How Secured 1917 Parker St

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address Alley Co.

Date of Death Sept 7 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 15 1896 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Anns Maronite Church

Clergyman (Address)

Religion of the Deceased Maronite

Birthplace Lebanon

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

Place of Death Montefiore Hospital

Cause of Death Metastatic Carcinoma

Contributory Causes Diabetes - Arterio-sclerotic heart disease

Certifying Physician Dr. Y. Kashoff (or Coroner)

His Address Montefiore Hospital

Name of Father Samuel Marawa

His Birthplace Lebanon

Maiden Name of Mother Sadie Nosaf

Her Birthplace Lebanon

Date of Funeral Sept 10 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	35.50	1300	—
Casket Professional Service		1130	00
Burial Vault or Box C.P. case (State Kind)		65	00
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $		3	50
Suit or Dress (State Kind and Color)		30	00
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
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)			
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2	00
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Cemetery Charges		209	50
Cremation			
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 Funeral Director's Charges			
Personal Service			
9 line Death Notices in 2 Papers (Names of Newspapers)		9	00
EDW. J. MCAVOY			
Sales Tax		6	30
Total Footing of Bill Sept 2 5 1954	$	1451	50
Less	$		
Balance	$		

PAID

For Hon

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	June 1053 00	To Balance Forward		$
Sept 11 1954	By Payment	$ 343 00	$ 1108 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 ...

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McAvoy Date 9/7/54.

The following selection was made in Our Showroom for the Funeral of:

Joseph Maraua.

Casket	Service	$1130 00
Vault or Box		
Garment	Suit	30 00
Slippers		
Blanket		
Miscel.	Underclothing	3 50
Miscel.		
	TOTAL	$1163.50

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2697 Yearly No. 66 Date of Entry Sept 25 1954

Name of Deceased Donald P. Anthony (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1407 Webster Ave ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Maroon Anthony

Address 1407 Webster Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept 25 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 29 1915 Age 39 - 1 - 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. E. Beal (Address)

Religion of the Deceased Moravia Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Shock & Hemorrhage

Contributory Causes following gun shot wound of Chest & Abdomen

Certifying Physician Dr. Wm D. McClelland (or Coroner)

His Address Coroner - Allig Co.

Name of Father Maroon Anthony

His Birthplace Lebanon

Maiden Name of Mother Sophie Antone

Her Birthplace Lebanon

Date of Funeral Sept 29 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1300
Casket 2 Professional Services		1105 00
Burial Vault or Box Vault (State Kind)		165 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		15 00
250. each EDW. J. McAVOY		
Sales Tax		7 18
Total Footing of Bill	$	1363 18
Less	$	
Balance	$	

Entered in Ledger page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Oct 3 54	By Payment M.G.K.	$ 500 00	$ 863 18
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

55 Date 80793

	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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McAvoy Date 9/25/54

The following selection was made in Our Showroom for the Funeral of:

"ANTHONY"

Casket	Casket + Service	1105 00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
	TOTAL	1105 00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

230

RECORD OF FUNERAL

Total No. 2698 Yearly No. 67 Date of Entry Sept. 25 1954

Name of Deceased Marie E. Rice (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1501 Locust Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Miss Agnes Rice

Address 1501 Locust Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Clerk 190-07-9398 (Social Security Number)

Employer and Address Wholesale Grocer

Date of Death Sept. 25 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 16 1880 Age 63-10-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1501 Locust Street

Cause of Death .....

Contributory Causes .....

Certifying Physician Dr. Reinhardt Levy (or Coroner)

His Address 1300 Fifth Ave

Name of Father John J. Rice

His Birthplace .....

Maiden Name of Mother Elizabeth Farrell

Her Birthplace .....

Date of Funeral Sept. 28 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 410

Grave No. 1

Section No. 11

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	247 00
Casket 9 Professional bearers		675 00
Burial Vault or Box Cove Proof case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		30 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		70 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 15 Singers, $ .... Organist, $		15 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers		14 40
(Names of Newspapers)		
50 each Cards		5 00
Sales Tax		4 03
Total Footing of Bill	$	881 43
Less Oct. 20, 1954	$	
Balance	$	

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

Per .....

Miscellaneous .....

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 .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 9/25/54

The following selection was made in Our Showroom for the Funeral of:

Rice

Casket	Casket & Lounge Blkt & Cross	675 00
Vault or Box		
Garment	1 Dress Blue Sheer	30 00
Slippers		
Blanket		
Miscel.		
Miscel.		
	TOTAL	705 00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2699 Yearly No. 68 Date of Entry Sept. 28 1954

Name of Deceased Margaretha Purucker (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 546 W. 7th Street Erie Pa.

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Magdalene Probst

Address 546 W. 7th St Erie Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept 28 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 14 1854 Age 99 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Dozer (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death 546 W. 7th St. Erie Pa.

Cause of Death Cardiac Decompensation

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John Purucker

His Birthplace .....

Maiden Name of Mother Magdalene Killian

Her Birthplace .....

Date of Funeral Oct 1 1954 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Oakland

Diagram of Lot or Vault

Lot No. 13

Grave No. .....

Section No. A

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket		
Burial Vault or Box Vault (State Kind)	165	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ [illegible] Ambulance, $	18	50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery	10	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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot. Cemetery Charges	80	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. Service Charge	125	00
12 line Death Notices in 4 Papers	19	20
(Name of Newspapers)		
Add. EDW. J. McAVOY		
Add. [illegible]	1	65
Sales Tax		
Total Footing of Bill Oct 5 1954 ..... $	419	85
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Per JM

Miscellaneous .....

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

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 .....

Revised by W. W. Feineman, Long Beach, California

232

RECORD OF FUNERAL

Total No. 2700 Yearly No. 69 Date of Entry Oct. 5 19 54

Name of Deceased Albert E. Krause (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 315 Gist Street

☐ Husband ☐ Wife ☐ Widow } Stella Shuneman
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Stella Krause

Address 315 Gist Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Salesman (Ret.)

Employer and Address Mill Supplies (Social Security Number) Somers Fitler & Todd

Date of Death Oct. 5 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 6, 1881 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death Montefiore Hospital

Cause of Death Acute Confluent Broncho-pneumonia

Contributory Causes Encephalomalacia Carcinoma of Prostate

Certifying Physician Dr. Whitman (or Coroner)

His Address .....

Name of Father Henry Krause

His Birthplace .....

Maiden Name of Mother Elizabeth

Her Birthplace .....

Date of Funeral Oct. 8, 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Peters

Diagram of Lot or Vault

Lot No. 115

Grave No. 11

Section No. D

Block No. .....

Owner J. Shuneman

Miscellaneous .....

Complete Funeral (except outlays)	$	556 00
Casket Professional Services		495 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ etc.		5 00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		60 00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 3 Papers		12 00
(Names of Newspapers)		
EDWIN CAVOY		
Sales Tax		2 50
Total Footing of Bill Oct 20, 1954	$	576 50
Less	$	
Per ..... Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

Form 147

F. H. HILL COMPANY, INC.

Funeral Director Mr. A. McAvoy Date 10/5/54.

The following selection was made in Our Showroom for the Funeral of:

Kruse

Casket & Service	$495	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2701 Yearly No. 70 Date of Entry Oct 16 19 54

Name of Deceased Anna Houston (What Race) St

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1614 Fifth Ave ☐Husband ☐Wife ☐Widow or ..... of } Patrick

Charge to Mr Patrick Kelleary Age of Husband or Wife (if living) ..... Years

Address 1614 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Oct 16 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 80yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa. (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death 1614 Fifth Ave

Cause of Death Arterio sclerotic heart

Contributory Causes disease - Bronchial asthma

Certifying Physician Dr R F Kleinschmidt (or Coroner)

His Address 500 Penn Ave

Name of Father Martin Kelleary

His Birthplace Ireland

Maiden Name of Mother Ellen Gaynon

Her Birthplace Ireland

Date of Funeral Oct 20 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 9

Grave No. 1

Section No. C

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1250 00
Casket 7 Professional Service		970 00
Burial Vault or Box C.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ✓ (State Kind and Color)		30 00
Slippers, $ ✓ ..... Hose, $		5 00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
Flowers, $ ✓ .... Palms, $ .... Matting, $		75 00
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 6 Papers		31 20
EDW. J. MAVOY (Name of Newspapers)		
PAID		
		6 25
Sales Tax Nov 16, 1954		
Total Footing of Bill	$	1303 45
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McAvoy Date 10/16/54

The following selection was made in Our Showroom for the Funeral of:

Houston

Casket	Casket & Service	970 00
Vault or Box	Cross on Top - Blkt	
Garment	Slipper Blue Crepe	5 00
Slippers	1 #961 Blue Bemberg Dress	30 00
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL 1005 00

Signed

Signed

Signed

234

RECORD OF FUNERAL

Total No. 2702 Yearly No. 71 Date of Entry Oct. 17 1954

Name of Deceased Infant Stevens (What Race) 24

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence: Bot. 156 Vestaburg Pa.

Charge to: Mrs Caroline Stevens

Address Bot. 156 Vestaburg Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Oct. 17. 1954. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 17, 1954 Age 3 hours (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Placenta Abruptio

Contributory Causes Prematurity

.....

Certifying Physician Dr. G. J. Carlin (or Coroner)

His Address: Mercy Hospital

Name of Father Norman Jennings

His Birthplace Penna

Maiden Name of Mother Jean Stevens

Her Birthplace Penna

Date of Funeral Oct. 18. 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Alleg. Co. Mem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	5 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	5 00
Less	$	
Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2703 Yearly No. 72 Date of Entry Oct 29 1954

Name of Deceased James Booker (Bucher) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 72 Congress Street

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Caroline Booker De Cello

Address 74 Congress St.

Order given by Vincent De Cello (or informant)

How Secured

If Veteran, Name of War None

Occupation Retired Painter (Social Security Number)

Employer and Address

Date of Death Oct 29 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age Abt 68 Yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Maymeen State Hospital

Cause of Death Arteria sclerotic

Contributory Causes Heart disease

Certifying Physician ..... (or Coroner)

His Address Maymeen State Hospital

Name of Father Joseph Bucher

His Birthplace

Maiden Name of Mother Mary Bell

Her Birthplace

Date of Funeral Nov 3 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

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

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 9 Professional Bearers	190	00
Burial Vault or Box Outside Case (State Kind)	15	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress .... Clothing (State Kind and Color)	20	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Maymeen (State Number and District)	10	00
Procuring Burial Permit (State Physician's or Coroner's)		
1 Certif. Copies of Death Certificates No.	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	50	00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax Dec. 16 1954	1	05
Total Footing of Bill	$ 302	05
Less	$	
Per JCM Balance	$	

PAID ETW. J. McAVOY

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Nov. 2 1954	By Payment	$ 85 00	$ 217 05
Nov. 15 1954	" "	$ 50 00	$ 167 05
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2704 Yearly No. 73 Date of Entry Nov. 3 1954

Name of Deceased Robert Forrest (What Race) H.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence:

☐Husband ☐Wife ☐Widow } Lottie Haney
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mr. John Forrest

Address 1853 Shaw Ave. Pgh. 17 Pa.

Order given by Jo. 11962 (or informant)

How Secured: Mrs. Spiegel -Col. 7378

If Veteran, Name of War

Occupation Retired (Social Security Number)

Employer and Address

Date of Death Nov. 3, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 85 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace

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

Place of Death Woodville Hospital

Cause of Death Coronary Arteriosclerosis

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father William Forrest

His Birthplace

Maiden Name of Mother Sara Pritchard

Her Birthplace

Date of Funeral Nov. 5 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. 145

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		75 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers		
EDW. J. McAVOY (Names of Newspapers)		
Nov 17, 1954		
Sales Tax		
Total Footing of Bill	$	300 00
Less ..... Per	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 200 00	$ 100 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2706 Yearly No. 74 Date of Entry Nov 1 1954

Name of Deceased Luis Morales Jr. 2 (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 221 Lehigh Street ☐Husband ☐Wife ☐Widow } of } Age of Husband or Wife (if living) ..... Years

Charge to Pgh Medical Society

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Musician (Social Security Number)

Employer and Address Lenny Lehman

Date of Death Nov 1 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 48-2-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gryphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Puerto Rico

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

Place of Death 221 Lehigh St

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Hm. J. McClelland (or Coroner)

His Address Coroners Alley Co.

Name of Father Luis Morales

His Birthplace Puerto Rico

Maiden Name of Mother Unknown

Her Birthplace Puerto Rico

Date of Funeral Nov 6 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		385 00
Burial Vault or Box (State Kind)		45 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 38
Total Footing of Bill	$	577 38
Less .... Per	$	
Balance	$	

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

Miscellaneous .....

EDW. J. McAVOY
PAID
NOV 20 1954

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

238

RECORD OF FUNERAL

Total No. 2706 Yearly No. 75 Date of Entry Nov. 8 19 54

Name of Deceased Anna A. Griffin (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 816 Ivy Street

☐Husband ☐Wife ☐Widow of John F. Griffin Age of Husband or Wife (if living) Years

Charge to: Mrs. Helen Minear

Address: 816 Ivy Street (32)

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Nov. 8 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 30 1879 Age 75 - 6 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary's Cathedral

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Collingswood, N.J.

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerotic Cerebro vascular Disease

Certifying Physician Dr. Louis C. Regert (or Coroner)

His Address: Haddon Heights N.J.

Name of Father John Grattan

His Birthplace

Maiden Name of Mother Anna Fox

Her Birthplace

Date of Funeral Nov. 12 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

GRIFFIN—On Monday, Nov. 8, 1954, at Collingswood, N. J., Anna A. Grattan, wife of the late John F. Griffin, mother of Mrs. Helen Minear and Mrs. Margaret Macdonald; sister of Mrs. Katherine Gardom. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Friday morning at 9:15. Solemn requiem high mass at St. Paul's Cathedral at 10:30 o'clock.

WAFFLER—On Tuesday Nov. 9, Diagram on for Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Vault (State Kind)		165 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery 1 @ $		15 00
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to Hearse		16 50
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		295 00
Cremation		
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, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Service Charge		1 50 00
11 line Death Notices in 5 Papers		22 00
(Name of Newspapers) EDW. J. McAVOY		
Sales Tax Dec 15, 1954		1 65
Total Footing of Bill	$	6.11 65
Less	$	
Per Balance	$	
Entered into Ledger, page ..... or below.		

PAID

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2707 Yearly No. 76 Date of Entry Nov. 10 19 54

Name of Deceased Thomas J. O'Keefe (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1607 Blvd of the Allies ☐Husband ☐Wife ☐Widow of Marie Scott

Charge to Mrs Marie O'Keefe Age of Husband or Wife (if living) Years

Address 1607 Blvd of the Allies

Order given by (or informant)

How Secured

If Veteran, Name of War W.W. #1

Occupation Clerk 175-12-0737 (Social Security Number)

Employer and Address Allegheny County

Date of Death Nov. 10 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13 1894 Age 60-3-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1607 Blvd of the Allies

Cause of Death Acute Hepatitis

Contributory Causes

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

His Address 914 Cedar Ave.

Name of Father Thomas O'Keefe

His Birthplace

Maiden Name of Mother Catherine Evans

Her Birthplace

Date of Funeral Nov. 15 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Mary's Cemetery

Diagram of Lot or Vault

Lot No. 163

Grave No. 5

Section No. F

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket ~~Professional Services~~	460	00
Burial Vault or Box A Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	95	00
Cremation		
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 or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers	13	20
SS OK (Names of Newspapers)		
~~SUBSEQUENT~~		
Remembrance Cards	3	50
Sales Tax	2	95
Total Footing of Bill	$ 659	65
Less	$	
N.A.-GI		
Balance	$	

PAID July 21 1955

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

Miscellaneous

Date		Amount Paid	Balance
1955	To Above Balance		$
Nov. 12 55	By Payment ~~444~~	$ 434 00	$ 225 —
June 23 55	" " VA	$ 150 00	$ 75 —
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

VETERANS ADMINISTRATION
DISTRICT OFFICE
P. O. BOX 8079
PHILADELPHIA 1, PENNSYLVANIA

June 9, 1955

YOUR FILE REFERENCE:

IN REPLY REFER TO:
2003-8AB
XC 234 430
O'KEEFE, Thomas J.

Mr. Edward J. McAvoy, Undertaker
1700 Forbes Street
Pittsburgh 19, Pennsylvania

Dear Sir:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[X] 1. An allowance of $150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR
If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

PAUL E. HUSSEY
Director, Claims Service

584-75
659

FL 8-143
Aug 1953
Supersedes FL 8-17 and FL 8-21, which will be used.

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-DC-168804

Form 147

F. H. HILL COMPANY, INC.

Funeral Director Mr. McCrory Date 11/11/54.

The following selection was made in Our Showroom for the Funeral of:

Casket & Service	$460	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL		

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

~~Gov't~~ & County Copy

Lay out body	10.00
Embalming	25.00
Hearse	18.50
Automobiles	15.00
Casket	350.00
Advertising	10.80
Grave	95.00
Incidentals	65.00
Total	$589.30

Thomas J. O'Keefe

GOVT. COPY

Casket & Service	463.50
Relig Service	15.00
Death Notice	10.80
Death Certfs.	5.00
Cemetery	95.00
	589 30

240

RECORD OF FUNERAL

Total No. 2708 Yearly No. 77 Date of Entry Nov. 16 19 54

Name of Deceased Paul J. Masters

☒ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence: 918 Vicksroy Street ☐Husband ☐Wife ☐Widow of } Anna Regina Smolak

Charge to: Mrs Anna R.O. Masters Age of Husband or Wife (if living) Years

Address 918 Vicksroy Street

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Maritime Mem - 167-10-9406 (Social Security Number)

Employer and Address

Date of Death Nov. 16. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 9. 1880 Age 74 - 3 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman

Religion of the Deceased Ev. Hugh Austin (Address)

Birthplace Germany

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

Place of Death 918 Vicksroy Street

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician Dr. R.T. Kleeraschmidt (or Coroner)

His Address: 500 Penn Ave.

Name of Father Joseph Masters

His Birthplace Germany

Maiden Name of Mother Regers

Her Birthplace Germany

Date of Funeral Nov 20 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Carmel Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	880 00
Casket Professional Services		700 00
Burial Vault or Box Cane Brook Cove (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		5 00
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		18 50
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		5 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		85 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers		24 00
(Names of Newspapers)		
Remembrance Cards		10 50
Sales Tax		3 40
Total Footing of Bill	$	915 60
Less 55 oik	$	
Balance	$	

EDW. J. McAVOY

Nov 20 1954

Entered into Ledger, page ... or below.

Miscellaneous

Per

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 ...

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McElroy Date 11/16/54

The following selection was made in Our Showroom for the Funeral of:

Masters

Casket & Service	$700	00
Vault or Box		
Garment		
Slippers	5	00
Blanket		
Miscel.		
Miscel.		
TOTAL	$705	.00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3709 Yearly No. 78 Date of Entry Nov. 29 19 54

Name of Deceased Margaret Foley (What Race) 74

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1315 Webster Ave ☐Husband ☐Wife ☐Widow } Patrick

Charge to Mrs Philip Krause or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1315 Webster Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Nov 29 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 89 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death 1315 Webster Ave

Cause of Death Terminal Pneumonia

Contributory Causes Cerebral Hemorrhage

Senility

Certifying Physician L. J. Barnett (or Coroner)

His Address 2004 Fifth Ave

Name of Father Buckley

His Birthplace Ireland

Maiden Name of Mother Buckley

Her Birthplace Ireland

Date of Funeral Dec. 2. 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. 5

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 940	00
Casket Professional Bowser	725	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	5	00
Suit or Dress (State Kind and Color)	28	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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	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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	95	00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 4 Papers	20	80
(Names of Newspapers)		
1st Rem. EDW. J. MCAVOY	3	00
Sales Tax	4	28
Total Footing of Bill Dec 3 1954	$ 980	58
Less	$	
Balanced	$	

Entered into Ledger Page ..... or below.

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McCoy Date 11/29/54.

The following selection was made in Our Showroom for the Funeral of:

Foley

Casket	& Service	$725 00
Vault or Box		
Garment	Dress	28 00
Slippers		
Blanket		
Miscel.	Undergarments	5 00
Miscel.		
	TOTAL	$758.00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

242

RECORD OF FUNERAL

Total No. 2710 Yearly No. 79 Date of Entry Dec. 1 1954

Name of Deceased Rose Ann Clinton (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 27 Miltenberger St ☐Husband ☐Wife ☐Widow of Hon. Clement Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by Mrs. Catherine Maroney Cpe (or informant)

How Secured 363 Semple St.

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Dec 1 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1862 Age 92 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death Little Sisters 1032 Benton Ave

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr. Geo J. Jacobs (or Coroner)

His Address 13 Leland Ave

Name of Father Eugene McCormick

His Birthplace .....

Maiden Name of Mother Anna Gallagher

Her Birthplace .....

Date of Funeral Dec 4 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket .....

(State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 373

Grave No. 3

Section No. H

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1040 —
Casket 1 Professional Services		845 00
Burial Vault or Box C.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 5		5 00
Suit or Dress (State Kind and Color)		38 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to ... Pall Bearer Drive		30 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		70 00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in 4 Papers		12 80
EDW. J. McAVOY (Name of Newspapers)		
Paid		
Sales Tax Dec 8 1954		4 88
Total Footing of Bill	$	1087 68
Less	$	
Par Pd Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McCoy Date 12/1/54

The following selection was made in Our Showroom for the Funeral of:

Mrs Rose A. Clinton

Casket & Service	$825	00
Vault or Box		
Garment Dress	28	00
Slippers		
Blanket		
Miscel. Underclothing	5	00
Miscel.		
TOTAL	$858	.00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2711 Yearly No. 80 Date of Entry Dec 5 1954

Name of Deceased Jennie Jaibur (What Race) A

☐ Married ☐ Single ☑ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Michael Age of Husband or Wife (if living) ..... Years

Residence 646 Dunster St.

Charge to Mrs Nicholas Romah

Address 646 Dunster St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death Dec 5 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 12 1890 Age 64-10-23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory

Clergyman Rev C Basil (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes Coronary Thrombosis Arteriosclerotic heart disease

Certifying Physician Dr. Wm Mullens (or Coroner)

His Address Mercy Hospital

Name of Father Abraham Shideed

His Birthplace Lebanon

Maiden Name of Mother Mathey Abraham

Her Birthplace Lebanon

Date of Funeral Dec 9 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Row 8 Lot No. .....

Grave No. 54

Section No. 14

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	895	00
Casket 2 Professional Services	750	00
Burial Vault or Box C. P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	5	00
Dressing Body, $ ..... Underwear, $	24	00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot Cemetery Charges	70	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 2 Papers (Names of Newspapers)	8	00
Rem. Cards	3	00
Sales Tax EDW. J. MCAVOY	4	40
Total Footing of Hill	931	40
Less ..... Dec 29 1954		
Balance		

Entered into Ledger Page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

Jaibar on Sun Dec 5, 1954. Jennie Abraham wife of the late Michael Jaibar, mother of Mrs Rosamond Davis, Mrs Helen Romah Nicholas also survived by 3 grandchildren sister of Mrs Geo Joseph, Mrs Magid Carey.

Jew L Mo.-F H 17007 Son

Thurs morning at

Repose Mass at Our Lady of Victory Church

Para 20

F. H. HILL COMPANY, INC. Form 147

Funeral Director Mr. Gillie Avery Date 12/6/54.

The following selection was made in Our Showroom for the Funeral of:

Casket	Service	750 00
Vault or Box		
Garment	Dress	24 00
Slippers		
Blanket		
Miscel.	Underclothing	5 00
Miscel.		
The undersigned accept and approve the foregoing purchases.	TOTAL	$779.00

Signed

Signed

Signed

244

RECORD OF FUNERAL

Total No. 2712 Yearly No. 81 Date of Entry Dec 11 19 54

Name of Deceased Mary Murray (What Race) 24

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2083 Bentley Drive Terrace V.1. ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Millie Harmeyer

Address 2083 Bentley Drive

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

How Secured .....

If Veteran, Name of War .....

Occupation Housework (Ast Families) (Social Security Number)

Employer and Address .....

Date of Death Dec 11 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 17 ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman Rev. Paul Rossmpreere (Address)

Religion of the Deceased Catholic

Birthplace New Brighton Pa

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

Place of Death Queens Gen'l Hospital, N.Y.

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address: .....

Name of Father Edward Murray

His Birthplace Ireland

Maiden Name of Mother Ellen Reid

Her Birthplace Scotland

Date of Funeral Dec 15 1954 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Cane proof case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	70	00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers	3	40
(Names of Newspapers)		
Services Charges EDW. J. McAVOY	125	00
Sales Tax		65
Total Footing of Bill	$ 279	05
Less PAID Dec 14 1955	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$ 37 22		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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2713 Yearly No. 83 Date of Entry Dec. 18 19 54

Name of Deceased Sadie Cosgrove (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ____ of } James Cosgrove Age of Husband or Wife (if living) ____ Years

Residence 1546 Webster Ave

Charge to Mrs Mary Clark

Address 116 Wabash Ave - Pgh 22 Pa

Order given by Ha 1-8159 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec 19 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 6 Age 78 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Brigids Church

Clergyman Rev Paul Beamy (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mayview Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Louis O'Donnell

His Birthplace Ireland

Maiden Name of Mother Hannah Boyle

Her Birthplace Ireland

Date of Funeral Dec 22 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Marys Cemetery

Diagram of Lot or Vault

Lot No.

Grave No. 1

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	575 —
Casket		400 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress Clothing (State Kind and Color)		30 50
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		70 00
Cremation		
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 / Motor } Tickets, $ ____ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
____ line Death Notices in 4 Papers		14 40
(Names of Newspapers)		
Sales Tax		2 65
Total Footing of Bill	$	598 55
Less ____ Paid ____ Balance	$	
Entered into Ledger, page ____ or below.		

EDWARD J. McAVOY
Dec 24 1954
John J. Delany

Miscellaneous

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

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.

Signed

Address

Witness

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2714 Yearly No. 83 Date of Entry Dec. 22 19 54

Name of Deceased Mikhail J. Lewis (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 615 Elm St. Reed

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Adele Antone (Dorothy)

Address 125 Burrows St. Pgh. 12. Pa.

Order given by Mr. Jack Lewis (or informant)

How Secured Dorothy Antone - Mar. 15. 7. 55.

If Veteran, Name of War 2827 Sagamore Ave (26)

Occupation Peddler - Dry Goods (Social Security Number)

Employer and Address Self Employed

Date of Death Dec. 22. 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 25 1888 Age 65-11-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death 615 Elm St.

Cause of Death: Coronary Occlusion

Contributory Causes

Certifying Physician Wm. J. McClelland (or Coroner)

His Address: Coroners Office C.H.

Name of Father John Lewis

His Birthplace Lebanon

Maiden Name of Mother Martha Kadan

Her Birthplace Lebanon

Date of Funeral Dec 23 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 2060	-
Casket	1550	00
Burial Vault or Box (State Kind)	165	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ Suit	40	00
Suit or Dress (State Kind and Color)	2	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)	6	00
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	345	00
Cremation		
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 / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill $	2143	15
Less $		
Balance $		

PAID Dec 1, 1955

Entered into Ledger, page JM or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 1235 00	$ 908 15		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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McAvoy Date 12/20/54.

The following selection was made in Our Showroom for the Funeral of:

Casket	& Service	$1550 00
Vault or Box		
Garment	Suit	40 00
Slippers		
Blanket		
Miscel.	Underclothing	2 50
Miscel.		
	TOTAL	$1592.50

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2715 Yearly No. 84 Date of Entry Dec 27 19 54

Name of Deceased Harry J. Devlin (Married ☒ Single ☐ Widowed ☐ Divorced) Age 56

Residence 5250 Gerry Drive - Pgh. 36 Pa. (☐Husband ☐Wife ☐Widow of) Geraldine Hadzor (What Race) Age of Husband or Wife (if living) Years

Charge to Mrs Geraldine Devlin

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Asst Supt - Postal Transportation (Social Security Number)

Employer and Address

Date of Death Dec 22 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 9 1898 Age 56-5-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Allegheny Gen. Hospital

Cause of Death Carcinoma of stomach

Contributory Causes

Certifying Physician Dr. Regis A. Hold (or Coroner)

His Address Allegheny Hospital

Name of Father Patrick J. Devlin

His Birthplace

Maiden Name of Mother Agnes Pender

Her Birthplace

Date of Funeral Dec. 31 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 26

Grave No. 2

Section No. F

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1123 89
Casket ~~Professional Services~~		935 00
Burial Vault or Box A-P Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
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 / Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers (Names of Newspapers)		24 20
Acknowledgments etc		16 50
Sales Tax		5 34
Total Footing of Bill	$	1170 64
Less	$	
Balance	$	

EDW. J. McAVOY PAID 12-29-54

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 975 64	$ 130 00
Jan 26 55	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Date 12-28-54

The following selection was made in Our Showroom for the Funeral of:

Devlin

Casket & Service	935	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2716 Yearly No. 85 Date of Entry Dec 28 19 54

Name of Deceased Anna Mc Clelland 2t

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 108 Miltenberger St ☐Husband ☐Wife ☐Widow } Preston Mc Clelland

Charge to Estate of or ..... of } Age of Husband or Wife (if living) ..... Years

Address Muir Best & Dwyer

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Dec 28, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 80 (Yr.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Louis Cathedral

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 108 Miltenberger St

Cause of Death Arterio sclerotic Heart

Contributory Causes Disease

.....

Certifying Physician John Shaver (or Coroner)

His Address Mercy Hospital

Name of Father Patrick Gallagher

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Dec 30, 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Mary's

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1607 00
Casket Professional Service		1350 00
Burial Vault or Box Burial Vault (State Kind)		165 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		34 00
Slippers, $ ✓ ..... Hose, $		5 00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $		35 00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in 4 Papers		12 80
EDW. J. McAVOY (Name of Newspapers)		
PAID		
Sales Tax June 7, 1955		9 40
Total Footing of Bill	$	1682 20
Less	$	
Per ..... Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Avay Date 12-28-54

The following selection was made in Our Showroom for the Funeral of:

Mr Clelland

Casket & Service	1350	00
Vault or Box		
Garment Dress	34	00
Slippers Slipper	5	00
Blanket		
Miscel.		
Miscel.		
TOTAL	#1389	—

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2717 Yearly No. 86 Date of Entry Dec 28 19 54

Name of Deceased Mary Hadas (What Race) H.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2006 1/2 Forbes St ☐Husband ☐Wife ☐Widow } Benjamin

Charge to Mr. Benjamin Hadas or ..... of } Age of Husband or Wife (if living) ..... Years

Address .....

Order given by Louis Hadas - Co 1-1697 (or informant)

How Secured 2006 1/2 Forbes St.

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Dec 28, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 29 1882 Age 72 - 4 - 28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anns - Hazelwood

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Hungary

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

Place of Death 2006 1/2 Forbes St.

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician W. T. Caven (or Coroner)

His Address .....

Name of Father John Karancsi

His Birthplace 2126 Fifth Ave

Maiden Name of Mother Rosia Deak

Her Birthplace .....

Date of Funeral Dec 31 1954 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. 637

Grave No. 8

Section No. 20

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1080 00
Casket 4 Porpoise Bronze		795 00
Burial Vault or Box C. P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		4 00
Suit or Dress ..... (State Kind and Color)		23 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		195 00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
11 line Death Notices in 1 Papers		17 60
(Names of Newspapers) EDW. J. McAVOY		
.....		
.....		4 65
Sales Tax		
Total Footing of Bill PAID Jan 20, 1955	$	1120 25
Less	$	
Balance Per J. McElroy	$	

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

Miscellaneous .....

.....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McMurray Date 12/28/54

The following selection was made in Our Showroom for the Funeral of:

WADAS

Casket	Casket & Service	795	00
Vault or Box			
Garment	Best Dress Crepe	23	00
Slippers			
Blanket	Ladies Undergarments	4	00
Miscel.			
Miscel.			
	TOTAL	$822	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

250

RECORD OF FUNERAL

Total No. 2718 Yearly No. 1 Date of Entry Jan 3 1955

Name of Deceased Thomas McGinnis (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence: 1843 Hyde Ave

Charge to: Mrs Kate McGinnis

Address: 1843 Hyde Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Laborer) (Social Security Number)

Employer and Address .....

Date of Death Jan 3 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 54 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Brigids Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Edema

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. E. N. Frost (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick McGinnis

His Birthplace Ireland

Maiden Name of Mother Mary Ellen Magarell

Her Birthplace Ireland

Date of Funeral Jan 6 1954 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Colma

Diagram of Lot or Vault

Lot No. 411

Grave No. .....

Section No. N

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket F. Complete Funeral	180 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	20 00
Cremation	
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 Funeral Director's Charges	
Personal Service	
...line Death Notices in 2 ...Papers	7 20
(Names of Newspapers)	
Sales Tax Jan 6 1955	
Total Footing of Bill	$ 207 20
Less	$
Balance	$

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

Miscellaneous .....

EDW. J. McEVOY PAID For Jan

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2719 Yearly No. 2 Date of Entry Jan 2 19 55

Name of Deceased Walter N. Penn 71

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 42 Van Braam St. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Anna Mae Sweeney

Address 1096 Westie Road - Pgh 34 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Mailer - 167-07-1693 (Social Security Number)

Employer and Address Pgh Sun Telegraph

Date of Death Jan 2 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 20 1883 Age 65 - 6 - 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 42 Van Braam St.

Cause of Death Coronary Occlusion

Contributory Causes Hypertensive cardio vascular heart disease

Certifying Physician Dr. L. J. Bennett (or Coroner)

His Address 2004 Locher Street

Name of Father John Penn

His Birthplace .....

Maiden Name of Mother Margaret Coleman

Her Birthplace .....

Date of Funeral Jan 5 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Mary's Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

	765	18
Complete Funeral (except outlays) $		
Casket Professional Services	485	00
Burial Vault or Box (State Kind)	165	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt (State Kind and Color)	3	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery	15	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	70	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 5 Papers (Names of Newspapers)	18	00
EDW. J. MCAVOY		
Sales Tax	4	18
Total Footing of Bill Jan 7 1955 $	790	18
Less $		
Balance $		

Per .....

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

Miscellaneous .....

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

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2730 Yearly No. 3 Date of Entry Jan 6 19 55

Name of Deceased Charles Dubinchak (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 34 Townsend Street

☐ Husband ☐ Wife ☐ Widow of Anna Lupay Age of Husband or Wife (if living) ..... Years

Charge to: P. P. A.

Address .....

Order given by Mrs. Vera Hoffman (or informant)

How Secured: 59 Marion St

If Veteran, Name of War .....

Occupation Unemployed (Social Security Number)

Employer and Address .....

Date of Death Jan 6, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 4, 1883 Age 72-0-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Czechoslovakia

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

Place of Death Mercy Hospital

Cause of Death Chronic Emphysema

Contributory Causes Chronic Cor Pulmonale

.....

Certifying Physician Dr. J. Mulvaney (or Coroner)

His Address: Mercy Hospital

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Jan 7 1955 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket P. Service	120	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge	50	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
(Names of Newspapers) EDW. J. MCAVOY		
PAID Jan 7, 1955		
Sales Tax		
Total Footing of Bill	$	170 00
Less	$	
For ..... Balance	$	

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2721 Yearly No. 4 Date of Entry Jan 6 1955

Name of Deceased Constantine G. Cabellotes – Gust Gondelistes – Gust Golas (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 79 Cypress Street ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mike Galas

Address 1309 Locust Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Cook 173-24-5268 (Social Security Number)

Employer and Address .....

Date of Death Jan 6 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 66 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas G. O. Church

Clergyman ..... (Address)

Religion of the Deceased Greek Orthodox

Birthplace Greece

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 ..... (or Coroner)

His Address .....

Name of Father George Cabellotes

His Birthplace Greece

Maiden Name of Mother Georgia Pazzis

Her Birthplace Greece

Date of Funeral Jan 8 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. Nicholas Greek Orthodox

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	425	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	2	08
Total Footing of Bill	$ 451	08
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Jan 27	By Payment	$ 150 00	$
Mar 18 55	" "	$ 75 00	$ 226 08
	" "	$	$
Jan 1956	" "	$ 226 08	$ -0-
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2722 Yearly No. 5 Date of Entry Jan. 6 1955

Name of Deceased Mary Grattan (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1004 Creedmoor Ave

☐Husband ☐Wife ☐Widow } of Bernard C. Grattan

Age of Husband or Wife (if living) ..... Years

Charge to: Wm. J. Grattan

Address: 1429 Merrick Ave - Pgh. 26 Pa.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Jan. 6 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 26 1882 Age 72 - 10 - 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Resurrection church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace England

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

Place of Death 1004 Creedmoor Ave

Cause of Death Acute Coronary Occlusion

Contributory Causes Arteriosclerosis + hypertension heart disease - Diabetes Mellatus

Certifying Physician Dr. Thomas J. Cuddleback (or Coroner)

His Address: 1322 Brookline Blvd

Name of Father Thomas Morris

His Birthplace Ireland

Maiden Name of Mother Bridget Mulheren

Her Birthplace Ireland

Date of Funeral Jan 10 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1028 00
Casket 8 Professional Bronze		855 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		30 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
18 line Death Notices in 7 Papers (Names of Newspapers)		40 95
Remembrance Cards		3 50
Sales Tax		4 93
Total Footing of Bill	$	1071 38
Less	$	
Balance	$	

EDW. J. McAVOY PAID FEB 1955

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McAvoy Date 1/7/55

The following selection was made in Our Showroom for the Funeral of:

Mrs. Mary Gattan

Casket	$855	00
Vault or Box		
Garment Dress	30	00
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	$885	.00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2723 Yearly No. 6 Date of Entry Jan 11 1955

Name of Deceased Bridget Sullivan

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) A.

Residence 2307 Fifth Ave

☐ Husband ☐ Wife ☐ Widow } of ..... Daniel J.

Charge to Daniel Sullivan Age of Husband or Wife (if living) ..... Years

Address Ballinger St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Housewife (Social Security Number)

Employer and Address .....

Date of Death Jan 16 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 28 1863 Age 92 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes Church

Clergyman Rev E J Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1028 Benton Ave - Little Sisters

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr Jacobs (or Coroner)

His Address .....

Name of Father Jeremiah Sullivan

His Birthplace .....

Maiden Name of Mother Catherine Sullivan

Her Birthplace .....

Date of Funeral Jan 14 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	743	-
Casket	560	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	5	00
Dressing Body, $ ..... Underwear, $	28	00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery charges	70	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers (Names of Newspapers)	24	00
EDW. J. McAVOY		
Sales Tax	3	45
Total Footing of Bill July 9 1955 $	771	45
Less $		
Balance $		
Entered into Ledger, page ..... or below.		
Miscellaneous		

PAID

SULLIVAN — On Tuesday, Jan. 11, 1955, Bridget Sullivan, wife of the late Daniel J. Sullivan; mother of Daniel G., Jerry F., Christopher and Mrs. Margaret Robbins. Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Friday morning at 8:30. Requiem high mass at St. Agnes Church at 9 o'clock.

TAYLOR—Katie M., on Jan. 4, of 158 Sinnet ... neral Monday, time later.

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 .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2724 Yearly No. 7 Date of Entry Jan 17 19 55

Name of Deceased Leonard L. Collins (Infant Boy Collins) (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 719 Savannah Ave Wilkensburg ☑ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to: Mr. Leonard L. Collins

Address 719 Savannah Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Jan 17 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 16 1955 (Mo.) (Day) (Yr.) Age (Yrs.) 23 hours (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

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

Place of Death West Penn Hospital

Cause of Death Premature

Contributory Causes

Certifying Physician Dr. Glenn H. Swanson (or Coroner)

His Address West Penn Hospital

Name of Father Leonard L. Collins

His Birthplace

Maiden Name of Mother Janet N. Wyant

Her Birthplace

Date of Funeral Jan 19 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Sunset View Memorial

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket J. Jenner		35 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		15 00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Paid		
Sales Tax		
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

EDW. J. McAVOY
RECEIVED
Mar 10 55
Per M. [illegible] Expenses

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2724 Yearly No. 8 Date of Entry Jan 17 19 55

Name of Deceased Joseph J. Bird

☐ Married ☑ Single ☑ Widowed ☐ Divorced

Residence Box 519 Claridon Pa.

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race) White

Charge to Mrs Marie Bird

Address Box 519 Claridon Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Motel Proprietor 199-10-9148 (Social Security Number)

Employer and Address .....

Date of Death Jan 17 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 15 1882 (Mo.) (Day) (Yr.) Age 73 (Yrs.) 0 (Mos.) 2 (Days)

Services at St Peters Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death St Josephs Hospital

Cause of Death Cerebral Arterio sclerosis

Contributory Causes Arterio sclerotic heart disease

Certifying Physician Dr. Theo. R. Budd (or Coroner)

His Address 236 Spencer Ave. Ph. 27ka

Name of Father Anthony Bird

His Birthplace Italy

Maiden Name of Mother Rose Cuneo

Her Birthplace Italy

Date of Funeral Jan 21 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } .....

Diagram of Lot or Vault

Lot No. Rev 23

Grave No. 14

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	785 00
Casket ... x Professional Service		605 00
Burial Vault or Box ... U.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)		5 00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... Cemetery Charges		110 00
Cremation		
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 or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 6 Papers (Names of Newspapers)		21 60
55-OK		3 68
Sales Tax		
Total Footing of Bill	$	828 28
Less	$	
Balance	$	

EDW. J. McAVOY PAID Jan 21, 1955

Entered into Ledger Page 12 ... or below.

Miscellaneous .....

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

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. Hill & Chas Date 1/17/55

The following selection was made in Our Showroom for the Funeral of:

Mr. Bird

Casket & Service	605	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

258

RECORD OF FUNERAL

Total No. 2725 Yearly No. 9 Date of Entry Jan 29 19 55

Name of Deceased Margaret M Pashley (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 7 Merion Street ☐Husband ☐Wife ☐Widow of John J. Age of Husband or Wife (if living) ..... Years

Charge to Mrs Mary Teague

Address 36 Stevenson St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutier (Social Security Number)

Employer and Address .....

Date of Death Jan 22 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 11 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Shamokin Pa

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

Place of Death Mayview Hospital

Cause of Death Carcinoma fulminans ?

Contributory Causes Fracture of right femur due fall on floor

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Farmer - Alley C.

Name of Father John Clifford

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Feb 2, 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 444

Grave No. 4

Section No. W

Block No. .....

Owner .....

Miscellaneous .....

	$	
Complete Funeral (except outlays)		240 00
Casket Wilbert Vault Co.		630 00
Burial Vault or Box Cedar (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		5 00
Dressing Body, $ ..... Underwear, $		26 00
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		1 00
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Bentley Burgess		95 00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		20 80
EDW. J. McAVOY		
Sales Tax		3 80
Total Footing of Bill	$	871 60
Less	$	
Balance	$	

Paid Jan 15, 1955

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McAvoy Date 1/29/55

The following selection was made in Our Showroom for the Funeral of:

M. PASCHLEY

Casket	Casket & Service Bklt Cross on Top	630	00
Vault or Box			
Garment	1 Flesh Dress	26	00
Slippers			
Blanket	Undergarments	5	00
Miscel.			
Miscel.			
	TOTAL	661	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2726 Yearly No. 10 Date of Entry Jan 30 1955

Name of Deceased Baby Boy Murphy

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3111 May St. Blvd. Pgh. 34 Pa. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. John Murphy

Address 3111 May St. Blvd. Pgh. 34 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 30 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 30 1955 Age Still born (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Passavant Hospital

Cause of Death Undetermined

Contributory Causes Fetus Macerates

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John Murphy

His Birthplace .....

Maiden Name of Mother Elizabeth T McElligott

Her Birthplace .....

Date of Funeral Feb 1 1955 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket Services	35	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	15	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2727 Yearly No. 11 Date of Entry Jan 31 1955

Name of Deceased John R. Kenny - Infant

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 724 Nadine Road - Verona Pa. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to John R. Robert Kenny

Address 724 Nadine Road

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 31 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 29 1955 (Mo.) (Day) (Yr.) Age (Yrs.) 2 (Mos.) days (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mayo Hospital

Cause of Death Pulmonary Hyaline

Contributory Causes Membrane Premature

.....

Certifying Physician Dr. Rynor (or Coroner)

His Address Mayo Hospital

Name of Father Robert Kenny

His Birthplace .....

Maiden Name of Mother Margaret Bonner

Her Birthplace .....

Date of Funeral Feb. 3 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Colony

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous

~~Frank Stevenson Funeral Home~~

~~Avis W. Va.~~

Complete Funeral (except outlays)	$	
Casket		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		35 00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	60 00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
1955	To Above Balance		$
Feb. 7	By Payment	$ 30 00	$ 30 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2728 Yearly No. 12 Date of Entry Feb 7 19 55

Name of Deceased Gertrude Reilly (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1609 Foster Street ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Edna Rightmyer

Address 163 Spring Street Avon N.Y.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 7 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 15 1895 Age 59 2 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Avon N.Y.

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

Place of Death Montefiore Hospital

Cause of Death Extreme Emaciation

Contributory Causes Cancer

.....

Certifying Physician Dr. Webber (or Coroner)

His Address Montefiore Hospital

Name of Father George Rogers

His Birthplace Caledonia N.Y.

Maiden Name of Mother Alice Pearson

Her Birthplace Avon N.Y.

Date of Funeral Feb 11 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Avon Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Frank Stevenson Funeral Director

Avon N.Y.

Complete Funeral (except outlays)	$	
Casket V. Sconces	295	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $	30	16
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax	1	48
Total Footing of Bill Feb 11, 1955	$ 326	64
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

262

RECORD OF FUNERAL

Total No. 3729 Yearly No. 13 Date of Entry Feb 16 19 55

Name of Deceased Bess Hesden (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1715 Edna Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Robert Hesden

Address 1715 Edna St

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

How Secured .....

If Veteran, Name of War .....

Occupation Janitress

(Social Security Number)

Employer and Address .....

Date of Death Feb 16, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 27 1883 Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Passavant Hospital

Cause of Death Massive retroperitoneal & ulcer abdominal Hemorrhage - dissecting Contributory Causes arteriosclerotic aneurysm of abdominal aorta

Certifying Physician Dr. N. Cohen (or Coroner)

His Address 1465 Fifth Ave

Name of Father James Hesd

His Birthplace .....

Maiden Name of Mother Elizabeth Howe

Her Birthplace .....

Date of Funeral Feb 14 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 273

Grave No. 21

Section No. 11

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	278	55
Casket P. Professional Service	800	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	28	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)	5	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot Cemetery Charges	70	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges	25	00
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 6 Papers	21	60
Sales Tax	4	65
Total Footing of Bill	1019	25
Less		
Balance		

EDW. J. McAVOY (Name of Firm) Feb 28, 1955 Per JFM

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McAvoy Date 2/11/55

The following selection was made in Our Showroom for the Funeral of:

Mrs. Bess Reeder

Casket & Service	$800	00
Vault or Box		
Garment Dress	28	00
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2730 Yearly No. 14 Date of Entry Feb 17 19 55

Name of Deceased Patrick Whelan (Infant) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 320 Scotia Street Pgh 5 Pa.

☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr James Whelan (Mary K Whelan)

Address 320 Scotia St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Feb 17 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 17 1955 Age 17 hours (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Atelectasis

Contributory Causes Congenital heart disease

.....

Certifying Physician Dr. John A Schneider (or Coroner)

His Address Mercy Hospital

Name of Father James Whelan

His Birthplace .....

Maiden Name of Mother Mary K. O'Toole

Her Birthplace .....

Date of Funeral Feb 19 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt Olivet Parkersburg W. Va.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Companion Infant		35 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill	$	35 00
Less	$	
Balance	$	

FOW. J. MCAVOY

Jan 4, 1956

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

Miscellaneous .....

Date		Amount Paid	Balance
1955	To Above Balance		$
April 19	By Payment	$ 10 00	$ 25 00
June 30	" " Mail	$ 5 00	$ 20 00
July 18	" "	$ 5 00	$ 15 00
Aug 16	" "	$ 5 00	$ 10 00
Oct 1	" "	$ 5 00	$ 5

Check #179 - June 30 Check 182

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Peineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2731 Yearly No. 15 Date of Entry Feb 16 19 55

Name of Deceased Helen C. Joyce (What Race) 21

☐ Married ☒ Single ☐ Widowed ☑ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1601 Blvd of the Allies

Charge to Mrs Catherine McMahon

Address 1601 Blvd of Allies

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

How Secured .....

If Veteran, Name of War .....

Occupation Librarian 208-10-9759 (Social Security Number)

Employer and Address U.S Bureau of Mines

Date of Death Feb 16 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 21 1891 Age 63-5-25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphony Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1601 Blvd of Allies

Cause of Death: Adeno Carcinoma of Ovary

Contributory Causes .....

.....

Certifying Physician Dr. J. J. McCarthy (or Coroner)

His Address: 2016 Fifth Ave

Name of Father Patrick Joyce

His Birthplace .....

Maiden Name of Mother Mary Joyce

Her Birthplace .....

Date of Funeral Feb 19 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 338

Grave No. .....

Section No. F

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1500 —
Casket		1225 00
Burial Vault or Box (State Kind)		140 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		28 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		5 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
Flowers, $ ..... 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, $		25 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in 6 Papers		38 46
4 OK (Names of Newspapers)		
Acknowledgements		5 00
Sales Tax		7 53
Total Footing of Bill	$	1563 93
Less	$	
Balance	$	

Entered into Ledger page ..... or below

Miscellaneous .....

EDW. J. McAVOY

PAID April 5, 1955

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
March 1955	By Payment	$ 900 00	$ 663 93		By Payment	$	$
April 5 55	" "	$ 600 00	$ — 0 —		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. McAvoy Date 2/17/55.

The following selection was made in Our Showroom for the Funeral of:

Helen Joyce

Casket & Service	$225 00
Vault or Box	
Garment Dress	28 00
Slippers	
Blanket	
Miscel.	
Miscel.	
TOTAL	$253.00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2732 Yearly No. 16 Date of Entry Mar. 1 19 55

Name of Deceased Sadie George (What Race) Jr.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1107 Webster Ave

☐ Husband ☐ Wife ☐ Widow of Tony George Age of Husband or Wife (if living) ..... Years

Charge to Tony George

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Mar 6 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 13 1905 Age 50 - 01 - 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Rev E. Basil (Address)

Religion of the Deceased Maronite Catholic

Birthplace Michigan

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

Place of Death Mercy Hospital

Cause of Death Multiple Cerebral Emboli

Contributory Causes Auricular Fibrillations Arteria sclerotic heart disease

Certifying Physician Dr. Geo. E. Crouse (or Coroner)

His Address Mercy Hospital

Name of Father Samuel Johns

His Birthplace Lebanon

Maiden Name of Mother Freda Nassey

Her Birthplace Lebanon

Date of Funeral Mar 9 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1200 —
Casket 4 Professional Service	855 00
Burial Vault or Box (State Kind)	65 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	30 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery 1 @ $ 15.00	15 50
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	18 50
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	95 00
Cremation	
Flowers, $ 6 .... Palms, $ .... Matting, $	125 00
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ .... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ .... Singers, $ .... Organist, $	
Railroad / Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in .... Papers	12 80
(Names of Newspapers)	
Acknowledgments EDW. J. McAVOY	9 00
Sales Tax Paid	4 93
Total Footing of Bill Mar 16, 1955	$ 1233 23
Less	$
Balance Paid	$

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

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director _____ Date _____

The following selection was made in Our Showroom for the Funeral of:

George

Casket	853	00
Vault or Box		
Garment	30	00
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	885	00

The undersigned accept and approve the foregoing purchases.

Signed _____

Signed _____

Signed _____

266

RECORD OF FUNERAL

Total No. 2733 Yearly No. 17 Date of Entry Mar. 1 19 55

Name of Deceased Adam Paulich 71
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1208 Gibbon Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Estate of Adam Paulich

Address. Thomas Schuster - Exec. - Cal. 7265

Order given by. Thomas Mahoney, Esq. (or informant)

How Secured:

If Veteran, Name of War

Occupation. Laborer 172-14-2973 (Social Security Number)

Employer and Address

Date of Death. Mar. 6 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth. May 14 1883 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at. Epiphany Church

Clergyman (Address)

Religion of the Deceased. Catholic

Birthplace Jugoslavia

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

Place of Death. Woodruff Hospital

Cause of Death. Pneumonia

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Teodorbas (Teodrick) Paulich

His Birthplace Jugoslavia

Maiden Name of Mother. Anna Alata

Her Birthplace Jugoslavia

Date of Funeral. Mar. 5 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 23

Grave No. 27

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays) $	
Casket	375 00
Burial Vault or Box C. P. Case (State Kind)	65 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ..... Clothing (State Kind and Color)	25 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	1 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot. Cemetery Charges	110 00
Cremation	
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 or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
....line Death Notices in 2 Papers	6 40
(Names of Newspapers)	
EDW. J. McAVOY	
Sales Tax	2 53
Total Footing of Bill $	599 93
Less $	
Balance $	

PAID Mar 9, 1955

Entered into Ledger, page ... or below. John V. McAvoy

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2734 Yearly No. 16 Date of Entry Mar 22 1955

Name of Deceased Hanna Joseph Latifa Aff
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 918 Fordham Ave Cpk 26 Pa

Charge to Mrs Latifa Joseph

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Merchant (Social Security Number)

Employer and Address

Date of Death Mar 22 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 63 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death 918 Fordham Ave.

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Dr. D. McClelland (or Coroner)

His Address Coroner Alleg. Co.

Name of Father Joseph N. Moses

His Birthplace Lebanon

Maiden Name of Mother Mary Aff

Her Birthplace Lebanon

Date of Funeral Mar. 25, 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 43

Grave No. 5

Section No. T

Block No.

Owner

Complete Funeral (except outlays)	$	1582 35
Casket & Professional Services		1080 00
Burial Vault or Box O. P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		2 50
Suit or Dress (State Kind and Color)		31 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ [illegible] ..... Ambulance, $		
Limousines to Cemetery 1 @ $ [illegible]		[illegible]
Extra Limousines @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	364 50
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		95 00
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 Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers (Names of Newspapers)		8 80
Bill Rec'd 4/15/55 Sales Tax D.W. J. McAVOY		6 05
Total Footing of Bill	$	1657 35
Less Paid Apr. 25. 1955	$	
Balance	$	

Entered into Ledger Page ..... or below.

Miscellaneous

JOSEPH—Suddenly, on Tuesday, March 22, 1955, Hanna Joseph, husband of Latifa Nassif; father of Mrs. Maroon Mondalek, Mrs. Albert Budway, Mrs. Walter Mike, Constance and Walter Joseph. Funeral from the McAvoy Funeral Home, 1700 Forbes Street, on Friday morning at 8:45. Requiem high mass at Our Lady of Victory Church, Brookline, at 9:30.

JONES — On Monday afternoon

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/25/55	To Above Balance	1132 34	$		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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McElroy Date 3/22/55

The following selection was made in Our Showroom for the Funeral of:

HANNA JOSEPH.

Casket	Casket & Service & Cross	1080	00
Vault or Box			
Garment			
Slippers	Mens Undergmts	2	50
Blanket			
Miscel.			
Miscel.			
	TOTAL	1082	50

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2735 Yearly No. 19 Date of Entry Apr. 4 1955

Name of Deceased Stillborn Line (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence R. D. #1 Rexfrew Pa.

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Geo. R. Line

Address R. D. #1 Rexfrew Pa

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Apr. 4. 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 4. 1955 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at R. D. #1 Res.

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace R. D. #1 Rexfrew Pa.

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

Place of Death Rochester

Cause of Death .....

Contributory Causes Encephalocel

.....

Certifying Physician R. C. Allsopp - M.D. (or Coroner)

His Address Evans City Pa.

Name of Father Geo. R. Line

His Birthplace Pgh. Pa. Maryland

Maiden Name of Mother Edwina McVay

Her Birthplace Pgh. Pa.

Date of Funeral Apr. 6. 1955 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	25	00
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot	15	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
Billed		
.....		
Sales Tax		
Total Footing of Bill ..... $	50	—
Less ..... $		
Balance ..... $		

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

Miscellaneous .....

.....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2736 Yearly No. 20 Date of Entry Apr 10 1955

Name of Deceased Amelia Passaro (What Race) ol

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1705 Forbes Street

☐ Husband ☐ Wife ☐ Widow or ..... of } Philip Age of Husband or Wife (if living) ..... Years

Charge to Mr. Philip Passaro

Address 1705 Forbes Street

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Apr 10 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 11 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Petra's the Apostle Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Acute Hemorrhagic Pancreatitis

Contributory Causes .....

Certifying Physician Dr. Wm. L. McClellan (or Coroner)

His Address Corner Allegh.

Name of Father Michael Marino Italy

His Birthplace Teresa Delegatte Italy

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Apr. 14 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. 324

Grave No. 2

Section No. V

Block No. .....

Owner .....

Miscellaneous .....

Mass in St. Rosalia's R. C. Church at 9 a. m.

PASSARO—Suddenly, on Sunday, April 10, 1955, Amelia Marino, wife of Philip; mother of Mrs. William J. O'Brien, Antoinette, Ann, Helen, Michael and Joseph Passaro; sister of Mrs. Concetta Prudenti; also survived by 10 grandchildren. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 9 o'clock. Solemn requiem high mass at the Church of St. Peter the Apostle at 9:30.

REGESTER—On Monday, April 11, 1955, Robert Lindsay Regester, W.

Complete Funeral (except outlays)	1600	00
Casket Wholesale Corner	1050	00
Burial Vault or Box C.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ✓ (State Kind and Color)	35	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot	337	50
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb ✓	95	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $	50	00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers (Names of Newspapers)	19	20
Kern Courier	12	00
Sales Tax	5	90
Total Footing of Bill	1671	60
Less		
Balance		

EDW. J. McAVOY
May 25 1955

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

Miscellaneous John P. McAvoy

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May 14 55	By Payment	$ 1390 35	$		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 .....

Revised by W. W. Peineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Date 4-10-33

The following selection was made in Our Showroom for the Funeral of:

Cassaro

Casket + Service	1050	00
Vault or Box		
Garment Dress	35	00
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2737 Yearly No. 21 Date of Entry April 12 1955

Name of Deceased Susan K. Kobeh (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of Jabour

Residence: 431 Atwood Street Age of Husband or Wife (if living) Years

Charge to: Mr. Jabour K. Kobeh

Address: 431 Atwood Street

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death April 12 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 20 1905 Age 49-8-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orthodox (Address)

Clergyman

Religion of the Deceased Syrian Orthodox

Birthplace Syrian

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

Place of Death St. Margarets Hospital

Cause of Death Pulmonary Embolism

Contributory Causes Carcinoma of Rectum

Certifying Physician Dr. P. Mc Keating (or Coroner)

His Address: St. Margarets Hospital

Name of Father Elias Roy

His Birthplace Syria

Maiden Name of Mother Tamima Rostam

Her Birthplace Syria

Date of Funeral April 16 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. George Cemetery (Bridgeville)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	735 00
Casket A Professional Services		680 00
Burial Vault or Box (State Kind)		25 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress A (State Kind and Color)		26 00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $ Mileage		
Extra Limousines ... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		25 00
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers)		8 00
EDW. J. McAVOY		
Sales Tax		3 65
Total Footing of Bill	$	769 65
Less June 10, 1955 PAID	$	
Balance	$	

Entered into Ledger page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
5 5 55	By Payment	$ 500 39	$ 269 4		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

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McAvoy Date 4/13/55

The following selection was made in Our Showroom for the Funeral of:

KHALIL

Casket	Casket & Service + top	680	00
Vault or Box			
Garment	Dress Extra Size	26	00
Slippers			
Blanket			
Miscel.			
Miscel.			
	TOTAL	706	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2736 Yearly No. 22 Date of Entry April 12 1955

Name of Deceased Harold J. Metz (What Race)

☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 1317 Fifth Ave ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Clara Metz

Address 1317 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer - Produce Yards (Social Security Number)

Employer and Address Railroad

Date of Death April 12 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 2 1897 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1317 Fifth Ave

Cause of Death Carcinoma of Stomach

Contributory Causes .....

Certifying Physician Dr. Norman Cohen (or Coroner)

His Address 1405 Fifth Ave

Name of Father Leonard Metz

His Birthplace .....

Maiden Name of Mother Clara Darrell

Her Birthplace .....

Date of Funeral Apr 16 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St Marys

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	900 00
Casket Professional Service		665 00
Burial Vault or Box C.O. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		3 00
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		75 00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers		17 60
(Names of Newspapers)		
EDW. J. MCAVOY		
Sales Tax		3 96
Total Footing of Bill May 3 1955	$	844 66
Less	$	
Balance	$	

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

Miscellaneous .....

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

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.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

272

RECORD OF FUNERAL

Total No. 2739 Yearly No. 23 Date of Entry April 16 1955

Name of Deceased Mary Dargan
☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence: 110 Dist St.

☐ Husband ☐ Wife ☑ Widow } of Michael J. Dargan
(What Race) Age of Husband or Wife (if living) ..... Years

Charge to:

Address 110 Dist St.

Order given by
(or informant)

How Secured Co. 16949

If Veteran, Name of War

Occupation Housewife
(Social Security Number)

Employer and Address

Date of Death April (Mo.) 16 (Day) 1955 (Yr.) 11 (Hour) AM

Date of Birth Feb (Mo.) (Day) 1884 (Yr.) Age 71 (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Pittsburgh Nursing Home

Cause of Death Cerebral Hemorrhage

Contributory Causes Arterio Sclerosis

Certifying Physician J. J. Mc Carthy (or Coroner)

His Address 2016 5th Ave

Name of Father Unknown

His Birthplace Ireland

Maiden Name of Mother Mary Mc Ginley

Her Birthplace Ireland

Date of Funeral April 20, 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1240	00
Casket Professional Service	975	00
Burial Vault or Box (State Kind)	165	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	70	00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
5 notices	25	00
12 line Death Notices in 5 Papers	24	00
EDW. J. McAVOY (Names of Newspapers)		
Sales Tax May 20, 1955	6	53
Total Footing of Bill $	1291	53
Less $		
Per Balance $		

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC. Form 147

Funeral Director Mr. McCoy Date 4/15/55.

The following selection was made in Our Showroom for the Funeral of:

Mrs. Dargan

Casket & Service.	$975	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

Gene Dargan *

Mrs Dargan
518 S Aiken Ave
Pgh Nursing.

Epiphany —
110 Gist St
Co 1 6948

RECORD OF FUNERAL

Total No. 2740 Yearly No. 24 Date of Entry April 19 1955

Name of Deceased Joseph Riley

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 416 Jacinda St Ogd 10 Pa

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Estate of

Address

Order given by Mrs Jos Riley - (Helen) (Informant)

How Secured Ex. 1.7467

If Veteran, Name of War

Occupation Stagehand (Social Security Number)

Employer and Address

Date of Death Apr 19 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 17 1873 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Pittsburgh Sanatorium

Cause of Death Cerebral Thrombosis

Contributory Causes Cerebral Arteriosclerosis

Certifying Physician Dr R F Kleinschmidt (or Coroner)

His Address 500 Penn Ave

Name of Father John Riley

His Birthplace

Maiden Name of Mother Margaret Casey

Her Birthplace

Date of Funeral Apr 23 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 260

Grave No. 6

Section No. 2

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	150 00
Casket 7 Professional Services		130 00
Burial Vault or Box (State Kind)		16 5 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	95 00
Outlay for Lot Cemetery Charges		
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers		24 00
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax		8 15
Total Footing of Bill May 6 1955	$	16 18 15
Less	$	
Balance	$	

Per

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

Miscellaneous

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2741 Yearly No. 55 Date of Entry Apr 25 19 55

Name of Deceased Moses N. Romak 71
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 835 Saw Mill Run Blvd. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Neffie Romak

Address 835 Saw Mill Run Blvd (26)

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

How Secured .....

If Veteran, Name of War .....

Occupation Proprietor Cafe (Social Security Number)

Employer and Address .....

Date of Death Apr. 25, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 1, 1883 Age 65 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Rev. E. Baasl (Address)

Religion of the Deceased Mounte Catholic

Birthplace Lebanon

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

Place of Death South Side Hospital

Cause of Death Terminal Bronchopneumonia

Contributory Causes Arteriosclerotic Heart disease, duodenal Ulcer

Certifying Physician Dr. Samuel N. Barone (or Coroner)

His Address 813 Warrington Ave

Name of Father Nicholas Romak

His Birthplace Lebanon

Maiden Name of Mother Sadie Kamel

Her Birthplace Lebanon

Date of Funeral Apr. 28 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays) ..... $	1136	00
Casket 7' Professional Service	910	00
Burial Vault or Box Acme Brand Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	37	50
(State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	95	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	36	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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Acknowledgements	15	26
11 line Death Notices in 2 Papers (Names of Newspapers)	17	40
EDW. J. McAVOY		
Billed 5/1/55 2 May 27, 1955		
Sales Tax	5	10
Total Footing of Bill ..... $	1186	46
Less ..... Per ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Avoy Date 4-25-55

The following selection was made in Our Showroom for the Funeral of:

Romah.

Casket + Service	910	00
Vault or Box		
Garment Suit	37	50
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2742 Yearly No. 26 Date of Entry Apr. 26 1955

Name of Deceased Stella H. Campolo

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1908 Broadway

☐ Husband ☐ Wife ☐ Widow of Joseph Campolo

Age of Husband or Wife (if living) Years

Charge to Joseph Campolo

Address 1908 Broadway

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Apr 26 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age 37 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Beaver Falls Pa.

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

Place of Death Mayview State Hospital

Cause of Death Bronchopneumonia

Contributory Causes Schizophrenia Catatonic

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Apr. 30 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Stanislaus

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

	$	
Complete Funeral (except outlays)		976 00
Casket Professional Bronze		875 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		3 00
Dressing Body, $ Underwear, $		30 00
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 / or Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 3 Papers		14 40
(Name of Newspaper)		
Billed 5/19/55		
Sales Tax May 29 1955		5 03
Total Footing of Bill	$	1021 43
Less Per	$	
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McElroy Date 4/26/55

The following selection was made in Our Showroom for the Funeral of:

CAMPOLO

Casket	Casket + Service Bkt. + top	875	00
Vault or Box			
Garment	1 #944 Flesh Sheer	30	00
Slippers	Ladies 610-40 Undergmts	5	00
Blanket			
Miscel.			
Miscel.			
	TOTAL	910	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

276

RECORD OF FUNERAL

Total No. 2743 Yearly No. 37 Date of Entry Apr 27 19 55

Name of Deceased Catherine Schucks (Sr. M. Pancratius) 76
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence St. Xaviers Academy ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Sis. of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Music Teacher

Employer and Address In Religion (Social Security Number)

Date of Death Apr 27, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 2 1879 (Mo.) (Day) (Yr.) Age 83 yrs (Yrs.) 5 mos (Mos.) (Days)

Services at Mercy Hospital

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace New York City

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

Place of Death Mercy Hospital

Cause of Death Probable Cerebro vascular

Contributory Causes Accident

Certifying Physician Dr. Robt. J. Rohm (or Coroner)

His Address Mercy Hospital

Name of Father Wm. Schucks

His Birthplace

Maiden Name of Mother Bridget Nugent

Her Birthplace

Date of Funeral Apr. 30, 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	200	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
9 line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	1	00
Total Footing of Bill	$ 201	00
Less	$	
Balance	$	

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

Miscellaneous

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

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2744 Yearly No. 29 Date of Entry May 4 1955

Name of Deceased Roseann Darby (What Race) A

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 800 Ensign Ave ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to James J Darby

Address 800 Ensign Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 4 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 29 1953 Age 1 - 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Childrens Hospital

Cause of Death Congenital Heart Disease

Contributory Causes Staph Pneumonia Septicemia

Certifying Physician Dr. J. C. Hood (or Coroner)

His Address Childrens Hospital

Name of Father James J Darby

His Birthplace Pittsburgh Pa

Maiden Name of Mother Anna M Mahlheim

Her Birthplace Pittsburgh Pa

Date of Funeral May 6 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. 592

Grave No. 1

Section No. 20

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$ 475	00
Casket 2 Outside Case	150	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)	25	00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Chapel Burial	25	00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	250	00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service	25	00
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
Billed EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$ 501	00
Less June 3, 1955 PAID	$	
Balance	$	

Entered into Ledger, Page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

278

RECORD OF FUNERAL

Total No. 2746 Yearly No. 29 Date of Entry May 4 1955

Name of Deceased John E. Cina

☑ Married ☑ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 215 Charm Avenue

☐ Husband ☐ Wife ☐ Widow } Eleanor Booth
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Eleanor Cina

Address 215 Charm Ave (16)

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War 2nd W.

Occupation Lathe Operator 168-18-8369 (Social Security Number)

Employer and Address .....

Date of Death May 4 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 20 1916 Age 38-4-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa. (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death Aliquippa Jones & Steel Corp

Cause of Death: Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Peter Cina

His Birthplace .....

Maiden Name of Mother Isabel Mason

Her Birthplace .....

Date of Funeral May 7 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 5

Grave No. 17

Section No. M A

Block No. .....

Owner .....

Miscellaneous

Mr Kennedy Vets Adm

Complete Funeral (except outlays)	$ 968	00
Casket P. Professional Services	700	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	100	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	95	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 Funeral Director's Charges		
Personal Service		
.... line Death Notice W. J. McAvoy (Name of Newspaper)	19	20
Sales Tax	4	15
Total Footing of Bill	$ 1003	35
Less Per John J McAvoy	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC. Form 147

Funeral Director E. J. McElroy Date 5/4/55

The following selection was made in Our Showroom for the Funeral of:

Lina

Casket Casket & Service + on top	700	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	700	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2746 Yearly No. 30 Date of Entry May 8 19 55

Name of Deceased Sam P. Korey (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 115 N Sycamore St

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of Sam P. Korey

Address Ernest A. Nassar Esq.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Merchant -168-12-8506 (Social Security Number)

Employer and Address Self (Grocery)

Date of Death May 2 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 4 1905 Age 50 4 4 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Our Lady of Victory

Clergyman ..... (Address)

Religion of the Deceased Mennonite Catholic

Birthplace Pittsburgh Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death South Side Hospital

Cause of Death Coronary Thrombosis

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Alley Co.

Name of Father Peter Korey

His Birthplace Lebanon

Maiden Name of Mother Tiffey Korey

Her Birthplace Lebanon

Date of Funeral May 11 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. ~~Cor~~ 23

Grave No. 39

Section No. 28

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket. Professional Service	750	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	110	00
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Name of Newspapers)		
EDW. J. McAVOY		
Billed PAID	4	40
Sales Tax		
Total Footing of Bill FEB 1956	$ 931	40
Less	$	
95-61 Per ..... Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
7/6/1956	By Payment	$ 956 50	$ 174 90
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Peineman, Long Beach, California

Potter Bank and Trust Company

GRANT STREET AT FIFTH AND DIAMOND

Pittsburgh 30, Pa.

MEMBER FEDERAL RESERVE SYSTEM

February 2, 1956

Mr. Edward J. McAvoy
1700 Forbes Street
Pittsburgh 19, Pa

Dear Sir: -

In re estate of Sam P. Korey, deceased

We enclose herewith audit docket receipt in the sum of $ 756.50 covering your award as per decree of distribution entered in said estate.

Please date and sign the said receipt, having your signature thereto witnessed, and return it to us in the enclosed envelope.

If no exceptions are filed to the said decree, settlement will be made with you promptly in accordance therewith.

Yours very truly,

Selma E. Peters

FOR Trust Officer

P
enc

F. H. HILL COMPANY, INC. Form 147

Funeral Director E. J. McElroy Date 5/9/55

The following selection was made in Our Showroom for the Funeral of:

KOREY

Casket Casket & Service & Cross on top	750	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	750	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

POTTER BANK AND TRUST COMPANY, TRUST DEPT.

DATE 2/6/56 TRUST NO. DN-13,356

ESTATE OF Sam P. Korey CHG.- Princ. V. NO. F 4389

Balance for Distribution per Decree Bo. 2238 of 1955	756.50

A. T. O. AUDITED BY

DETACH HERE BEFORE DEPOSITING

280

RECORD OF FUNERAL

Total No. 2747 Yearly No. 31 Date of Entry May 11 19 55

Name of Deceased Maria Sofia Capozzoli 2t

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1901 Forbes St ☐ Husband ☐ Wife ☐ Widow } Pasquale

Charge to Pasquale Capozzoli or ..... of } Age of Husband or Wife (if living) ..... Years

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 11 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 61 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 1901 Forbes St

Cause of Death Cerebral Hemorrhage

Contributory Causes Essential Hypertension

.....

Certifying Physician Dr. A. L. Stutz (or Coroner)

His Address 3367 Bixford Ave

Name of Father Giovanni Mastascusa

His Birthplace Salerno, Italy

Maiden Name of Mother Vincenza Massa

Her Birthplace Salerno Italy

Date of Funeral May 14 1955 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 23

Grave No. 40

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1085 00
Casket & Professional Service	835 00
Burial Vault or Box C.R. Case (State Kind)	65 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	5 00
Suit or Dress (State Kind and Color)	34 00
Slippers, $ ..... Hose, $	5 00
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
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)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot. Cemetery Charges	135 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ 4 Singers, $ .... Organist, $	25 00
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers	14 40
(Names of Newspapers) Achievements Formula	9 71
Sales Tax	4 83
Total Footing of Bill	$ 1135 94
Less	$
Balance	$

EDW. J. McAVOY PAID April 8, 1955

Entered into Ledger, page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2748 Yearly No. 32 Date of Entry May 13 1955

Name of Deceased Elizabeth Lepping

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 276 Preston St (5) ☐Husband ☐Wife ☐Widow of Charles Casey (What Race)

Charge to Mrs Margaret Lafferty Age of Husband or Wife (if living) Years

Address 276 Preston St

Order given by 345 Rydal St (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 13 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Philips Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Haddon Nursing Home

Cause of Death Congestive heart failure

Contributory Causes

Certifying Physician Dr C H Tuthill (or Coroner)

His Address 35 Bradford Ave Lok 5 Pa

Name of Father John S McCandless

His Birthplace

Maiden Name of Mother Anna B Funk

Her Birthplace

Date of Funeral May 13 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Chartiers Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	820	-
Casket	675	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	70	00
Cremation		
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, $	20	00
Railroad / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 3 Papers (Names of Newspapers)	14	40
EDW. J. McAVOY		
Sales Tax	4	03
Total Footing of Bill July 14 1955 $	850	43
Less $		
Per Balance $		

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

282

RECORD OF FUNERAL

Total No. 2749 Yearly No. 33 Date of Entry May 26, 1955

Name of Deceased Sr. M. Assumpta — Mary Madden — 2t
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence: 3333 Fifth Ave.

Charge to: Sisters of Mercy

Address 3333 Fifth Avenue

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death May 26 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 5 1883 (Mo.) (Day) (Yr.) Age 71 (Yrs.) 0 (Mos.) 21 (Days)

Services at Mercy Hospital Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace McKeesport, Pa.

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 with metastasis

.....

Certifying Physician Dr. E. J. McCague (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick F. Madden

His Birthplace .....

Maiden Name of Mother Winifred Welsh

Her Birthplace .....

Date of Funeral May 28 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } St. Xaviers Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Service	200	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Newspapers		
Billed		
EDW. J. McAVOY		
Sales Tax		1 00
Total Footing of Bill JULY 1955	$	201 00
Less	$	
Per Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2750 Yearly No. 34 Date of Entry May 27 1955

Name of Deceased George H. Boughton (What Race) H

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2919 Daniels St.

☐ Husband ☐ Wife ☐ Widow } or ____ of } Beatrice Blackford Age of Husband or Wife (if living) ____ Years

Charge to Mrs. G. H. Boughton

Address 2919 Daniels St. Pgh. 10 Pa.

Order given by M. A. Blackford (or informant)

How Secured Mt. Hope, Kansas

If Veteran, Name of War ____

Occupation Salesman

Employer and Address Pontiac Coalrangers (Social Security Number)

Date of Death May 27 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 27 188 Age 69-3-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Victor N.Y.

Clergyman ____ (Address)

Religion of the Deceased Protestant

Birthplace Victor N.Y.

Resided in the State ____ (or U. S. or City or County) (Years) (Months)

Place of Death St. Clair Mem. Hospital

Cause of Death Bronchial Asthma

Contributory Causes Chronic Pulmonary Emphysema - A. S. H. D.

Certifying Physician Dr. E. M. Heath (or Coroner)

His Address 2223 Sam. Mull Run Blvd

Name of Father John H. Boughton

His Birthplace ____

Maiden Name of Mother Grace Phillips

Her Birthplace ____

Date of Funeral May 31 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Boughton Hill Cem. - Victor N.Y.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	$	
Casket H. Outside Case		375 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
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)		7 00
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 / Motor Tickets, $ ____ Aeroplane Service, $		37 91
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 2 Papers (Names of Newspapers)		4 80
Sales Tax		1 88
Total Footing of Bill	$	426 59
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Miscellaneous ____

Date		Amount Paid	Balance
1955	To Above Balance		$
July 28	By Payment	$100 59	$
	" "	$100 00	$
Nov 14 1956	" "	$100 00	$
	" "	$300 59	$ 126 00
	" "		$

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.

Signed ____

Address ____

Witness ____

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2751 Yearly No. 35 Date of Entry June 5 1955

Name of Deceased David E. Saba (What Race) H

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1848 Fifth Ave

Charge to: Mrs. Hellwig Saba

Address 1848 Fifth Ave

☐ Husband ☐ Wife ☐ Widow or ____ of Hellwig Age of Husband or Wife (if living) ____ Years

Order given by ____ (or informant)

How Secured: ____

If Veteran, Name of War ____

Occupation Grocer 200-20-2984 (Social Security Number)

Employer and Address Self

Date of Death June 5, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 9 1902 Age 53 - 2 - 26 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. George S. O. Church

Clergyman Rev. Paul Romley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Palestine

Resided in the State ____ (or U. S. or City or County) (Years) (Months)

Place of Death Montefiore Hospital

Cause of Death Pulmonary Embolus

Contributory Causes ____

Certifying Physician Dr. R. Chamovitz (or Coroner)

His Address: Montefiore Hospital

Name of Father Elias Saba

His Birthplace Palestine

Maiden Name of Mother Rahmeh Awad

Her Birthplace Palestine

Date of Funeral June 8 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Peters Cemetery

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	1061	00
Casket	1090	00
Burial Vault or Box Vault (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress (State Kind and Color)	37	00
Slippers, $ 4 Hose, $ ____	5	00
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to Cemetery	15	00
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax $		
Outlay for Lot ____		
Cremation ____		
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 / or Motor } Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
12 line Death Notices in 2 Papers (Names of Newspapers)	9	60
$5.00 EDW. J. McAVOY		
Sales Tax	6	95
Total Footing of Bill	1181	55
Less July 8, 1955		
Balance		
Entered into Ledger, Page ____ or below.		

Miscellaneous ____

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 ____

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC. Form 147

Funeral Director E. J. McElroy Date 6/5/55

The following selection was made in Our Showroom for the Funeral of:

SABA

Casket	Casket & Services w/ Undertaker & Cross in Top	1090	00
Vault or Box			
Garment	Dark Blue Suit	37	00
Slippers	Mens "9" Leather Slippers	5	00
Blanket			
Miscel.			
Miscel.			
	TOTAL	$ 1132	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2752 Yearly No. 36 Date of Entry June 3 19 55

Name of Deceased Sr. M. Hyacinth - Margaret Mary Sheehan (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence St. Vincent Academy ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teacher (Social Security Number)

Employer and Address

Date of Death June 2 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25 1892 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Vincents Academy

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes

Certifying Physician Dr. John R. Miller (or Coroner)

His Address Mercy Hospital

Name of Father William Sheehan

His Birthplace Ireland

Maiden Name of Mother Margaret Lynch

Her Birthplace Ireland

Date of Funeral June 10 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Vincents Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	200	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
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 Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers		
(Name of Newspaper)		
Billed	1	00
Sales Tax JUN 4 1955		
Total Footing of Bill	$ 201	00
Less	$	
Per ..... Balance	$	

EDW. J. McAVOY (Name of Funeral Director)

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3753 Yearly No. 37 Date of Entry June 8 1955

Name of Deceased Mary Jane Nicastro (Infant.) 2d
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 415 Serpentine Drive ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years
or of

Charge to: Dr. E. A. Nicastro

Address. 415 Serpentine Dr. (Pgh. 16 Pa.)

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death June 8, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 28, 1955 Age 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death. St. Francis Hospital

Cause of Death. Toxic Hemolytic Anemia

Contributory Causes

Certifying Physician. Dr. R. R. C. Poole (or Coroner)

His Address: St. Francis Hospital

Name of Father. Edmund A. Nicastro

His Birthplace. Pittsburgh Pa.

Maiden Name of Mother. Mary Jane Mial

Her Birthplace. Penna.

Date of Funeral. June 10, 1955 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 353
Grave No. 2
Section No. 7
Block No.
Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		15. 00
Cremation		
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2754 Yearly No. 38 Date of Entry June 15 1955

Name of Deceased Annabelle Hammer (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 128 Meridan St

☐ Husband ☐ Wife ☐ Widow } or ..... of } Gerdmond Age of Husband or Wife (if living) ..... Years

Charge to Mrs Annabelle Wilkeary

Address 128 Meridan St

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewifes (Social Security Number)

Employer and Address .....

Date of Death June 15 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Richmond Age 82 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Marys of the Mount (Address)

Clergyman Fr Sullivan

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 124 Oneida St

Cause of Death Arteria sclerotic heart

Contributory Causes Disease - arteria - sclerosis

Certifying Physician Dr Paul Petraglia (or Coroner)

His Address 205 Virginia Ave

Name of Father Roland Glover

His Birthplace .....

Maiden Name of Mother Ann McCuskin

Her Birthplace .....

Date of Funeral June 20 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 840	00
Casket 7 Professional Bronze	635	00
Burial Vault or Box C.R. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	3	00
Dressing Body, $ ..... Underwear, $	30	00
Suit or Dress ✓ (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot	95	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 4 Papers	24	00
(Names of Newspapers)		
Acknowledgements	5	00
Sales Tax EDW. J. MCAVOY	3	83
Total Footing of Bill $	864	83
Less $		
Balance $		

PAID July 1, 1955

Entered into Ledger page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Peineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McElroy Date 6/16/55

The following selection was made in Our Showroom for the Funeral of:

ANNABELLE HAMMER

Casket	Casket & Service w/ Cross on Top	635 00
Vault or Box		
Garment	17443 Orchid Sheer Dress	30 00
Slippers		
Blanket	1 set Ladies Undergmts	5 00
Miscel.		
Miscel.		
	TOTAL	670 00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

288

RECORD OF FUNERAL

Total No. 2755 Yearly No. 39 Date of Entry June 19 1955

Name of Deceased John Lesson (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 4753 Baum Blvd ☐Husband ☐Wife ☐Widow } of Anna Lesson

Charge to: Edw. J. Lesson Age of Husband or Wife (if living) Years

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Merchant (Social Security Number)

Employer and Address

Date of Death June 19, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St George R.C. Church

Clergyman (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Palestine

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 4753 Baum Blvd

Cause of Death

Contributory Causes Prost. Hemorrhage of Lung. Hypertension

Certifying Physician (or Coroner)

His Address

Name of Father Joseph Lesson

His Birthplace Palestine

Maiden Name of Mother Selma Soof

Her Birthplace Palestine

Date of Funeral June 23, 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1351	03
Casket ~~Professional Services~~	1195	00
Burial Vault or Box Vault (State Kind)	150	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to	15	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charges	110	00
Cremation		
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 / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers	16	00
Acknowledgements (Names of Newspapers)	5	00
Sales Tax D.W. J. McAVOY	7	03
Total Footing of Bill $	1411	03
Less Sept 23, 1955 $		
Balance $		
Entered into Ledger, page ... or below.		
Miscellaneous		

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

Revised by W. W. Peineman, Long Beach, California

F. H. HILL COMPANY, INC. Form 147

Funeral Director E. J. McAvoy Date 6/20/55

The following selection was made in Our Showroom for the Funeral of:

Lesoon

Casket	Casket + Service w/ Cross on top of Blkt	$ 1105 00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL		$ 1105 00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

FORM OA-C721
(6-54)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

114 Sheridan Square
Pittsburgh 6, Pennsylvania
December 1, 1955

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

John Lesoon
(NAME OF DECEASED)

E. J. McAvoy Funeral Home
1700 Forbes St.,
Pittsburgh 19, Pa.

182-28-2280
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-8 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

Total No. 2756 Yearly No. 40 Date of Entry June 22 1955

Name of Deceased Harry G. Rupp (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 224 Amber St.

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Anna Kline

Address 224 Amber St (L)

Order given by Em 1 3059 (or informant)

How Secured

If Veteran, Name of War

Occupation Film Inspector 181-16-2302 (Social Security Number)

Employer and Address

Date of Death June 22 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 3 1893 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jacks Munyon (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 224 Amber St.

Cause of Death Pulmonary Edemas

Contributory Causes Carcinoma of Rectum & Penis

Certifying Physician Dr. R.H. Pearlman (or Coroner)

His Address Empire Bldg.

Name of Father Henry H. Rupp

His Birthplace

Maiden Name of Mother Minna Van Zandt

Her Birthplace

Date of Funeral June 25 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Royal Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1250 00
Casket Professional Grower		100 00
Burial Vault or Box Vault (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		40 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		50 00
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-planes Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers (Names of Newspapers)		16 00
S.S.-OK. EDW. J. MCAVOY		
Sales Tax		6 80
Total Footing of Bill	$	1406 80
Less PAID June 30 1955	$	
Balance	$	

Entered into Ledger, Page ..... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McAvoy Date 6/22/55

The following selection was made in Our Showroom for the Funeral of:

PUPP

Casket	Casket & Service w/Cklt	1060	00
Vault or Box			
Garment	Light Brown Suit	37	50
Slippers			
Blanket			
Miscel.	Mens Undergarments	2	50
Miscel.			
	TOTAL	$1100	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

290

RECORD OF FUNERAL

Total No. 2752 Yearly No. 41 Date of Entry June 23 19 55

Name of Deceased Sr. M. Eucharia - Anna Mc Gueny (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Sisters of Mercy

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Teacher

Employer and Address Religious (Social Security Number)

Date of Death June 23 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 21 1868 (Mo.) (Day) (Yr.) Age 86 yrs (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Port Perry, Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Congestive heart failure

Contributory Causes Arteria sclerosis

.....

Certifying Physician Dr. J. H. Drabette (or Coroner)

His Address Mercy Hospital

Name of Father Patrick Mc Gueny

His Birthplace .....

Maiden Name of Mother Ann Corcoran

Her Birthplace .....

Date of Funeral June 25 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } St Xaviers Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays) ..... $	200	00
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
Billed		
Sales Tax	1	00
Total Footing of Bill ..... $	201	00
Less ..... $		
Per		
Balance ..... $		

Entered into Ledger, page ..... or below.

Miscellaneous .....

EDW. J. McAVOY

JULY 1955

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2753 Yearly No. 42 Date of Entry June 28 1955

Name of Deceased Mary O'Toole

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1121 Bluff Street

☐Husband ☐Wife ☐Widow of (What Race) Martin O'Toole

Age of Husband or Wife (if living) ..... Years

Charge to Miss Ann O'Toole

Address 1121 Bluff St (Co 16835)

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death June 28 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 26 1879 Age 76 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 1121 Bluff St

Cause of Death Squamous Cell Carcinoma

Contributory Causes of the entire left face

.....

Certifying Physician Dr Geo J Kowalis (or Coroner)

His Address 3700 Fifth Ave

Name of Father Thomas Gannon

His Birthplace Ireland

Maiden Name of Mother Margret Mulkeen

Her Birthplace Ireland

Date of Funeral July 2 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Colonial

Lot No. 514

Grave No. 2

Section No. A-1

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$ 1245	00
Casket	850	00
Burial Vault or Box (State Kind)	130	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	33	00
Slippers, $ ..... Hose, $	5	00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	70	00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in 6 Papers (Names of Newspapers)	24	00
Derma Surgery	150	00
Sales Tax EDW. J. MCAVOY	6	05
Total Footing of Bill	$ 1295	05
Less	$	
Balance	$	

Entered into Ledger, page 2 ... or below.

Miscellaneous. Per .....

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 .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2754 Yearly No. 43 Date of Entry July 7 1955

Name of Deceased Mollie V. Shannon (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1719 Fifth Ave

☐Husband ☐Wife ☐Widow } of Harry C. Sr.

Charge to Clarence J. Muse

Address 1719 Fifth Ave Pgh. Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death July 7 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 28 1871 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Hartung (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1719 Fifth Ave

Cause of Death Arterio sclerotic

Contributory Causes Heart disease

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Coroner - Alleg. Co.

Name of Father — Robb

His Birthplace

Maiden Name of Mother Louisa Janette McAllester

Her Birthplace

Date of Funeral July 11 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Royal Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Service	680	00
Burial Vault or Box O.P. Case (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	5	00
Suit or Dress (State Kind and Color)	26	00
Slippers, $ — ... Hose, $	5	00
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	70	00
Cremation		
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 Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers	9	60
(Name of Cemetery) EDW. J. McAVOY PAID Aug. 31, 1955		
Sales Tax	1	05
Total Footing of Bill	$ 867	65
Less	$	
Per John McAvoy Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
7/11/55	To Above Balance	867 65	$		To Balance Forward		$
8/11/55	By Payment	$ 358 75	$ 508 90		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

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2755 Yearly No. 44 Date of Entry July 15 19 55

Name of Deceased Vincent J. Clair (What Race) A

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1021 Epiphany Street

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Catherine C. Clair

Address 1021 Epiphany St.

Order given by Co. 1 6385 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer (Social Security Number)

Employer and Address

Date of Death July 15 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 21 1887 Age 68 - 5 - 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1021 Epiphany St.

Cause of Death Carcinoma of Colon

Contributory Causes

Certifying Physician Dr. John C. Skinner (or Coroner)

His Address 721 Jenkins Bldg.

Name of Father Michael Clair

His Birthplace Ireland

Maiden Name of Mother Minnie Downs

Her Birthplace Louisville Ky.

Date of Funeral July 19 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 204

Grave No. 2

Section No. 1

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1150 00
Casket. Professional Service		1000 00
Burial Vault or Box C.P. Case (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		70 00
Cremation		
Flowers, $ 4 .... Palms, $ .... Matting, $		50 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 .... Singers, $ .... Organist, $		25 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 4 Papers		17 60
(Names of Newspapers)		
Other Rem. Cards		3 56
		5 90
Sales Tax EDW. J. MCAVOY		
Total Footing of Bill	$	1241 06
Less July 29 1955	$	
Balance	$	

Entered in Ledger, page ..... or below.

Per .....

Miscellaneous

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 .....

Revised by W. W. Peineman, Long Beach, California

F. H. HILL COMPANY, INC. Form 147

Funeral Director E. J. McElroy Date 7/16/55

The following selection was made in Our Showroom for the Funeral of:

CLAIR

Casket Casket & Service, & top	1000	00
Vault or Box	-	
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	1000	00

The undersigned accept and approve the foregoing purchases.

Signed

Signed

Signed

294

RECORD OF FUNERAL

Total No. 2756 Yearly No. 45 Date of Entry July 21 19 25

Name of Deceased Stillborn Hickey (Male) 2d (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1611 Fustein St

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to A. P. A.

Address Ho. 10264

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death July 21 1925 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 21 1925 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Premature ity

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address Edward Hickey

Name of Father Pittsburgh Pa.

His Birthplace .....

Maiden Name of Mother Dorothy Manning

Her Birthplace Pittsburgh Pa.

Date of Funeral July 22 1925 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket Donated		25 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		10 00
Cremation		
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 Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax Sept. 14, 1925		
Total Footing of Bill	$	35 00
Less Per	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2757 Yearly No. 46 Date of Entry Aug. 1 19 55

Name of Deceased Joseph T. Heffernan 76
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 16 Hubbard St
☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Edw. J. Heffernan

Address 16 26 Fwalnut St

Order given by ..... (Name of informant)

How Secured Co. 11831

If Veteran, Name of War .....

Occupation Retired Truck Driver (Social Security Number)

Employer and Address Lumber Co.

Date of Death Aug. 1, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 82 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

Resided in the State ..... (or U. S., or City or County) (Years) (Months)

Place of Death Presbyterian Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Generalized arteriosclerosis

.....

Certifying Physician Dr. Arthur C. Bronner (or Coroner)

His Address Presbyterian Hospital

Name of Father Richard Heffernan

His Birthplace .....

Maiden Name of Mother Bridget Maddox

Her Birthplace .....

Date of Funeral Aug. 4, 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	210 00
Casket Professional Service		750 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		25 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
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 / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in 4 Papers (Names of Newspapers)		16 00
EDW. J. McAVOY PAID Aug 29, 1955		
Sales Tax		4 40
Total Footing of Bill	$	949 40
Less	$	
Balance	$	

Entered into Ledger, Page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director M. McAvoy Date 8/1/55.

The following selection was made in Our Showroom for the Funeral of:

Mr. Heffernan

Casket & Service	$750	00
Vault or Box		
Garment Suit	25	00
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approve the foregoing purchases. TOTAL $775.00

Signed

Signed

Signed

HVS.20071-250M-10-52

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

APPLICATION FOR CERTIFIED COPY

Paid

SERIAL NO. 694274

DATE 8-3-55

2 Copies Mail

INDICATE WHETHER BIRTH, DEATH, MARRIAGE OR ADOPTION: Death

STUB NO. | ISSUED

RECEIPT NO. | AMOUNT

CHECK NO. | AMOUNT

FULL NAME: Joseph F. Heffernan

FILE NO.

DATE MO. Aug DAY 1 YEAR 19 55

CITY - BOROUGH - TOWNSHIP

COUNTY

MOTHER'S MAIDEN NAME

FATHER'S NAME

FEE PAID 3.00

BY CHECK, M. O. - CASH Mail

APPLICANT Edward J. Heffernan

SEND TO 1626 - Walnut St Apt 19

RECORD OF FUNERAL

Total No. 2758 Yearly No. 47 Date of Entry Aug. 2 19 55

Name of Deceased James Didom (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 1014 Forbes Street

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Julia Lampus

Address 543 Larimer Ave

Order given by Turtle Creek (or informant)

How Secured:

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Aug 2 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 24 1900 (Mo.) (Day) (Yr.) Age 54-11-22 (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1014 Forbes St

Cause of Death Undetermined

Contributory Causes

Certifying Physician Wm A. McClelland (or Coroner)

His Address: Coroner Allg Co.

Name of Father William Didom

His Birthplace

Maiden Name of Mother Anna Barber

Her Birthplace

Date of Funeral Aug 4 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	800	00
Casket 4 Professional Service	640	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	30	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	72	00
Cremation		
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 / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in 2 ....Papers (Names of Newspapers)	8	80
Remembrance Cards	2	00
Sales Tax EDW. J. McAVOY	3	85
Total Footing of Bill $	835	65
Less $		
Balance $		

Aug 30 1955

Entered into Ledger page ( ) or below.

Miscellaneous

Per

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 .....

Revised by W. W. Feineman, Long Beach, California

HVS.20071-250M-10-52

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

APPLICATION FOR
CERTIFIED COPY

Mail

SERIAL NO. 694273

DATE 8-3-55

1 Copy
Mail

INDICATE WHETHER BIRTH, DEATH, MARRIAGE OR ADOPTION: Death

STUB NO.

ISSUED

RECEIPT NO.

AMOUNT

CHECK NO.

AMOUNT

FULL NAME: Jane Dixon

FILE NO.

DATE
MO. Aug DAY 2 YEAR 1955

CITY - BOROUGH - TOWNSHIP

COUNTY C

MOTHER'S MAIDEN NAME

FATHER'S NAME

FEE PAID: 1.00

BY CHECK - M. O. - CASH: Mail

APPLICANT: Miss Lampus

SEND TO

543 E Lytle St
Turtle Creek
Pa

RECORD OF FUNERAL

Total No. 2759 Yearly No. 48 Date of Entry August 15 1955

Name of Deceased Mrs. Agnes O'Hare Mc Garvey

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 3821 Dawson St.

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Kate Mc Garvey

Address 3821 Dawson St.

Order given by Catherine Dowling (or informant)

How Secured 3821 Dawson St. (Mu 2-6298)

If Veteran, Name of War .....

Occupation None Janitress (Social Security Number)

Employer and Address City of Pgh.

Date of Death Aug. 15 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 5 1870 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Roman Catholic

Birthplace Sharon, Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Carcinoma of Lung.

Contributory Causes with metastases to Liver - A.S.H.D.

Certifying Physician Dr. R. P. Klenschmidt (or Coroner)

His Address 500 Penn Ave.

Name of Father John O'Hare

His Birthplace .....

Maiden Name of Mother Catherine O'Hare

Her Birthplace .....

Date of Funeral Aug. 18. 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	410	00
Burial Vault or Box C.P. Cast (State Kind)	50	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	26	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$ 70	00
Outlay for Lot Cemetery Charges		
Cremation		
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in ..... Papers	22	20
EDW. J. MCAVOY (Names of Newspapers)		
Sales Tax 11/16/55	2	55
Total Footing of Bill	$ 585	75
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date 1955		Amount Paid	Balance
			$
9/19	To Above Balance N. Southern	108 65	
10/17	By Payment Jos. McGarvey	250 00	$ 227 10
	" "	20 00	$ 207 10
11/18	" "	150 00	$ 57 10
11/19	Mutl. Pension Fund	47 06	$ 10 04
	" "	$ 575 71	$

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.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

Burial of

Agnes Mc Garvey

Date of Death

Aug. 15,1955

Date of Burial

Aug. 18,1955

Place of Burial

Calvary Cemetery

Addressed to

Catherine Mc Garvey

3821 Dawson Street

Pittsburgh 13,Pa

Statement
of
Professional Service Rendered

Casket & Professional Services	410.00	
Cave-proof Case	50.00	
		460.00

CASH DISBURSEMENTS

Cemetery Charges	70.00	
Death Notices	25.20	
Clothing	26.00	
Death Certificates	2.00	
		123.20
		$583.20
Penna Sales Tax		2.55
Total.....		$585.75

Edward J. McAvoy
Funeral Director
1700 FORBES STREET, PITTSBURGH, PA.

298

RECORD OF FUNERAL

Total No. 2760 Yearly No. 49 Date of Entry August 8 19 55

Name of Deceased Walter Lamery (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence: 1942 Hartranft St. Pittsburgh 26, Pa.

Charge to: .....

Address: .....

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War .....

Occupation Child (Social Security Number)

Employer and Address .....

Date of Death Aug. (Mo.) 8 (Day) 1955 (Yr.) (Hour)

Date of Birth Feb. (Mo.) 9 (Day) 1949 (Yr.) Age 6 (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death Tuberculous Meningitis

Contributory Causes .....

.....

Certifying Physician Dr. R. Mac Donald (or Coroner)

His Address: .....

Name of Father Charles Lamery

His Birthplace .....

Maiden Name of Mother Agnes Harpes

Her Birthplace .....

Date of Funeral Aug. (Date) 11 (Day of Week) 1955 (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	760	00
Casket	488	00
Burial Vault or Box (State Kind)	15	00
Embalming Body (Name of Embalmer)	25	00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $	18	50
Limousines to Cemetery ..... @ $	15	00
Extra Limousines ..... @ $		
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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot Cemetery Charges	30	00
Cremation		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service	150	00
11 line Death Notice in EDW. J. MCAVOY (Names of Newspapers)	26	40
Chapel Rental Oct. 11 1955	75	00
Sales Tax	3	19
Total Footing of Bill	910	09
Less ..... Par		
Balance		

PAID

Entered into Ledger, page ..... or below.

Miscellaneous .....

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 .....

Revised by W. W. Feineman, Long Beach, California

THE FRANKLIN LIFE INSURANCE COMPANY



HOME OFFICE: SPRINGFIELD, ILLINOIS

MITCHELL T. MELHAM
REGIONAL SALES DIRECTOR
WESTERN PENNSYLVANIA DIVISION

August 9, 1955

DIVISIONAL HEADQUARTERS
SUITE 900-901 CLARK BUILDING
717 LIBERTY AVENUE
PITTSBURGH 22, PENNSYLVANIA
PHONES GRANT 1-1070, GRANT 1-1071

Mr. E. J. McAvoy
McAvoy Funeral Home
1700 Forbes St.
Pittsburgh 19, Penna.

Re: Walter Samreny - Deceased
Policy 861 865

Dear Mr. McAvoy:

In order that settlement may be made on the above claim, will you kindly complete the enclosed "Statement of Funeral Director" in detail and return it to us in the business reply envelope which is supplied.

Your cooperation and early attention this matter will be very much appreciated.

Thanking you, I am,

Cordially,

Mitchell T. Melham

Regional Sales Director

EF
Enc. 2

RECORD OF FUNERAL

Total No. 2761 Yearly No. 50 Date of Entry August 8 1955

Name of Deceased John Francis Mc Caffrey

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 951 Fordham Ave Bx. 56 ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. C. T. Mc Caffrey

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War —

Occupation Local 27 Treas 162-10-9784 (Social Security Number)

Employer and Address .....

Date of Death Aug. 8 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown (Mo.) (Day) (Yr.) Age About 71 yrs (Yrs.) (Mos.) (Days)

Services at Epiphany

Clergyman ..... (Address)

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 951 Fordham Ave

Cause of Death Myocardial Infarction

Acute Coronary

Thrombosis

Certifying Physician Dr. John B. Wood (or Coroner)

His Address 3500 Bx Ave

Name of Father Daniel Mc Caffrey

His Birthplace .....

Maiden Name of Mother Mary Ann Lynch

Her Birthplace .....

Date of Funeral Aug. 12, 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Calvary

Diagram of Lot or Vault

Lot No. 189

Grave No. 4

Section No. F

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1400 00
Casket	80 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery 10.00	10 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
8 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	8 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	70 00
Cremation	
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 / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
....line Death Notices in 9 Papers (Names of Newspapers)	43 20
Removal of Body EDW. J. McAVOY	5 00
Sales Tax	7 80
Total Footing of Bill	$ 1649 50
Less	$
55-0K Balance	$

Entered into Ledger, page ..... or below.

Miscellaneous .....

PAID 8/12/1955

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

Burial of

John F. Mc Caffrey

Date of Death

Aug. 8,1955

Date of Burial

Aug. 12,1955

Place of Burial

Calvary Cemetery

Addressed to

Miss Cecelia T. Mc Caffrey

951 Fordham Avenue

Pittsburgh 26,Pa

Statement of Professional Service Rendered

Casket & Professional Services	1400.00	
Burial Vault	80.00	
		1480.00

CASH DISBURSEMENTS

Flower Car	10.50	
Cemetery Charges	70.00	
Religious Service	25.00	
Remembrance Cards	5.00	
Death Certificates	8.00	
Death Notices	43.20	
		161.70
		$1641.70
Penna Sales Tax		7.80
Total.....		$1649.50

Edward J. McAvoy

Funeral Director

1700 FORBES STREET, PITTSBURGH, PA.

300

RECORD OF FUNERAL

Total No. 2762 Yearly No. 57 Date of Entry Aug. 21 1955

Name of Deceased Mary J. Fogarty (What Race)

☐ Married ☐ Single ☒ Widowed ☒ Divorced

Residence: 704 Shady Drive East

☐ Husband ☐ Wife ☐ Widow of John Fogarty Age of Husband or Wife (if living) Years

Charge to: Mrs. Helen Marrison

Address: 704 Shady Drive E. - Pgh. 28 Pa.

Order given by: (or informant)

How Secured:

If Veteran, Name of War

Occupation: Housewife (Social Security Number)

Employer and Address

Date of Death: Aug. 21 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Epiphany Church (Address)

Clergyman:

Religion of the Deceased: Catholic

Birthplace: Pittsburgh Pa.

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Woodville Hospital

Cause of Death: Cerebral Hemorrhage

Contributory Causes: Hypertensive Cardio renal vascular disease

Certifying Physician: (or Coroner)

His Address:

Name of Father: John Rupp

His Birthplace:

Maiden Name of Mother:

Her Birthplace:

Date of Funeral: Aug. 25 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to:

Size of Casket (State Color and Number)

Manufactured by:

Cemetery / Crematory }

Complete Funeral (except outlays)	$	705
Casket Professional Service		495 00
Burial Vault or Box C.P. Case (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		30 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers		19 20
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		2 73
Total Footing of Bill	$	723 93
Less	$	
Per Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

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

Revised by W. W. Feineman, Long Beach, California

August ... invited.

FOGARTY—On Sunday, August 21, 1955, Mary Rupp, wife of the late John Fogarty; mother of James F. Murray, Mrs. Catherine Malco, Mrs. Helen Morrison, sister of Mrs. Katherine Musgrave and James Rupp. Also survived by 9 grandchildren. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Thursday morning at 8:30. Requiem High Mass at the Church of The Epiphany at 9 o'clock.

GREALISH—On Sunday, August ...