McAVOY FUNERAL HOME

VOLUME 10

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS
1955 - 1960

AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR FUNERAL DIRECTORS

For the man who enters up the order for Funeral Arrangements:

This Record Book is of great assistance in recording funerals and funeral arrangements. It will be found prudent to make an entry in each space to satisfy not only the need for completeness and accuracy but also to create confidence in your patrons. A Funeral Director's record items of a deceased can prove invaluable in the coming years.

The clauses, "Order Given by" and "How Secured", together with the space for signature at the bottom of the page provide a professional approach.

The clause, "Cause of Death", is essential for several reasons, among which are: (a) to adopt correct measures for embalming; (b) to know whether the subject died of a contagious disease; (c) to ascertain the necessity of disinfection.

An essential feature of the chart is the rotation of items to be charged. Entries should be made for items furnished, the rest left blank, whereupon the bill can then be quickly rendered.

NOTE: Several extra lines near the bottom are available for unlisted items.

Underneath the chart, the part devoted to the Ledger provides the means of keeping account of the entire funeral work. The total of the bill may be transferred into the regular Ledger as one item.

This Funeral Record represents the compilation of years of experience in the profession. Items which might not be required for reference in later years have been omitted so that a complete record may appear on a single page.

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
Account Form (100 to the pad)	No. 5100

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

Published and For Sale by
F. J. FEINEMAN CO.
2400 East First Street
LONG BEACH 3, CALIFORNIA

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 client if he or she had investigated the promoters' financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the client. But you yourself 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 with which you are not familiar, 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 Funeral Director'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 crepe.

Avoid all delay, hitch, or any misunderstanding among your assistants. 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 position 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 Funeral Director may officiate and offer the prayer. Stillborns are buried by the Funeral Director 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 are still there, it is fitting 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 a Funeral Director can employ, and is the stepping stone for sure success.

THE PUBLISHER.

Copyright 1953
W. W. FEINEMAN
Long Beach 3, Calif.

Allen, Cora 39
Abraham, Charles J. 45
Albert, Michael 74
Arriga, Thomas Jr 87
Affif, Badia E. 93
Albert, Mary 95
Albert Edward T. 110
Ayoub - Sam Ziter 139
Ackerman, Catherine 151
Arnold, Oma A 215
Athanasius, Sr. M. 244
Amado, Elizabeth A.

Berchmans - Sr. John	3
Bertrand - Sr. M.	10
Bane - Barbara A.	12
Barry - Louis J.	13
Beloski Harry	31
Brew. Margaret	70
Boyko, Stella	72
Bacha, William J.	76
Bender, Loretta E.	77
Bonner, Bernard L.	78
Beatty Martin H.	88
Brown, Julia E.	114
Burgundy, Rose	122
Badil Rev. Elias P.	127
Bauer, John C.	26
Beresh Andrew	149
Blaney Robert J.	168
Benvenuti, Joseph	179
Benedicta, Sr. M.	195
Brandau Helen	200
Borgia Francis, Sr M.	212
Buco Gaspar (Joseph)	219
Bauer Anne M	232
Berardi Samuel A.	236
Bunting, Hubert A. Jr.	237
Blakeley, Frank M	238
Bender, Paul G.	239
Blakely Patricia Ann	241
Bonich, George	242
Bayerlein, George H.	258

C
D

Cottrill, Anderson B	47
Cardone, Michael	60
Crowley, Dennis C	97
Chinha Mop	100
Chiappetta, Infant	101
Carney, Patrick	108
Crowley Dennis C.	97
Corcoran, Martin J.	124
Casciani Stillborn	129
Cihal, Infant	171
Conehy John D.	172.
Crowley John M.	183
Comineas, Spiros J.	198
Corey, Jacob S.	208
Cullen, Mary M	211
Corry, Peter A	251
Cherbees, Charles	255
Chiappetta, John	265

Damis Peter A.	9.
Dalton, Infant	32
Dunn, Leo A	52
Dugan, Infant	56
Dip, Mary	63
Daugherty Alfred	94
Crowley, Dennis C.	97
Dettis, Maud L.	123
Darnell, Charles E.	136
Dargon, Geo E.	192
Doggett, Wm P.	197
Daff, Charles St	201
David, Mohammed	203
Dacy, Margaret	205
Doyle, Mary A	244
Dugon, Stillborn	257
Devlin, James J.	260
Deasey Laurence St	264
Davis, Anthony	272

E
F

Elizabeth Sr. M. Catherine 14
Egan, William P. 20
Egan, Nora 41
Ennis, Mary Clair 229
Ebersberger, Chris 250
Edith Sr. M. 266

Francis, Anthony 98
Fries, Clarence R 103
Finn, Infant 162
Finn Joseph 157
Feeney, J Robert 194
Feeney Margaret Irene 259
Fox Mary 132

Griffith Charles H. Sr. 25
St George, Anthony 117
Griffin, Julia 137
Genevieve, Sr. M 179
Gumpenberg, Mary A 190
Gabriella Sr. M 224
Gabriel Elias R 246
George, John J 256
Gartland Joseph V. 275

G
H

Hotinsky, William	42
Heffernon, Anna	46
Heffernan, Thomas M	48
Hudak, Infant	64
Holland, James E.	68
Hurley, Frank G.	71
Hagin Michael P.	80
Haley, Minerva	91
Hosler, James	118
Hooper, John C.	160
Houston Patrick J.	188
Harney, Catherine T.	204
Harney Julia A.	210
Hein, Henry H	213
Hallard Mary M	216
Hodson - Alfred D.	230
Hutter, Beatrice	155

Joyce Martin 22
Jones, Jean M. 119
Joint, Robert J. 165
Jones, Marie C. 218
Joseph, Moses 226

G. Fred Kober 21
Kadair Sheben L 53
King Hazel M. 61
Kail, George F. 131
Kelly, J. Vincent 214
Kennedy, Marie A, 253
Kustrin, John 261
Kelly, Jean E 282

K
L

Lublensky · Mary 58
La Balle, Geddy D. 109
Lydon, Patrick J 126
Laecker, Mary 143
Leppig, Charles C 145
Lutegarde Sr. M. 167
Loverde, Hazel 191
Lynch, Leodare 225
Lydon, Marie 248
Lynch, Nora 277
Luke, Sr. M. 278

Marcellus, Sr. M. 15
Monica, Sr. M. Anna M. Harley 38
Monks - Frank L. 43
Maloney, Andrew L. 62
Mercy, Sr. M. 66
MacKenzie Catherine 28
Morse Dow C 86
Miehl, Infant 92
Mullen, John J. 106
Mangarbas, Gregorios 112
Meshill, Auldin V. 115
Moffett, Charles M 120
Munn, James K. 139
Mlsiac, Joseph 144
Mulvaney, Thomas H. 152
Meyers, Geo A. 159
Mechtilde, Sr. M. 161
Meshill, Margaret V. 185
Metz Clara A 220
Moran, Kenneth F. 223
Mabrey, John J 233
Makduff, Stillborn 254
Martin Daniel J. 262
Monroe John M 273
Magerl Eva M. 276

M
Mc

McDonald, Bernard L.	36
McKenna Margaret	51
McConnon, Anna	57
McClelland, Infant	65
McCarey Elizabeth	75
McCaffrey, Raymond A.	116
McElhaney, Catherine A.	121
McCaffrey, Wm F.	130
McCormick Nellie	140
McCaffrey, Thomas R.	158
McCard Wm M.	164
McDonald John P.	166
McAvoy, Edward J.	184
McKelvey, Margaret	189
McGuiness William	222
McElfresh Wilbur C.	267
McVay Clara	269
McCullough Hope (Infant)	290

N
O

Nulton, Sr. M. 8
Nee, Michael P. 83
Neshitt, Jacqueline N. 84
Nee, Anthony 85
Neri Philip Sr. M. 141
Norberta, Sr. M. 221

O'Brien, Anne 23
O'Rourke, Cornelius J. 82
O'Brien Nellie 147
O'Brien Wm J 170
O'Rourke, Nellie (Ellen 174
O'Connell, Rev L.A. 227
O'Leary, Catherine 235
O'Connell Mary A. 252
Ozanich, Matt 274

Phillips, Ralph A (Filippelli) 33
Pott, John F. 54
Peterson, William A. 135
Pierre Sr. M. - Kathryn Boyle 150
Peters Frank 169
Petrucco, Sebastian 263

Ristom, Shefika 76
Roll, Walter P 16
Rooney Thomas C 24
Rodrigues-Stillborn 44
Randadan, Biktash K. 69
Raymond, Sr. M. 104
Ryan Frances E. 107
Robertson Annie M 217
Rudan, Javon 270

R
S

Serena, Emmett B	4
Shedan, George	6
St. George Infant	11
Samide John V.	18
Scheirer, Anna J.	40
Sanford, John P.	49
Storey Stillborn	40
Sholdito, Iscir	55
Severina, Sr. M.	67
Smith, Blanche E.	73
Snyder, Nicholas	79
Sanner, Estella	102
Sick, Fred	133
Shureman Judson T.	146
Steele John Baby	148
Susnak Anna	163
Sesto, Pasqualina	173
Sweeney, Edward C.	156
Sypo, Sr. M.	176
Sommers, John T.	177
Sorrenti Anthony	180
Seraphina, Sr. M.	187
Stella Sr. M.	196
Saula, Josephine (Orch)	228
Schmoty Sarah L.	247
Simon Michael	271

Teal, Herman A. 59
Tony, Bessie 90
Thomas, Rita Marie 125
Tirone Rosario 186
Taylor, Infant 199
Tony Harry 207
Thomas Wm R. 231
Tannous, Thomas 234
Tritsoulis, Angelos 279
Teal, Alta E. 280

Van Voy, Joseph C. 2
Vogel Albert J. 89
Vaghrick, John 175
Vazzano, Frank 181

V
W

Webb, Lillian M.	1
Weis, James P.	96
Wunderlich, Chas H.	99
Wakin, Raymond	128
Wades, Benjamin	134
Ward, Elizabeth M.	142
Werneche, Laurence Sr.	206
Weyrauch, Anna M	193
Wilhelm Minnie E.	240
Washburn, Alcy a	245
Werneche, Stillborn	281

young - Wm A.

5
96

Y
Z

RECORD OF FUNERAL

Total No. 2763 Yearly No. 53 Date of Entry Aug. 31 1955

Name of Deceased Lillian M. Hebb.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) A

Residence 1240 Locust St.

Charge to Chester Hebb ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1240 Locust St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Aug. 31 1955 (Mo.) (Day) (Yr.)

Date of Birth Unknown Age abt 63 yrs (Hour)
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Runyon

Religion of the Deceased Protestant (Address)

Birthplace Ohio

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 - Alley Co.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Sept. 3 1955 M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Monroeville Cemetery

Diagram of Lot or Vault

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

Miscellaneous .....

.....

Complete Funeral (except outlays) ..... $		
Casket * Professional Service	420	00
Burial Vault or Box ..... (State Kind)	10	00
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	17	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	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, $	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		
6 line Death Notices in 3 Papers ..... (Names of Newspapers)	7	20
Sales Tax	2	10
Total Footing of Bill ..... $	562	40
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Sept. 20 1955	By Payment	$ 450 00	$ 112 40		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Signed .....

Witness .....

Address .....

2

RECORD OF FUNERAL

Total No. 2764 Yearly No. 54 Date of Entry Sept. 13 19 55

Name of Deceased Joseph C. Van Voy (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 223 Gross Street

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

Charge to Sister M. Carlotta

Address Mercy Hospital

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Engineer - 716-14-5249 (Social Security Number)

Employer and Address

Date of Death Sept 12 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 22, 1892 Age 63 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Catholic (Address)

Religion of the Deceased Catholic

Birthplace Pennsylvania

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

Place of Death V.A. Vets Adm - Leech - Butler

Cause of Death Pneumonia, Bronchial

Contributory Causes upper right lobe

Fracture of right hip

Certifying Physician Dr. A.C. Chea (or Coroner)

His Address Vets Adm - Butler, Pa.

Name of Father William M. Van Voy

His Birthplace

Maiden Name of Mother Mary Ellen Campbell

Her Birthplace

Date of Funeral Sept 15 1955 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 Professional Service	610	00
Burial Vault or Box (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)		
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	50	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $	11	00
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 3 Papers	12	00
Mileage (Names of Newspapers)	25	00
Sales Tax		
Total Footing of Bill	783	00
Less		
Per Balance	$	

Entered upon Ledger page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 300 00	$		By Payment	$	$
Nov 10	Taylor	$ 125 00	$		" "	$	$
Nov 15	" "	$ 46 00	$		" "	$	$
Nov 10	Vets Adm	$ 175 00	$ 143 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. Fenneman, Long Beach, California

RECORD OF FUNERAL

Total No. 2765 Yearly No. 55 Date of Entry Sept. 27 1955

Name of Deceased Sr. M. John Brehmans - Margaret Curtin - W (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Avenue ☐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 Sr. Religious (Social Security Number)

Employer and Address .....

Date of Death Sept 27 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 16 1913 Age 42 1 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Marys Convent (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 Sarcoma of Brain

Contributory Causes Sarcoma of Media Sternum

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father Michael Curtin

His Birthplace .....

Maiden Name of Mother Catherine Cooley

Her Birthplace .....

Date of Funeral Sept 30 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)	$	
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 / 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 Oct 13 1955	$	200 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 .....

4

RECORD OF FUNERAL

Total No. 2766 Yearly No. 56 Date of Entry Sept. 29 19 55

Name of Deceased Emmett B. Serena (What Race) H.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 372½ Mc Kee Place ☐Husband ☐Wife ☐Widow of Margaret Seymard

Age of Husband or Wife (if living) Years

Charge to Mrs. Margaret Serena

Address 372½ Mc Kee Place

Order given by E. M. Serena Jr. (Chick) (or informant)

How Secured

If Veteran, Name of War

Occupation Building Custodian (Social Security Number)

Employer and Address Amer. Red Cross

Date of Death Sept. 29 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 Derry, 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 Sub-Arachnoid Hemorrhage

Certifying Physician Dr. W. J. Kettler (or Coroner)

His Address Mercy Hospital

Name of Father Oliver Serena

His Birthplace

Maiden Name of Mother Nancy A Palmer

Her Birthplace

Date of Funeral Oct. 3 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cmetery

Lot No. 541

Grave No. 3

Section No. T

Block No.

Owner Helen M. Grimler

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	920 00
Casket 2 Professional Services		735 00
Burial Vault or Box O.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		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		
12 line Death Notices in 6 Papers		22 80
Acknowledgements (Names of Newspapers)		5 00
Sales Tax W. J. McAVOY		
Total Footing of Bill	$	957 80
Less Oct 8, 1955	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous Paid JRM

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. 2767 Yearly No. 57 Date of Entry Oct 12 19 55

Name of Deceased William A Young (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 16 Hooper Street

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

Charge to Estate of Wm A Young

Address .....

Order given by Mr. John Batty (or informant)

How Secured 9 Buffalo St - Mu 2-1414

If Veteran, Name of War .....

Occupation Retired

(Social Security Number)

Employer and Address .....

Date of Death Oct 12 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 4 1883 Age 72 (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 Arteriosclerotic Cardio

Contributory Causes Vascular disease with Congestive heart failure

Certifying Physician Dr. Wm R. Bailey (or Coroner)

His Address Mercy Hospital

Name of Father Joseph Young

His Birthplace .....

Maiden Name of Mother Elizabeth McAlister

Her Birthplace .....

Date of Funeral Oct 15 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

YOUNG—On Wednesday, Oct. 12 1955, William A., of 16 Hooper St., son of the late Joseph and Elizabeth McAlister. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Saturday morning at 9:30. Requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 71

Grave No. 1

Section No. 0

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1070 00
Casket 7 Professional Services		935 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)		3 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, $		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 5 Papers (Names of Newspapers)		16 00
FOR W. J. McAVOY		
PAID		
Sales Tax Nov 12 1955		
Total Footing of Bill	$	1134 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

6

RECORD OF FUNERAL

Total No. 2768 Yearly No. 58 Date of Entry Oct 23 19 55

Name of Deceased George Sheehan (What Race) W.

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

Residence 9 South Arch St. Youngstown Pa.

Charge to Mr. Fred J. Hannan

Address 1714 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Salesman - 176-14-4863 (Social Security Number)

Employer and Address .....

Date of Death Oct 23, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 75 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Rev Chas Beard (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

Resided in the State 60 yrs (or U. S. or City or County) (Years) (Months)

Place of Death O.C.A. Mercy Hospital

Cause of Death Undetermined Natural

Contributory Causes Caused

Certifying Physician Wm D. McClelland (or Coroner)

His Address Coroner - Alby Co.

Name of Father Joseph Sheehan

His Birthplace Lebanon

Maiden Name of Mother Mary Hannon

Her Birthplace Lebanon

Date of Funeral Oct 26, 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. RSW 16

Grave No. 30

Section No. 14

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	930 00
Casket Professional Services		810 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		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, $ ..... 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 6 ... Papers (Names of Newspapers) EDW. J. McAVOY		28 80
Sales Tax Dec 21, 1955		
Total Footing of Bill	$	976 80
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 21 55	By Payment	$ 600 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. 2769 Yearly No. 59 Date of Entry Nov 1 19 55

Name of Deceased Shefika Ristom (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1625 Bedford Ave

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

Charge to Isaac Ristom

Address 119 Brownsville Road Pittsburgh

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutes (Social Security Number)

Employer and Address

Date of Death Nov 1, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 71 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St George Syrian Orthodox

Clergyman Fr Paul Pomley (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 1625 Bedford Ave

Cause of Death Coronary Occlusion

Contributory Causes Anxiety

Certifying Physician Dr. Gilbert Lloyd (or Coroner)

His Address Medical Arts Bldg

Name of Father Elias Tony

His Birthplace Syria

Maiden Name of Mother Unknown

Her Birthplace Syria

Date of Funeral Nov 4 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Monessville Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1000	00
Casket	930	00
Burial Vault or Box	20	00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	5	00
Suit or Dress	26	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)		
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	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, $		
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)	20	10
EDW. J. McAVOY		
PAID		
Sales Tax		
Total Footing of Bill Nov 11 1955	1046	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		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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

8

RECORD OF FUNERAL

Total No. 2770 Yearly No. 60 Date of Entry Nov. 2 19 55

Name of Deceased William M. Nelton (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

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

Residence 1924 Fifth Ave

Charge to Mr. H. L. Swan

Address 200 Buchanon Place Pgh 22, Pa

Order given by Tel 5539 (or informant)

How Secured Mrs. Joseph Allen - Plumbers Local 27

If Veteran, Name of War .....

Occupation Retired Plasterer Plumber (Social Security Number)

Employer and Address .....

Date of Death Nov. 2 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 16 1869 Age 86 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Mr. Jack Marason (Address)

Religion of the Deceased Protestant

Birthplace Kittanning Pa.

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

Place of Death Mayview County Hospital

Cause of Death Carcinoma of Prostate

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Barclay Nelton

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Nov. 9 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Kittanning Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays) ..... $		
Casket Professional Services	400	00
Burial Vault or Box Outside Case (State Kind)	22	50
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dress Body, $ ..... Underwear, $	30	00
Suit or Dress Clothing (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	42	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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Mileage	43	00
.... line Death Notices in 2 Papers	9	50
(Name Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	559	00
Less ..... $		
Par Balance ..... $		

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

Miscellaneous .....

.....

FUNERAL DIRECTORS MCAVOY PAID Nov 27 1955

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Nov 27 55	By Payment	$ 459 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. 2771 Yearly No. 61 Date of Entry Nov. 12 1955

Name of Deceased Peter A. Damias 74

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

Residence 1733 Forbes Street ☐Husband ☐Wife ☐Widow } Phoebe Pomeland

Charge to Mrs. Phoebe Damias or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1733 Forbes St

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Waiter 209-10-8137 (Social Security Number)

Employer and Address .....

Date of Death Nov. 13 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 13 1886 Age 69-5-29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas Greek Church (Address)

Clergyman .....

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 Myocardial Infarction

Contributory Causes Arteriosclerosis Cerebral Hemorrhage

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father Andrew Damias

His Birthplace Greece

Maiden Name of Mother Georgia Jafaropoulos

Her Birthplace Greece

Date of Funeral Nov. 15 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Jefferson Memorial

Diagram of Lot or Vault

Lot No. 229.9

Grave No. 3

Section No. 34

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	815 —
Casket Superior Bronze		695 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)		
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		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, $ ..... 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		19 20
SS-OK (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	848 20
Less Dec 6 1955	$	
Balance	$	

EDW. J. McAVOY

Entered into Ledger, page ? or below.

Per .....

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Above Balance		$
	By Payment	$ 500 44	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Signed .....

10

RECORD OF FUNERAL

Total No. 2772 Yearly No. 62 Date of Entry Nov. 12 19 55

Name of Deceased Sister M. Bertrand - Stella A Gross - 24
(What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 3323 Fifth Ave ☐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 Teacher (Social Security Number)

Employer and Address

Date of Death Nov. 12 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 20 1902 Age 53-7-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace McKeesport Pa (or U. S. or City or County)

Resided in the State (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Carcinoma of Breast

Contributory Causes with extensive metastases

Certifying Physician Dr. Mary K. Kelly (or Coroner)

His Address Mercy Hospital

Name of Father Charles N. Gross

His Birthplace McKeesport Pa

Maiden Name of Mother Mary Schwentzer

Her Birthplace McKeesport Pa

Date of Funeral (Date) Nov. 14, 1955 (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Louises 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, $ ..... 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)		
Pallbearers		
Sales Tax		
Total Footing of Bill Nov 29, 1955	$	200 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. 2773 Yearly No. 63 Date of Entry Nov. 14 19 55

Name of Deceased Stellborn St. George (Female) 21
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 4075 Mount Royal Blvd. ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to John R. St. George

Address 4075 Mount Royal Blvd.

Order given by Allison Park Pa. (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Nov. 14. 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 1. 1855 (Mo.) (Day) (Yr.) Age Stellborn (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 Fatal Exythroblastosis

Contributory Causes

Certifying Physician Dr. B. O. Hanks (or Coroner)

His Address 510 Century Bldg

Name of Father John R. St. George

His Birthplace Virginia

Maiden Name of Mother Catherine L. Yates

Her Birthplace Pittsburgh Pa.

Date of Funeral Nov. 16. 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)	$	
Casket 4 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	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 (Name of Newspapers)		
Sales Tax		
Total Footing of Bill	$	45 00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

EDW. J. McAVOY
Paid 6.1956
Per JR

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

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

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

12

RECORD OF FUNERAL

Total No. 2774 Yearly No. 64 Date of Entry Nov 27 19 55

Name of Deceased Barbara A. Bane (What Race) 71

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 661 North Crest Drive Pk 26 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Rita Shahassan

Address 661 North Crest

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

How Secured ....

If Veteran, Name of War ....

Occupation Housewife (Social Security Number)

Employer and Address ....

Date of Death Nov 27 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 1885 Age 70 (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 Adhesive Pericarditis

Contributory Causes Emphysema, Pneumonitis

Certifying Physician John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father Thomas Gealbah

His Birthplace Ireland

Maiden Name of Mother Anna Stevens

Her Birthplace Ireland

Date of Funeral Dec 1 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. 665

Grave No. 1

Section No. 11

Block No. ....

Owner ....

Diagram of Lot or Vault

Miscellaneous ....

Complete Funeral (except outlays)	$	920 00
Casket 7 Professional Services		650 00
Burial Vault or Box (State Kind)		150 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)		
✓ 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		
11 line Death Notices in 6 Papers		26 40
EDW. J. MCAVOY (Name of Newspapers)		
Nov 3, 1956		
Sales Tax		
Total Footing of Bill	$	957 40
Less	$	
Per Balance	$	

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. 2775 Yearly No. 65 Date of Entry Dec 4 1955

Name of Deceased Louis J. Barry

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

Residence 86 Steuben St. (Rear)

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

Charge to Mrs Ida Barry

Address 86 Steuben St

~~Order given by~~ Mrs Ellen Brown (or informant)

How Secured 231 Ella St. Pgh 24 Pa

If Veteran, Name of War Mar 3-0980

Occupation Student (Social Security Number)

Employer and Address .....

Date of Death Dec 4 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13 1949 Age 6 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 Alleg. Gen. Hospital

Cause of Death Cerebral Contusion

Contributory Causes due to being struck by car

Certifying Physician Hm. D. McClelland (or Coroner)

His Address Coroner - Alleg. Co.

Name of Father Joseph Barry

His Birthplace .....

Maiden Name of Mother Ida ..... Brown

Her Birthplace Pittsburgh Pa.

Date of Funeral Dec 9 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. Rear 42

Grave No. 22

Section No. 8

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket P. U. Impressario Bronze	360	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)	12	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	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, $	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 ..... Papers	12	00
..... (Names of Newspapers)		
..... EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill 424.00 ..... $	500	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. Peineman, Long Beach, California

CALVARY CEMETERY

December 9 19 55

SINGLE INTERMENT

—NAME OF DECEASED—

Louis Barry

Grave 22 Row 42 Sec. 8

Amt ~~Paid~~ $ 35 00 James A. Dewlen
Supt.

No Away

(over)

RULES FOR SINGLE GRAVES

1. No raised monuments are permitted. Markers on single graves must be flush with the ground.

2. Planting of trees, shrubs, evergreens, bushes, or any perennial plants is not permitted.

3. Annual plants may be planted in front of the grave marker in a space 18 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, as well as any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND THE MOUNDING OF GRAVES, are not permitted.

6. Flush markers only permitted.

14

RECORD OF FUNERAL

Total No. 2776 Yearly No. 66 Date of Entry Dec. 11 1955

Name of Deceased Elizabeth Schneider Sr. M. Catherine Elizabeth 71
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 3333 Liptak Avenue ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address... 3333 Liptak Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death Dec. 10 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 27 1914 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at... Mount Mercy

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Clairton, Pa

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

Place of Death Mercy Hospital

Cause of Death Carcinoma of colon & metastases - Metastases to Peritoneum & Ovary

Contributory Causes .....

Certifying Physician Dr. Mary K. Holz (or Coroner)

His Address: Medical Arts Bldg

Name of Father Joseph A. Schneider

His Birthplace Philadelphia, Pa

Maiden Name of Mother Helen P. Hauck

Her Birthplace: Reading, Pa.

Date of Funeral Dec. 13 1955 M. (Date) (Day of Week) (Hour)

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 P. Independence 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		
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)		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	$	200 00
Less Dec 16 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. 2777 Yearly No. 67 Date of Entry Dec 14 1955

Name of Deceased Sr. M. Marcellus - Mary M. Walsh
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) at

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 Mother Margaret Mary (or informant)

How Secured Sr. M. Salvia

If Veteran, Name of War

Occupation Teacher (Social Security Number)

Employer and Address Sr Religion

Date of Death Dec 14 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 15 1890 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mt Mercy (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Marietta, Ohio

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

Place of Death 3333 Fifth Ave

Cause of Death Myocardial Infarction

Contributory Causes

Certifying Physician Dr Wm R Bailey Jr (or Coroner)

His Address Mercy Hospital

Name of Father John J. Walsh

His Birthplace England

Maiden Name of Mother Sarah A Kelly

Her Birthplace Marietta Ohio

Date of Funeral Dec 16 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt Nazareth Cemetery

Diagram of Lot or Vault

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

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 1 Professional 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		
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) EDW. J. MCAVOY		
Sales Tax		
Total Footing or Bill Dec 16 1955	$	200 00
Less	$	
Par 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

16

RECORD OF FUNERAL

Total No. 2778 Yearly No. 68 Date of Entry Dec. 22 1955

Name of Deceased Walter P. Roll (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 329 Natchez St. Pgh. 11 Pa ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to: Constance Roll

Address: 329 Natchez St.

Order given by Exr. 1.8.11 (or informant)

How Secured: :

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

Occupation Loader (Social Security Number)

Employer and Address Penna. Railroad

Date of Death Dec. 22 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 6 1910 (Mo.) (Day) (Yr.) Age 45 (Yrs.) 9 (Mos.) 11 (Days)

Services at St. Peters Church

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 D.O.A. Allg. Gen. Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner Allg. Co.

Name of Father Jesse Roll

His Birthplace

Maiden Name of Mother Mary Connelly

Her Birthplace:

Date of Funeral Dec. 26 1955 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary (Sechler Plot)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Rec'd $300.00 in full payment - 12/14/55

McComb + Wolf Trustee Acct 817 Park Bldg

Complete Funeral (except outlays)	$	
Casket. Professional Service		490 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $ 5		5 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)		
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, $		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) MAHOY FUNERAL HOME PAID Dec 4 1958		20 00
Sales Tax		
Total Footing of Bill	$	597 50
Less V.A. PER	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Mar 14 '56	By Payment Allg Co.	$ 75 00	$		By Payment	$	$
Mar 17 '56	Mah - V A	$ 150 00	$ 372 50		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Signed

Witness ... Address

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

Alley Co. Commission

Lay out	25.00
Emb	35.00
Hearse	20.00
Car	15.00
Casket	372.50
Adv	20.00
Incidentals	110.00
	597.50

Note.
Add 2 Cert Copies
& $5 Com Charge to
Roll Acct.

Add $50 for Cemetery on
Roll Funeral
Add $2 Cert Copies
1 Veta
1 Alley Co.

Overtime Xmas day

RECORD OF FUNERAL

Total No. 2779 Yearly No. 69 Date of Entry Dec. 28 19 55

Name of Deceased William J. Laughrey (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1806 Cliff St ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to 1833 Hyde Ave.

Address .....

Order given by Sr. Paul Bassompierre (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Retired - Assoc. J. Wright & Mevay (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Dec. 22 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 4 1876 Age 79-5-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigades 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 Third Degree Burns

Contributory Causes Due to Red Clothing Catching Fire

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner Allg. Co.

Name of Father Thomas B. Laughrey

His Birthplace .....

Maiden Name of Mother Bridget O'Connor

Her Birthplace .....

Date of Funeral Dec. 31 1955 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery St Marys

Diagram of Lot or Vault

Lot No. 446

Grave No. .....

Section No. O

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		275 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 to ST. MARYS		15 00
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 Ann Anne		70 00
Cremation Cemetery Charges		
Flowers, $ ..... 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		8 00
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Dec 31, 1955	$	434 00
Less	$	
Balance	$	

PAID

John P McAvoy

Entered in Ledger, page ..... for 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 .....

Printed by W. W. Reineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2780 Yearly No. 1 Date of Entry Jan 3 1936

Name of Deceased John V. Samide Jr.

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

Residence 3333 Fifth Ave. ☐Husband ☐Wife ☐Widow or ____ of } Edna Age of Husband or Wife (if living) ____ Years

Charge to

Address

Order given by Mrs. Joseph Blake (or informant)

How Secured 3045 Churchview Ave. 37

If Veteran, Name of War Nw 1-3883

Occupation Janitor 211-01-25.15 (Social Security Number)

Employer and Address St. Marys Academy

Date of Death Jan. 3. 1936 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 19. 1902 Age 53-9-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Penna

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

Place of Death Mercy Hospital

Cause of Death Acute Coronary Occlusion

Contributory Causes

Certifying Physician Dr. Wm. P. Bailey (or Coroner)

His Address Mercy Hospital

Name of Father Joseph Samide

His Birthplace Italy

Maiden Name of Mother Josephine Krueger

Her Birthplace

Date of Funeral Jan. 7. 1936 (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. 236

Grave No. 4

Section No. N

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket P. Professional Service	650	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, $	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
Sales Tax		
Total Footing of Bill	$ 818	00
Less	$	
Balance	$	

Paid 1-15-36

Entered into Ledger, page ____ or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
5/25/4	By Payment Peter Bank & Trust Co.	$ 700	$ 118 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. 2721 Yearly No. 2 Date of Entry Jan 3 19 56

Name of Deceased Anna Dillon (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1107 Lackroy St ☐Husband ☐Wife ☐Widow of James Age of Husband or Wife (if living) ..... Years

Charge to Estate - Potter

Address .....

Order given by Edward Dillon (or informant)

How Secured 736 Herring St Pgh. 27 Pa.

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Jan 3 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 86 yrs (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 Mayview State Hospital

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease

.....

Certifying Physician H. C. Wagenseller (or Coroner)

His Address Mayview, Pa.

Name of Father Edward Reilly

His Birthplace Ireland

Maiden Name of Mother Anna Dawes

Her Birthplace Ireland

Date of Funeral Jan 7 1956 (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. 12

Grave No. 44

Section No. 14

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays) ..... $		
Casket Y Professional Bronze	400	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 -	26	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)		
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, $	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	8	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	591	00
Less ..... $		
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		$
	" "	$	$		" "		$
	" "	$	$		" "		$
	" "	$	$		" "		$
	" "	$	$		" "	$	$

EDW. J. McAVOY
Jan 24 1956
Per Mail

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

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

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

Signed .....

Witness .....

Address ..... Long Beach, California

RECORD OF FUNERAL

Total No. 2782 Yearly No. 3 Date of Entry Jan 19 19 56

Name of Deceased William P. Egan Jr.

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

Residence 322 S. Highland Ave. ☐Husband ☐Wife ☐Widow or ..... of Helen M. Teal

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

Charge to .....

Address .....

Order given by Mrs. Donald Stacy (or informant)

How Secured 512 S. Mallard Ave-24-

If Veteran, Name of War 24 31 #1

Occupation Custodian 190-07-2381 (Social Security Number)

Employer and Address Club

Date of Death Jan 19 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 16 1899 Age 56-2-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace New York City

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

Place of Death St. Francis Hospital

Cause of Death Exsanguination, hemorrhage

Contributory Causes Multiple ulcerations G. I. Stomach, fatty metamorphosis of liver

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

His Address St. Francis Hospital

Name of Father William P. Egan

His Birthplace .....

Maiden Name of Mother Catherine Darby

Her Birthplace Jersey 14 1956

Date of Funeral ..... 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 .....

Wm P. Egan Jr. 5801 Stanton Ave

Pgh 6 Pa.

Complete Funeral (except outlays)	$	545 00
Casket Professional Bronze		440 00
Burial Vault or Box		65 00
Embalming Body (State Kind)		
(Name of Embalmer) Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		3 00
Suit or Dress		15 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)		
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		
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 6 Papers		21 60
(Names of Newspapers)		
$5 OK Paid A.C. EDW. J. McAVO		
Sales Tax ?		
Total Footing of Bill	$	543 60
Less VA - County Feb 15 1956	$	
Balance Due	$	

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	$	$
Mar 6 56	" Bank	$ 150 00	$		" "	$	$
Mar 17 56	" County	$ 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. 2783 Yearly No. 4 Date of Entry Jan. 12 1956

Name of Deceased Henry Fred Kober (What Race) A

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4509 Holland St. Versailles Pa ☐Husband ☐Wife ☐Widow } Marie McCarthy

Charge to Mrs. Marie Kober or ____ of Age of Husband or Wife (if living) ____ Years

Address 4509 Holland St. - OR. 8 1141

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Tavern Proprietor 160-24-4772 (Social Security Number)

Employer and Address ____

Date of Death Jan. 12 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 12 1883 Age 73 - 0 - 18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Wm. Zandel (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 McKeesport Hospital

Cause of Death Cirrhosis of Liver

Contributory Causes Chronic Alcoholism

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

His Address McKeesport Pa.

Name of Father William Kober

His Birthplace ____

Maiden Name of Mother Rose Paul

Her Birthplace ____

Date of Funeral Jan. 16 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } Oakland Cemetery

KOBER—On Thursday, Jan. 12, 1956, G. Fred, of 4509 Walnut St., Versailles Boro, husband of Marie McCarthy; stepfather of Mrs. Jane Carney, Mrs. Virginia Hoy, William and Edward Singer; brother of Mrs. Ann Oehsenhirt, Mrs. Catherine Niehaus, Mrs. Emma Kimbler and William Kober. Funeral services at the McAvoy Funeral Home, 1700 Forbes St., on Monday at 2 o'clock. Friends... on

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	1113	50
Casket Professional Service	915	00
Burial Vault or Box (State Kind)	100	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)		
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, $	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 2 Papers	23	50
Daily News 5.50 (Names of Newspapers)		
Sales Tax		
Total Footing to Jan. 19 1956	1160	50
Less		
Balance		

EDW. J. McCARTHY

Per ____

Entered into Ledger, page ____ or below.

Miscellaneous ____

Date		Amount Paid	Balance
	To Above Balance		
Jan. 6, 1956	By Payment	$468 35	$697 15
	" "	$255	$437 15
	" "	$390 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. Peierman, Long Beach, California

22

RECORD OF FUNERAL

Total No. 2784 Yearly No. 5 Date of Entry Jan 31 19 56

Name of Deceased Martin Joyce (What Race)

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

Residence 1015 Locust St.

Charge to Mrs. Mary Joyce

Address 1015 Locust St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Policeman (Social Security Number)

Employer and Address .....

Date of Death Jan 26 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 6 1892 Age 63 (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 V.A.H. Leach Farm Road

Cause of Death Bilateral Lobar Pneumonia

Contributory Causes Paralysis Agitans

.....

Certifying Physician Dr. Edward H. Hall (or Coroner)

His Address V.A.H. Leach Farm Road

Name of Father Coleman Joyce

His Birthplace Ireland

Maiden Name of Mother Nora Gannon

Her Birthplace Ireland

Date of Funeral Jan 25 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery Calvary

Lot No. 7

Grave No. 2

Section No. I

Block No. 1

Owner .....

Mr. .....



Complete Funeral (except outlays) $		986 00
Casket Professional Services		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)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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, $		
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		
45 line Death Notices in 6 Papers (Names of Newspapers)		36 00
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill $		1026 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		$
1-26-56	By Payment	$ 735 00	$ 150 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. 2785 Yearly No. 6 Date of Entry Jan 20 1956

Name of Deceased Anne O'Brien (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 50 Congress St.

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

Charge to Estate of Anne O'Brien

Address H. Joseph Schmitt Exec.

Order given by 528 Mill Ave - Pittsburgh Pa. (or informant)

How Secured Attorney Thomas H. Reis - 304 Ross St.

If Veteran, Name of War .....

Occupation Retired Domestic 190-10-0844-A (Social Security Number)

Employer and Address .....

Date of Death Jan 20 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 23 1879 Age 76 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Mary of Mercy

Clergyman Fr Lemieux (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 Myocardial Infarction

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. Wm. R. Bailey Jr. (or Coroner)

His Address Mercy Hospital

Name of Father Jeremiah O'Brien

His Birthplace .....

Maiden Name of Mother Catherine Murphy

Her Birthplace .....

Date of Funeral Jan 23 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery Pgh

Lot No. 1

Grave No. 16

Section No. 14

Block No. .....

Owner .....

Miscellaneous .....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 991	00
Casket ? Professional Invoice	810	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)	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)		
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	70	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, $	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		
7 line Death Notices in 2 Papers	5	60
50 Rem Cards (Names of Deceased) EDW. J. McAVOY	2	50
Sales Tax ? Mar 5, 1956		
Total Footing of Bill	$ 1031	10
Less ..... Per	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

O'BRIEN—On Friday, Jan. 20, 1956, Anne O'Brien, formerly of Edgeworth, Pa. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Monday morning at 9:30. Requiem high mass at St. Mary of Mercy Church at 10 o'clock.

O'DONNELL—On Saturday, 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 .....

24

RECORD OF FUNERAL

Total No. 2786 Yearly No. 7 Date of Entry Jan. 21 19 56

Name of Deceased Thomas C. Rooney (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 904 Cedar Ave.

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

Charge to Miss Mary Rooney

Address 1613 Bigelow Apts

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

How Secured .....

If Veteran, Name of War .....

Occupation Salesman - 189-12-1852 (Social Security Number)

Employer and Address Hale Sewing Machine

Date of Death Jan. 26 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 27 1900 Age 55-8-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Mc Donald, Pa

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

Place of Death V.A. Hospital Univ. Drive

Cause of Death Broncho Pneumonia

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Patrick J. Rooney

His Birthplace .....

Maiden Name of Mother Ellen Hornby

Her Birthplace .....

Date of Funeral Jan. 25 1956 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cathedral Plot

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	605 00
Casket Professional Service		515 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)		15 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		
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		
7 line Death Notices in 4 Papers (Names of Newspapers)		11 20
EDW. J. McAVOY		
65.04		
Sales Tax		
Total Footing of Bill	$	624 20
Less Cash Received Jan 21 1956	$	
Cash Refunded Per	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
Jan. 13, 1956	By Payment	$ 380 00	$
Mar 15 56	" Grave	$ 150 00	$
Nov 17 56	" "	$ 75 00	$
	" "	$ [illegible]	$
	" "	$	$

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. 2787 Yearly No. 8 Date of Entry Jan 23 19 56

Name of Deceased Charles H. Griffith Sr. (What Race) H.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1611 Edna St. ☐Husband ☐Wife ☐Widow of Emma Reed Reed

Charge to Mrs Emma Griffith Age of Husband or Wife (if living) Years

Address 1611 Edna St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Truck driver 211-07-0970 (Social Security Number)

Employer and Address

Date of Death Jan 23 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 16 1898 Age 57-11-0 (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 1611 Edna St.

Cause of Death Coronary Myocardiitis

Contributory Causes

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

His Address

Name of Father Charles Griffith

His Birthplace

Maiden Name of Mother Sally Haney

Her Birthplace

Date of Funeral Jan 27 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Row 25

Lot No. 6

Grave No. 22

Section No.

Block No.

Owner

Church at ... on Tuesday, Jan.

GRIFFITH—Suddenly, on Monday, Jan. 23, 1956, Charles H., Sr., husband of Erma Reed; father of Mrs. Ruth Ward, Mrs. Erma Jean Penfield, Mrs. Raymond Falk, Mrs. Mildred Hozack, Shirley, Charles H., Jr., and James Griffith; brother of James C. Griffith. Funeral from the McAvoy Funeral Home, 1700 Forbes St., on Friday morning at 8:30. Requiem high mass at the Church of the Epiphany at 9 o'clock.

GRIFFITH—On Tuesday, Jan.

Complete Funeral (except outlays) $	255	00
Casket 1 Professional Bronze	620	00
Burial Vault or Box A Plain (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	135	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, $	15	00
Railroad / Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
43 line Death Notices in 4 Papers (Name of Newspapers)	31	20
EDW. J. McAVOY		
55-CK		
Sales Tax		
Total Footing of Bill Jan 31 1956 $	885	20
Less $		
Per 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

Address

CALVARY CEMETERY

January 27 19 56

SINGLE INTERMENT

—NAME OF DECEASED—

Charles H Griffith Sr

Grave 6 Row 25 Sec. 28

Paid $ 135.00 James A. Deehan
Supt.

Dye McAvoy #6 case

(over)

RULES FOR SINGLE GRAVES

1. No raised monuments are permitted. Markers on single graves must be flush with the ground.

2. Planting of trees, shrubs, evergreens, bushes, or any perennial plants is not permitted.

3. Annual plants may be planted in front of the grave marker in a space 18 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, as well as any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND THE MOUNDING OF GRAVES, are not permitted.

6. Flush markers only permitted.

RECORD OF FUNERAL

Total No. 2788 Yearly No. 9 Date of Entry Feb. 1 19 56

Name of Deceased John C. Bauer (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 130 Cohasset St. Pgh. 11 Pa. ☐Husband ☐Wife ☐Widow of Anne Feeney

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

Charge to: Mrs Anne Feeney Bauer

Address: 130 Cohasset St.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired 210-05-6372A (Social Security Number)

Employer and Address Tire Shop owner

Date of Death Feb 1, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 13 1887 Age 68-1-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Heiser

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 130 Cohasset St.

Cause of Death Coronary Thrombosis

Contributory Causes Artery sclerotic heart disease, Diabetes Mellitus

Certifying Physician Dr Jonas R. Conley (or Coroner)

His Address: 239 Grandview Ave

Name of Father Conrad Bauer

His Birthplace .....

Maiden Name of Mother Catherine Kerchoff

Her Birthplace .....

Date of Funeral Feb 6 1956 (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)	$	810 —
Casket 4 Professional Bronze		645 00
Burial Vault or Box C.P. Cover (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		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, $		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		
11 line Death Notices in 4 Papers (Names of Newspapers)		26 40
Sales Tax		
Total Footing of Bill Mar 8/1956	$	843 40
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		$
Mar 4 56	By Payment	$ 691 87	$ 152 13		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2779 Yearly No. 10 Date of Entry Feb. 9 1956

Name of Deceased Nellie Walsh

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

Residence 1013 Epiphany St ☐Husband ☐Wife ☐Widow } Charles Walsh

Charge to Est. of Nellie Walsh or ..... of } Age of Husband or Wife (if living) ..... Years

Address Thomas Mulvaney - Atty

Order given by Mrs Bonna (or informant)

How Secured

If Veteran, Name of War

Occupation Domestic (Social Security Number)

Employer and Address

Date of Death Feb. 9 1956 (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 1013 Epiphany St.

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Wm. P. McClellan (or Coroner)

His Address Corner Alley Co.

Name of Father Edward McCann

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Feb. 13 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

WALSH—On Thursday, Feb. 9, 1956, Nellie McCann, wife of the late Charles Walsh; sister of Mrs. Mary McNamara and Mrs. Eliza Cleary. Friends received at the McAvoy Funeral Home, 1700 Fulton St., after 12 noon Sunday. Requiem high mass at Church of the Epiphany on Monday, at 9 o'clock.

Diagram of Lot or Vault

Sec 25

Lot No. 25

Grave No. 8

Section No. 25-28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket	795
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 Plastic Pouch (State Kind and Color)	10 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, $	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 / 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	20 00
(Names of Newspapers)	
Sales Tax Mar 7 1956	
Total Footing of Bill	$ 980 00
Less	$
Par ..... 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

28

RECORD OF FUNERAL

Total No. 2780 Yearly No. 11 Date of Entry Feb. 10 1956

Name of Deceased Catherine E. MacKenzie (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1533 Bellinger St

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

Charge to: John F. Evans

Address: 154 Lucerne Ave. Pgh. 12 Pa.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb. 10 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 6 1886 (Mo.) (Day) (Yr.) Age 69 yrs (Yrs.) (Mos.) (Days)

Services at St. Mary's Church

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 1633 Bellinger St

Cause of Death Carcinoma of breast

Contributory Causes uremia metastases

.....

Certifying Physician Dr. Marvin Hankin (or Coroner)

His Address: 824 Brookline Blvd

Name of Father Thomas Moran

His Birthplace .....

Maiden Name of Mother Bridgit Carney

Her Birthplace .....

Date of Funeral Sat. 12 (Date) 19 56 (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } St Anne Cemetery

MACKENZIE—On Friday, Feb. 10, 1956, Catherine E. Moran, beloved wife of Bellinger St. residence of John F. Evans and Mrs. Mary E. Jones, also survived by six grandchildren and three great-granddaughters. Funeral from the McAvoy Funeral Home, 1633 Bellinger St. Monday morning at 8:15. Requiem mass at 9 o'clock. Interment Holy Sepulchre Cemetery. Cards suggested.

Diagram of Lot or Vault

Row ~~Lot~~ No. 1

Grave No. 6

Section No. B

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	450
Casket ... Professional Services		685 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		4 00
Suit or Dress (State Kind and Color)		26 25
Slippers, $ ..... Hose, $		4 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)		
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, $ ..... 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 5 Papers		24 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	876 75
Less	$	
Balance	$	

EDW. J. McAVOY
Nov 23 1938
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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 2781 Yearly No. 12 Date of Entry Feb. 13 19 56

Name of Deceased Sr. M. Eleanor - Rose Marie Keane (What Race) St

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

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 Feb 13 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 4 1878 (Mo.) (Day) (Yr.) Age 77 yrs. (Yrs.) (Mos.) (Days)

Services at 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 Arteriosclerotic

Contributory Causes heart disease

.....

Certifying Physician ..... (or Coroner)

His Address Mercy Hospital

Name of Father Timothy J. Keane

His Birthplace Dublin

Maiden Name of Mother Anna E. Daly

Her Birthplace Dublin

Date of Funeral Feb 16 1956 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Vincents Latrobe Pa.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket 4 Complete 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 C. A. V. Papers ..... (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	200	00
Less ..... Per ..... $		
Balance ..... $		

EDWARD J. KAVANAUGH FUNERAL DIRECTOR PAID Nov. 14, 1956

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. 2782 Yearly No. 13 Date of Entry Feb. 12 19 56

Name of Deceased Anna Belle Deaver Jr.

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

Residence: 738 Pacific Ave - Long Beach Calif ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs Grace Hanbin

Address: 44 21 Clark Ave - Cleve Ohio

Order given by: Hoodline - Mr. 19127 (or informant)

How Secured:

If Veteran, Name of War

Occupation: Housekeeper (Social Security Number)

Employer and Address

Date of Death: Feb. 12. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Aug. 25. 1875 (Mo.) (Day) (Yr.) Age 80 yrs (Yrs.) (Mos.) (Days)

Services at: Church

Clergyman: Rev. John Heiser (Address)

Religion of the Deceased: Protestant

Birthplace: Chicago Illinois

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

Place of Death: 738 Pacific Ave. L.B. Calif

Cause of Death: Arteriosclerotic Heart

Contributory Causes: Disease

Certifying Physician: Dr. Paul A. Ford (or Coroner)

His Address: 1144 Locust Ave - L.B. Calif

Name of Father: William Johnston

His Birthplace: Scotland

Maiden Name of Mother: Elyabeth McCharon

Her Birthplace: Ireland

Date of Funeral: Feb. 17. 1956 (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. 74

Grave No. 4

Section No. 2

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		
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, $ 12 ..... Ambulance, $	12	50
Limousines to Cemetery ..... @ $	15	00
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Airport	20	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, $ 7 .... Palms, $ .... Matting, $	10	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 7 .... Singers, $ .... Organist, $	10	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges	5	95
Cash Advanced Chapel Rental	50	00
Out of town Funeral Director's Charges	100	00
Personal Service Assistance		
line Death Notices in ..... Papers		
EDW. J. MCAVOY (Names of Newspapers)		
Sales Tax 3 Mar. 20. 1956		
Total Footing of Bill	$	459 45
Less Per	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Feb. 12 56	By Payment	$ 380 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. 2783 Yearly No. 14 Date of Entry Feb. 20 1956

Name of Deceased Harry Bilaski (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1712 Locust Street

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

Charge to Peter Daniels

Address 57 Muhlenberger St

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

How Secured .....

If Veteran, Name of War .....

Occupation Barber 167-05-5616 (Social Security Number)

Employer and Address .....

Date of Death Feb 20 1956 (Mo.) (Day) (Yr.) (Hour)

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

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Russian Orthodox

Birthplace Poland

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

Place of Death 1712 Locust St

Cause of Death Lobar Pneumonia

Contributory Causes .....

.....

Certifying Physician Dr. Caven (or Coroner)

His Address 2127 Fifth Ave

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Feb 23 1956 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Whitehall - Soldiers Plot

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ... Professional Home	420	00
Burial Vault or Box A Plain (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, $		
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)		
PAID June 26, 1956		
Sales Tax		
Total Footing of Bill ..... $	490	00
Less ..... $		
Per ..... Balance ..... $		

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 265 00	$ 75 00
	V.A.	$ 150 00	$ 75 00
	" "	$ 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 .....

Printed by W. W. Reisman, Long Beach, California

RECORD OF FUNERAL

Total No. 2784 Yearly No. 15 Date of Entry Feb 26 19 56

Name of Deceased Infant Dalton (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 7018 Baptist Rd (36)

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

Charge to: John Dalton

Address 7018 Baptist Rd

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Feb 26 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 17 1956 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 Mercy Hospital

Cause of Death Prematurity

Contributory Causes .....

.....

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

His Address: Mercy Hospital

Name of Father John Dalton

His Birthplace .....

Maiden Name of Mother Barbara Goddard

Her Birthplace .....

Date of Funeral Feb 27 1956 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 Spencer	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	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	$	50 00
Less	$	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

RECORD OF FUNERAL

Total No. 2785 Yearly No. 16 Date of Entry Mar 2 19 56

Name of Deceased Ralph A. Phillips - Filippelli (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 313 Rebecca Ave - Pgh 21 Pa

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

Charge to Mrs. Angela Filippelli

Address 313 Rebecca Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Electric Welder - 172-12-8762 (Social Security Number)

Employer and Address .....

Date of Death Mar 2 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 23 1918 Age 37 - 5 - 9 (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'l Hospital

Cause of Death Aortic Valvular Stenosis

Contributory Causes .....

.....

Certifying Physician Dr. Edward M. Kenk (or Coroner)

His Address Allegheny Gen'l Hospital

Name of Father Catello Filippelli

His Birthplace .....

Maiden Name of Mother Angela Broglio

Her Birthplace .....

Date of Funeral Mar 6 1956 (Date) ..... (Day of Week) ..... M. (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery } Calvary
Crematory }

PHILLIPS (Filippelli) Ralph A. March 2, 1956. Ralph A., son of Angelo Broglio and the late Catello Filippelli, 313 Rebecca Ave. Beloved husband of Angela (nee Broglio) Phillips. Father of Carolyn Phillips. Funeral from the Kearney Funeral Home, 1709 Forbes Ave. Tuesday morning at 9:00 o'clock. Requiem Mass at the Church of the Epiphany at 10 o'clock. Friends may call Monday from 2 to 4 and 7 to 9 P.M.

Diagram of Lot or Vault

Lot No. 506

Grave No. 11

Section No. 20

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$ 1520	
Casket 7 Professional Services	1120	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	$ 125	00
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $	25	00
Opening of Grave or Tomb. X deep	95	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 Services		
10 line Death Notices in 4 Papers (Name of Newspapers)	24	00
Per Romano Gallucci 5-30-56	95	00
Sales Tax		
Total Footing of Bill	$ 1580	00
Less	$	
Balance	$	

EDW. J. McAVOY
Funeral Director
Mar 31 1956

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. Feinemas, Long Beach, California

34

RECORD OF FUNERAL

Total No. 2786 Yearly No. 17 Date of Entry Mar. 5 19 56

Name of Deceased Ann Tracy Moses (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1520 Bellaire Place (36) ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to Mr. Elias D. Moses

Address 1520 Bellaire Place

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation None (Social Security Number)

Employer and Address ...

Date of Death Mar. 5. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 26, 1956 Age 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 Mercy Hospital

Cause of Death Acute Broncho Pneumonia

Contributory Causes Left Lung

Certifying Physician Dr. R. G. D. Gillis (or Coroner)

His Address Medical Arts Building

Name of Father Elias D. Moses

His Birthplace ...

Maiden Name of Mother Anna Maria Mancini

Her Birthplace ...

Date of Funeral Mar 6, 1956 (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. ...

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Miscellaneous ...

Complete Funeral (except outlays)	$
Casket 1 Professional Service	50 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 / 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	
Billed 3/6/56 (Name of Newspaper) EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill Mar 9 1956	$ 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. 2787 Yearly No. 18 Date of Entry Mar. 6 1956

Name of Deceased Patrick J. Muldoon (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1208 Fifth Avenue ☐Husband ☐Wife ☐Widow } Jennie Beeler

Charge to Mrs. Mary Bolton Bolton or ..... of Age of Husband or Wife (if living) ..... Years

Address 2211 Milford Drive (34)

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

How Secured .....

If Veteran, Name of War .....

Occupation Guard (Retired) 167-07-6385 (Social Security Number)

Employer and Address Brinks Express

Date of Death Mar. 6 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 22 1882 Age 73-7-14 (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 1208 Fifth Avenue

Cause of Death Natural Causes

Contributory Causes .....

.....

Certifying Physician Hm. D. McClelland (or Coroner)

His Address Coroner - Alley Co.

Name of Father Peter Muldoon

His Birthplace .....

Maiden Name of Mother Annie Doyle

Her Birthplace .....

Date of Funeral Mar. 9 1956 (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)	$	450 00
Casket Professional Bearers		510 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		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		
7 line Death Notices in 4 Papers		11 20
EDW. J. McAVOY (Names of Newspapers)		
Sales Tax Mar 27 1956		
Total Footing of Bill	$	674 20
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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2788 Yearly No. 19 Date of Entry Mar. 9 1956

Name of Deceased Bernard J. McDonald Jr. (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence R.D. #3 Big Sewickley Creek Rd. Beaver Co. ☐Husband ☐Wife ☐Widow of } Elizabeth Purcell Age of Husband or Wife (if living) Years

Charge to Bernard J. McDonald

Address 5322 Baptist Rd. Ext. 36 Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer 210-07-7850 (Social Security Number)

Employer and Address

Date of Death Mar. 9. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1890 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Ursula's Church Chalfant (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Shamokin Pa.

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

Place of Death R.D. #3 Big Sewickley Creek Rd.

Cause of Death Coronary Occlusion

Contributory Causes Atherosclerosis

Certifying Physician Dr. R.H. Camp (or Coroner)

His Address Chief Deputy Coroner Beaver Co.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Mar. 14. 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary



Lot No. 590

Grave No. 11

Section No. 40 A.P.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1129	00
Casket. Professional Service	690	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	3	00
Suit or Dress (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 Ambridge	20	00
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	250	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, $		
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
EDW. J. McAVOY (Name of Newspaper)		
O.K.		
Sales Tax Paid Apr 27 1956		
Total Footing of Bill	1173	00
Less Paid Thru Billed		
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. 2789 Yearly No. 20 Date of Entry Mar 24 1956

Name of Deceased Rose E. Kellington (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2001 Blvd of the Allies

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

Charge to Edward J. Kellington

Address 2001 Blvd of the Allies

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Mar. 24. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 5 1925 Age 10-10-19 (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 Childrens Hospital

Cause of Death Pneumococcal Meningitis

Contributory Causes .....

.....

Certifying Physician Dr. Marbel Mc Kelvey (or Coroner)

His Address Childrens Hospital

Name of Father Edward J Kellington

His Birthplace Pittsburgh Pa

Maiden Name of Mother Elnor Fitzpatrick

Her Birthplace Pittsburgh Pa.

Date of Funeral Mon 26 1956 (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 Service	205	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	Paid	
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		
10 line Death Notices in 4 Papers	16	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	237	00
Less ..... $		
Balance ..... $		

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

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	.....	$	.....	To Balance Forward	.....	$ .....
Apr 26 1956	By Payment	$ 215 00	$ 22 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. 3790 Yearly No. 21 Date of Entry Mar. 29 19 56

Name of Deceased Sr. M. Monica - Anna Mary Harley (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence St. Xaviers Academy - Tabor Pa. ☐ 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 - St. Aloysius (Social Security Number)

Employer and Address .....

Date of Death Mar. 29 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 3 1876 Age 80 - 2 - 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mt. Mercy Motherhouse

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Penna - Pittsburgh

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

Place of Death Mercy Hospital

Cause of Death Nephritis, Arteriosclerosis

Contributory Causes Fracture of left hip, due to fall to floor

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father George Harley

His Birthplace Scotland

Maiden Name of Mother Ellen Moran

Her Birthplace England

Date of Funeral Mar. 31 1956 (Date) ..... (Day of Week) ..... (Hour) M.

Motor / Ship Remains to .....

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

Manufactured by .....

Cemetery / Crematory Mt. Xaviers Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

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 ..... (Names of Newspapers)		
Sales Tax		
Total Footings of Bill	$	200 00
Less	$	
Balance	$	

EDW. J. McGARVEY
P. A.
Apr 23, 1956

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. 2791 Yearly No. 22 Date of Entry April 6 1956

Name of Deceased Cora M. Allen (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1215 Locust St

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

Charge to Mrs. Edna Whitehead

Address 1215 Locust St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death Apr. 6. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 11. 1877 Age 78 - 7 - 25 (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 1215 Locust St

Cause of Death Coronary Arteris Sclerosis

Contributory Causes Arteris Sclerotic Hypertension

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

His Address 2016 Fifth Ave

Name of Father Calvin Hard

His Birthplace .....

Maiden Name of Mother Agnes Greer

Her Birthplace .....

Date of Funeral Apr. 9. 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Chestnut Ridge Cemetery

Lot No. 30

Grave No. 3

Section No. 3

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays) $	1100	00
Casket Professional Service	930	00
Burial Vault or Box	65	00
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ ✓	5	00
Suit or Dress ✓	29	75
(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 Cemetery	10	00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District)		
2 Certif. Copies of Death Certificates No.	2	00
(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, $	10	30
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 4 Papers	12	00
(Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Apr. 6. 1956 $	1149	85
Less $		
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 .....

40

RECORD OF FUNERAL

Total No. 2792 Yearly No. 23 Date of Entry April 8 19 56

Name of Deceased Anna J. Scheirer

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

Residence 1611 Blvd of Allies

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

Charge to Samuel J. Scheirer

Address 1611 Blvd of Allies

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

How Secured .....

If Veteran, Name of War .....

Occupation Proprietress Rooming House (Social Security Number)

Employer and Address .....

Date of Death Apr. 8, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 23, 1888 Age 67 : 3 : 15 (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 Montefiore Hospital

Cause of Death Congestive Heart Failure

Contributory Causes Myocardial Infarction

.....

Certifying Physician Dr. R. L. Levy (or Coroner)

His Address Montefiore Hospital

Name of Father John Langan

His Birthplace .....

Maiden Name of Mother Jennie Reilly

Her Birthplace .....

Date of Funeral April 11, 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket .....

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

Cemetery Crematory } St. Marys Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	940	00
Casket 1 Professional Bronze	760	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)	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	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		
11 line Death Notices in 4 Papers (Name of Newspapers)	17	60
Sales Tax		
Total Footing of Bill $	974	60
Less $		
Per ..... Balance $		

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

Miscellaneous .....

EDW. McAVOY PAID Apr 26, 1956

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2793 Yearly No. 24 Date of Entry Apr. 16 19 56

Name of Deceased Mary Egan 71
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1805 Blvd of allies ☐Husband ☐Wife ☐Widow of Patrick J.

Charge to Mrs. Mary Sheehan Age of Husband or Wife (if living) Years

Address 1805 Blvd of Allies

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutus (Social Security Number)

Employer and Address

Date of Death Apr. 16, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 19 1879 Age 76 11 27 (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 1805 Blvd of Allies

Cause of Death Paralysis Agitans

Contributory Causes Arteria sclerosis

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

His Address

Name of Father John Barry

His Birthplace Ireland

Maiden Name of Mother Bridget Fitzgerald

Her Birthplace Ireland

Date of Funeral Apr. 19. 1956 (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. Row 12

Grave No. 30

Section No. 14

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 949	00
Casket	710	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)	26	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		
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	70	00
Cremation		
Flowers, $ 4 ... Palms, $ ... Matting, $	51	50
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 ... 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		
14 line Death Notices in 5 Papers (Names of Newspapers) EDW. J. McAVOY	28	00
Sales Tax 3 mos. 3%		
Total Footing of Bill	$ 984	75
Less Per John P. McAvoy	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 756 71	$ 228 1934
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 W. W. Reisman, Long Beach, California

RECORD OF FUNERAL

Total No. 2794 Yearly No. 25 Date of Entry Apr. 16 19 56

Name of Deceased William Hotinsky 71
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1850 Parker Street ☐Husband ☐Wife ☐Widow } Eleanor Cassie
or of
Age of Husband or Wife (if living) Years

Charge to Mrs. Eleanor Hotinsky

Address 113 East St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Truck Driver 181-12-8698 (Social Security Number)

Employer and Address

Date of Death Apr. 16, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 21, 1914 Age 99 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman

Religion of the Deceased Russian Orthodox (Address)

Birthplace Pittsburgh Pa.

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

Place of Death Hohesmans, Ohio

Cause of Death Asphyxia due to flames

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Michael Hotinsky

His Birthplace

Maiden Name of Mother Agnes St Leonik

Her Birthplace

Date of Funeral Apr. 19, 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Alexandria Cemetery

Diagram of Lot or Vault

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

Miscellaneous

Gerber Funeral Home - Hohesmans Ohio
Tele. - 4881

Complete Funeral (except outlays)	$ 1880 —
Casket Professional Bronze	1565 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)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from Hohesmans Ohio	88 95
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)	2 50
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	60 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	77 25
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	
8 line Death Notices in 4 Papers	14 40
5505 EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill Apr 19 1956	$ 1958 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. 2795 Yearly No. 26 Date of Entry Apr 27 1956

Name of Deceased Frank L. Monks (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 303 Lawnwood Ave - (27) ☐Husband ☐Wife ☐Widow or ..... of Frances Burns Age of Husband or Wife (if living) ..... Years

Charge to Mrs Frances Monks

Address 303 Lawnwood Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Supervisor - Garage (Social Security Number)

Employer and Address U S Mail

Date of Death Apr 7 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 7 1893 (Mo.) (Day) (Yr.) Age 63 - 1 - 10 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev John Heiser (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 Shadyside Hospital

Cause of Death Gastric Intestinal Hemorrhage

Contributory Causes Gastric Ulcer

Certifying Physician Dr Karpa (or Coroner)

His Address Shadyside Hospital

Name of Father Joseph Monks

His Birthplace .....

Maiden Name of Mother Alice Spencer

Her Birthplace .....

Date of Funeral Apr 26 1956 (Date) (Day of Week) (Hour) M.

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)	$ 1162	00
Casket 7 Professional bronze	885	00
Burial Vault or Box	150	00
(State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	5	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		
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	125	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		
7 line Death Notices in 2 Papers	16	80
(Name of Newspaper)		
Sales Tax		
Total Footing of Bill ..... $	1208	75
Less ..... $		
Per ..... Balance Due ..... $		

E. W. J. MCAVOY

PAID May 11, 1956

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
May 1, 1956	By Payment	$ 5.12 83	$ 6.98 150
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

RECORD OF FUNERAL

Total No. 2796 Yearly No. 27 Date of Entry Apr. 16 19 56

Name of Deceased Stillborn Rodrigues (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 3326 Piedmont Ave. Piedmont ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Manuel Rodrigues

Address 3326 Piedmont 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. 16, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 16 1956 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 Separation of

Contributory Causes Placenta

.....

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

His Address: Mercy Hospital

Name of Father Manuel Rodrigues

His Birthplace Portugal

Maiden Name of Mother Hedwig Heraltoski

Her Birthplace Pittsburgh Pa

Date of Funeral Apr. 20 1956 (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	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 / 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)	
..... Apr 20, 1956	
Sales Tax	
Total Footing of Bill	$ 40 00
Less ..... Per	$
Balance	$

PAID
P. W. 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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2797 Yearly No. 28 Date of Entry Apr 29 19 56

Name of Deceased Charles J. Abraham H.

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

Residence 914 Bedford Ave

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

Charge to Mrs Lobeba Abraham

Address 914 Bedford Ave

Order given by Mrs Hattie Coury (or informant)

How Secured

If Veteran, Name of War

Occupation Watchman (Social Security Number)

Employer and Address

Date of Death Apr 29 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 66 yrs (Mo.) (Day) (Yr.) (Hour) (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 Mercy Hospital

Cause of Death Bronchogenic Carcinoma

Contributory Causes

Certifying Physician Dr Harold Kipp (or Coroner)

His Address Mercy Hospital

Name of Father Joseph Abraham

His Birthplace Lebanon

Maiden Name of Mother Zahia Karam

Her Birthplace Lebanon

Date of Funeral May 3 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Calvary Crematory }

ABRAHAM — At Bridge, Apt. 9, Charles J., husband of Lobeba Francis, father of Mrs. Walter Coury, Mrs. Diana Coury Read and Mary Abraham Bruder, all of Mrs. Sam Karam. Funeral from the McAvoy Funeral Home, 4200 Parkes at 1st. Wednesday morning at 9 o'clock. Requiem high mass at Our Lady of Victory Church, Brooklyn at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1290 00
Casket 7 Professional Service		975 00
Burial Vault or Box (State Kind)		65 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		2 50
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)		
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		150 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, $		
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
EDW. J. McAVOY (Names of Newspapers)		
PAID May 29, 1956		
Sales Tax		
Total Footing of Bill	$	1342 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 .....

Printed by W. W. Reineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2798 Yearly No. 29 Date of Entry April 29 1956

Name of Deceased Anna Heffernan (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1338 Sixth Ave ☐Husband ☐Wife ☐Widow of Thomas M. Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Nellie Sullivan

Address Manchester St. Pgh 12

Order given by Mrs Margaret Browning (or informant)

How Secured 365 Lowrie St. Pgh 13 Pa.

If Veteran, Name of War .....

Occupation Housewife 209-03-9493A (Social Security Number)

Employer and Address .....

Date of Death Apr. 29, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 12, 1880 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Good Hope Church

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Pittsburgh, Pa.

Resided in the State .....

Place of Death 1338 Sixth Ave (or U. S. or City or County) (Years) (Months)

Cause of Death Undetermined Natural

Contributory Causes Causes

.....

Certifying Physician Hon. D. McClelland (or Coroner)

His Address: Coroner Allegheny Co.

Name of Father Theodore Chesfant

His Birthplace .....

Maiden Name of Mother Jane Moore

Her Birthplace: .....

Date of Funeral May 3, 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 1

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	650 —
Casket		495 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)		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)		
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, $		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		9 60
SS-OK Billed EDW. J. McAVOY of Jewett		
Sales Tax		
Total Footing [illegible]	$	686 10
Less	$	
Per 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.

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 2799 Yearly No. 30 Date of Entry May 25 19 56

Name of Deceased Anderson B. Cottrill (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1847 Preston Street

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

Charge to Mrs. Louise Cottrill

Address 1617 Preston Street

Order given by Mrs. Jack Hannan (or informant)

How Secured 110 Mellenbrook St.

If Veteran, Name of War A.D. 16863

Occupation Janitor 206-01-6298 (Social Security Number)

Employer and Address .....

Date of Death May 25 1956 (Mon.) (Day) (Yr.) (Hour)

Date of Birth Nov. 22 1885 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Tucker (Address)

Religion of the Deceased Protestant

Birthplace West Virginia

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

Place of Death 1647 Preston St.

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

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

His Address 2004 Fifth Ave

Name of Father Edward Cottrill

His Birthplace .....

Maiden Name of Mother Virginia Dawes

Her Birthplace .....

Date of Funeral May 29 1956 (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)	$ 670 —
Casket 4 Professional Service	495 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	125 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	4 60
EDW. J. McAVOY	
Sales Tax July 30, 1956	
Total Footing of Bill	$ 696 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		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2801 Yearly No. 31 Date of Entry May 28 19 56

Name of Deceased Thomas M. Heffernan (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 365 Lawn Street

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

Charge to: Mrs Margaret Bernarding

Address: 365 Lawn St

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

How Secured .....

If Veteran, Name of War .....

Occupation: Retired Teamster (Social Security Number)

Employer and Address .....

Date of Death: May 25 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Nov 16 1879 Age 76 (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: 365 Lawn St.

Cause of Death: Carcinoma of stomach

Contributory Causes: arch metastases

.....

Certifying Physician: Dr David Thom (or Coroner)

His Address: 3457 Hurd St.

Name of Father: Richard Heffernan

His Birthplace .....

Maiden Name of Mother: Mary Ellen Maley

Her Birthplace .....

Date of Funeral: June 6 1956 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. 4

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	630
Casket		495 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)		
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		
.....line Death Notices in 2 Papers		4 60
Sales Tax		
Total Footing of Bill	$	6.55 60
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

RECORD OF FUNERAL

Total No. 2801 Yearly No. 32 Date of Entry May 31 19 56

Name of Deceased John A. Sanford (What Race) W

Married ☒ Single ☐ Widowed ☐ Divorced

Residence 170 E. Forbes St. Husband ☐ Wife ☐ Widow ☐ or ☐ of Edna Morton

Charge to Mrs. Edna Sanford Age of Husband or Wife (if living) Years

Address 170 E. Forbes St. - Gr. 13680

Order given by 2121 Forbes St. (or informant)

How Secured

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

Occupation Clerk 169-05-1053 (Social Security Number)

Employer and Address Self employed

Date of Death May 31 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 16 1910 Age 46 (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 3347 Forbes Ave

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father Martin Sanford

His Birthplace

Maiden Name of Mother Stella Seip

Her Birthplace

Date of Funeral June 1 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket 55-OK (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary (Soldiers Blk)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		735 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		
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 1 ... Papers		19 20
(Names of Newspapers)		
Natrick C.O.K.		
Sales Tax 1%		
Total Footing of Bill	$	837 20
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
May 31 56	By Payment	$ 500 00	$ 337 20
June 56	" "	$ 300 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

Printed by W. W. Reineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2802 Yearly No. 33 Date of Entry May 29 1956

Name of Deceased Stillborn Storey

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

Residence 5413 Youngbridge Drive ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Wm. H. Storey

Address 5413 Youngbridge Drive

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 29 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 29 1956 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at ..... (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa. (or U. S. or City or County) (Years) (Months)

Resided in the State .....

Place of Death Mercy Hospital

Cause of Death Intrauterine Fetal death

Contributory Causes .....

.....

Certifying Physician Dr. J. Schneider (or Coroner)

His Address Mercy Hospital

Name of Father William L. Storey

His Birthplace Sarnia Ontario

Maiden Name of Mother Elaine E. Curry

Her Birthplace Detroit Michigan

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

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } June 4, 1956 - Alley C. Morgue

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket Perpetual 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		
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	$	20 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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2803 Yearly No. 34 Date of Entry June 12 19 56

Name of Deceased Margaret Mc Kenna

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

Residence 1723 Isabel Ave

☐ Husband ☐ Wife ☐ Widow } of James H

Charge to James H. McKenna

Address 1723 Isabel Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death June 12 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 15 1900 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Belfast Ireland

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

Place of Death Weymouth State Hospital

Cause of Death Cardiac Arrest while under demerol & atropine sulphate

Contributory Causes anesthesia during operation for acute peritonitis

Certifying Physician Wm. D. McAllister (or Coroner)

His Address Coroner Alley Co.

Name of Father James Conlay

His Birthplace Ireland

Maiden Name of Mother Grace McQuillen

Her Birthplace Ireland

Date of Funeral June 15 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Martins Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 650	00
Casket 4 Professional Bronze	690	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Black (State Kind and Color)	31	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		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's) Use of Chapel, $		
Pall Bearer Service, $		
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	15	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 3 Papers	14	40
(Names of Newspapers) EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill June 15, 1956	$ 885	65
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	$ 850	$ 35 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. 2804 Yearly No. 35 Date of Entry June 13, 1956 1956

Name of Deceased Leo A. Dunn (What Race) N

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 702 Duncan Ave

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

Charge to Mrs. Mollie Murren

Address 702 Duncan Ave - Allen Pk

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Police Officer

Employer and Address ..... (Social Security Number) SS # 349-30-5210

Date of Death June 13 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 24 1884 Age 71 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 702 Duncan Ave

Cause of Death Pneumonia

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Edward Dunn

His Birthplace .....

Maiden Name of Mother Catherine Green

Her Birthplace .....

Date of Funeral June 16, 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Mary Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket P. Professional Service	875	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ etc	6	75
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 / 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 (Names of Newspapers)	28	80
OK EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	$	1071 55
Less	$	
Balance	$	

PAID Aug 14 1956

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
July 27 1956	By Payment F.O.E.	$ 125 00	$ 946 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

RECORD OF FUNERAL

Total No. 2805 Yearly No. 36 Date of Entry June 15 1956

Name of Deceased Sheben G. Kadair Jr. (What Race)

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

Residence 6917 Standish St

Charge to Mr. Morris G. Kadair

Address 6917 Standish St

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

How Secured .....

If Veteran, Name of War .....

Occupation Salesman 160-22-7322 (Social Security Number)

Employer and Address R. L. Polk & Co.

Date of Death June 15 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 8 1902 Age 53-7-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Rev. C. Brail (Address)

Religion of the Deceased Masonic Catholic

Birthplace Lebanon

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

Place of Death Brooks Memorial Hospital Dunkirk

Cause of Death Cerebral Thrombosis

Contributory Causes .....

Certifying Physician Edward M. Federoma (or Coroner)

His Address Dunkirk N.Y.

Name of Father George J. Kadair

His Birthplace Lebanon

Maiden Name of Mother Elizabeth Abbet

Her Birthplace Lebanon

Date of Funeral June 19 1956 (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. 9

Grave No. 5

Section No. 40

Block No. 15

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $	1300 —
Casket Professional Service	1050 00
Burial Vault or Box	65 00
(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) 3 Certif. Copies of Death Certificates No.	3 00
(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, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	125 00
Personal Service	
13 line Death Notices in 4 Papers	20 20
(Names of Newspapers) EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill July 27, 1956 ..... $	1358 80
Less ..... $	
Balance ..... $	
Per JM Entered into Ledger, page ..... or below.	

PAID

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 27 1956	By Payment Sr. M. Goretti	$ 911 54	$ 447 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. Feinemas, Long Beach, California

RECORD OF FUNERAL

Total No. 2806 Yearly No. 37 Date of Entry June 23 19 56

Name of Deceased John F. Path ☐ Married ☐ Single ☐ Widowed ☐ Divorced W (What Race)

Residence 1211 Webster Ave ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Elizabeth Bynanes

Address 1211 Webster Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death June 23 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 1877 Age 79-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany

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 Magnuson State Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Michael Path

His Birthplace Ireland

Maiden Name of Mother Catherine Sanlon

Her Birthplace Ireland

Date of Funeral June 26, 1956 (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. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket ... Professional Services	575	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)		
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 Charge	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		
7 line Death Notices in 2 Papers	6	40
(Name of Newspapers) EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Aug 3, 1956	$ 7.18	40
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 6, 1956	By Payment	$ 200 00	$ 518 40		By Payment		$
July 16 56	" "	$ 40 00	$ 478 40	465.40	" "		$
July 19 56	" "	$ 30 00	$ 438 40		" "		$
Aug 2 56	" "	$ 291 45	$ 147 00		" "		$
	" "	$	$		" "		$

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

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

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

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 2807 Yearly No. 38 Date of Entry June 24 19 56

Name of Deceased Oscar Shallito (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 83 Washington Place ☐Husband ☐Wife ☐Widow of Mary Georgia Khoury

Charge to Mrs Mary Shallito Age of Husband or Wife (if living) ..... Years

Address 83 Washington Place

Order given by James Shallito (Son) (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Merchant (Social Security Number)

Employer and Address

Date of Death June 24/1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15 1883 Age 73-1-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gryphians

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 83 Washington Place

Cause of Death Hypertension + Arteriosclerosis

Contributory Causes Cardiovascular disease

Certifying Physician Dr. Ulrich (or Coroner)

His Address Mercy Hospital

Name of Father Shallito Shallito

His Birthplace Lebanon

Maiden Name of Mother Carmela Khoury

Her Birthplace Lebanon

Date of Funeral June 27 1956 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. 592

Grave No. 7

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1100	
Casket	740	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)	18	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 $	200	00
Outlay for Lot		
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		
8 line Death Notices in C.A. Papers (Name of Newspapers)	12	80
Sales Tax		
Total Footing of Bill $	1146	80
Less For $		
Balance $		

PAID July 24, 1956

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 .....

RECORD OF FUNERAL

Total No. 2858 Yearly No. 39 Date of Entry June 23 1956 19

Name of Deceased Infant Dugan (Male) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 213 Grandview Ave ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Richard Dugan

Address 213 Grandview 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 23 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 23 1956 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace South Side Hospital (Okla)

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

Place of Death South Side Hospital

Cause of Death Hydro Cephalus

Contributory Causes ds

.....

Certifying Physician Dr. Rocco A. Venino (or Coroner)

His Address 213 Grandview Ave

Name of Father Richard Dugan

His Birthplace .....

Maiden Name of Mother Marion Mc Minn

Her Birthplace .....

Date of Funeral June 26 1956 (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 Bearers	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 / 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		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	50	00
Less ..... $		
Per ..... Balance ..... $		
Entered into Ledger, page ..... or below.		

EDW. J. MCAVOY

PAID June 23 1956

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. 2809 Yearly No. 40 Date of Entry June 26, 1956

Name of Deceased Anna Mc Connon

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

Residence 1007 Epiphany St

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

Charge to Miss Cora Ryan

Address 1007 Epiphany St

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

How Secured .....

If Veteran, Name of War .....

Occupation Rooming House Proprietress (Social Security Number)

Employer and Address .....

Date of Death June 26, 1956 (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 Ireland

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

Place of Death 1007 Epiphany St

Cause of Death Senile Arteriosclerosis

Contributory Causes .....

.....

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

His Address 2016 Felix Ave

Name of Father John Mc Connon

His Birthplace Ireland

Maiden Name of Mother Anna Carlin

Her Birthplace Ireland

Date of Funeral June 30 1956 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. 133

Grave No. 1

Section No. U

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

		1800
Complete Funeral (except outlays)	$	
Casket 4 Professional Bearers		1595 00
Burial Vault or Box (State Kind)		75 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 1 @ $		20 00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		70 00
Cremation		
Flowers, $ 6 ..... Palms, $ ..... Matting, $		41 20
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 ..... 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		14 40
..... (Name of Newspaper)		
..... EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill July 26, 1956	$	1877 60
Less 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

58

RECORD OF FUNERAL

Total No. 2810 Yearly No. 46 Date of Entry July 2 19 56

Name of Deceased Mary Lublenasky (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1918 Gibbon St ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years

Charge to: Ignaty Lublenasky or of

Address 1918 Gibbon St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Waitress (Social Security Number)

Employer and Address

Date of Death July 2 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 8 1879 Age 77-1-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Zion Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Czechoslovakia

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

Place of Death 1918 Gibbon St

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner - Alleg. Co.

Name of Father Ignaty Lublenasky

His Birthplace Czechoslovakia

Maiden Name of Mother Unknown

Her Birthplace Czechoslovakia

Date of Funeral July 3 1956 (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 7 Professional Service		280 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)		
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		
Total Footings of Bill	$	500 00
Less Per	$	
Balance	$	

EDW. J. MCARDLE July 3 1956

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. 2811 Yearly No. 42 Date of Entry July 10 19 56

Name of Deceased Herman A. Teal (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4822 Liberty Ave.

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

Charge to Mrs. Alta Teal - Mw 1-7291

Address 4822 Liberty Ave. (24.)

Order given by Mrs. Helen Hellmann (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Painter 272-16-2408 (Social Security Number)

Employer and Address Newspaper

Date of Death July 10 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 20 1867 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace New Lexington, Ohio

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

Place of Death 4822 Liberty Ave.

Cause of Death Cerebral Thrombosis

Contributory Causes Generalized Arteria Sclerosis

Certifying Physician Dr. Maurice Rougroff (or Coroner)

His Address 4207 Liberty Ave.

Name of Father Lawson Teal

His Birthplace

Maiden Name of Mother Alice Van Sickle

Her Birthplace

Date of Funeral July 13 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Lebanon Cemetery

Diagram of Lot or Vault

Lot No. 232

Grave No. 1

Section No. 8

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	830	00
Casket	630	00
Burial Vault or Box (State Kind)	125	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... Clothing (State Kind and Color)	2	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	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 / 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 2 Papers (Names of Newspapers)	14	40
Sales Tax		
Total Footing of Bill $	860	40
Less $		
Balance $		

EDW. J. McAVOY PAID Aug. 9, 1956

Entered into Ledger Page 1 ..... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Aug. 6 56	By Payment	$ 500 00	$ 360 40
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

60

RECORD OF FUNERAL

Total No. 2812 Yearly No. 43 Date of Entry July 24 1956

Name of Deceased Michael Cardone Jr.

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

Residence: 1518 Forbes St. ☐Husband ☐Wife ☐Widow of Doris Michalick

Charge to Mrs. Doris Cardone Age of Husband or Wife (if living) Years

Address 1518 Forbes Street

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Furnace Tender 296-05-3280 (Social Security Number)

Employer and Address

Date of Death July 24 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 29 1899 Age 66-9-26 (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 Cardiac Failure

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Dominic Cardone

His Birthplace Italy

Maiden Name of Mother Theresa Barbetta

Her Birthplace Italy

Date of Funeral July 28 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary (Selma Pl.)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner Same as Ch

Miscellaneous

Complete Funeral (except outlays)	$ 1020 00
Casket Professional Bronze	970 00
Burial Vault or Box (State Kind)	75 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, $	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 6 Papers	24 00
(Name of Newspaper) EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill Aug. 3 1956	$ 1099 00
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. 2813 Yearly No. 44 Date of Entry July 25 1956

Name of Deceased Hazel M. King (What Race)

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

Residence 3322 Jane St.

Charge to Mr. Regis King

Address 3322 Jane St. Bch. 3. Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 411-24-2919 (Social Security Number)

Employer and Address .....

Date of Death July 25, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10-2-1888 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters (C.S.)

Clergyman Fr. Scheramm (Address)

Religion of the Deceased Catholic

Birthplace Fort Dodge, Iowa

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

Place of Death Magnuson State Hospital

Cause of Death Carcinoma of Breast

Contributory Causes .....

Certifying Physician Gustave A. Bonnasse (or Coroner)

His Address Magnuson Hospital

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral July 28 1956 (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 ~~Professional Service~~	500	00
Burial Vault or Box (State Kind)	55	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		
3 Certif. Copies of Death Certificates No. (State Number and District) (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 / 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)		
35 OK		
Sales Tax		
Total Footing of Bill	$	658 00
Less	$	
Balance	$	

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

Miscellaneous .....

EDW. J. McAVOY

PAID 8-11-56

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

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

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

for the payment of aforesaid sum, and I hereby covenant 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. Peterman, Long Beach, California

62

RECORD OF FUNERAL

Total No. 2814 Yearly No. 45 Date of Entry July 28 1956

Name of Deceased Andrew L. Maloney (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 5408 Clairton Blvd (36) ☐Husband ☐Wife ☐Widow of Emily Kosky Age of Husband or Wife (if living) Years

Charge to: Mrs. Emily Maloney

Address: 5408 Clairton Blvd

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Chemist 171-16-7225 (Social Security Number)

Employer and Address U.S. Steel Co.

Date of Death July 28 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 4, 1911 Age 44-10-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Elizabeths 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 5408 Clairton Blvd

Cause of Death Coronary Occlusion

Contributory Causes ##

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: Coroner Allegheny Co.

Name of Father Andrew M. Maloney

His Birthplace

Maiden Name of Mother Elizabeth Deavey

Her Birthplace

Date of Funeral July 31, 1956 (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

"MALONEY—Suddenly, on Saturday, July 28, 1956, Andrew L. husband of Emily Kosky, son of Andrew M. and the late Elizabeth A. Deavy; brother of Florence, Charles J. and Francis X. Maloney. Funeral from the McAvoy Funeral Home, 5700 Penn Ave., on Tuesday morning at 8:15. Requiem Mass at St. Elizabeth's Church at 10 o'clock."

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket * Professional Services	950	00
Burial Vault or Box (State Kind)	85	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)		
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 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, $ 15 ... 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	17	60
55-OK (Names of Newspapers)		
200 Acknowledgments	15	85
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$	1165 45
Less	$	
Balance	$	

Entered into Ledger, Page 1 or below.

Per

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Oct 5 1956	By Payment	$ 328 97	$
Oct 12 56	V.A. "	$ 150 00	$ 686 48
Nov 15 56	" "	$ 200 00	$ 486 48
	" "	$	$
	" "	$	$

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. 2215 Yearly No. 46 Date of Entry Aug. 4 19 56

Name of Deceased Mary Dip (What Race) W

☑ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 617 Elm Street

Charge to Mrs. Jamais (Albert) Hazem

Address 6621 Jackson St. (62)

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug. 4. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 15 1885 Age 71-3-19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George Syrian Antiochian Church

Clergyman Fr. Paul Rowley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Lebanon

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

Place of Death 617 Elm St.

Cause of Death Arterio Sclerotic Heart

Contributory Causes disease

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Alleg Co.

Name of Father Abraham Nassar

His Birthplace Lebanon

Maiden Name of Mother Jamais Sam

Her Birthplace Lebanon

Date of Funeral Aug. 7 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Mineroville Cemetery

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

Complete Funeral (except outlays)	$	1250 —
Casket 7 Professional Grade		915 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 7 (State Kind and Color)		29 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		
15 line Death Notices in 4 Papers (Names of Newspapers)		24 00
Sales Tax		
Total Footing of Bill	$	1094 00
Less	$	
Balance	$	

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

Miscellaneous

Miscellaneous



Died—On Saturday, Aug. 4, 1956, Mary Nassar, wife of the late Thomas Dip, mother of Mrs. Fannie Moore, Mrs. Nina Bitar, Mike and George Dip; grandmother of Albert and Carol Hazem, Edward and Tony Dip; sister of the late George Nassar. Friends received at the Sexton Funeral Home, 1705 Forbes St. Funeral services at St. George Syrian Orthodox Church (Oakland) on Tuesday at 1 p. m. In lieu of flowers family requests offering be made to St. George Church.

Lot No.

Grave No.

Section No.

Block No.

Owner

EDW. J. McAVOY

PAID

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Aug 17	By Payment	$ 175 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 ..... Long Beach, California

64

RECORD OF FUNERAL

Total No. 2816 Yearly No. 47 Date of Entry Aug. 5 19 54

Name of Deceased Infant Girl Hudak (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 307 S. Negley Ave.

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

Charge to: James Cadlaw

Address: 525 N. Negley Ave.

Order given by Mr. 1849 (or informant)

How Secured:

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Aug 5, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 5, 1954 Age 2 hrs. 40 min (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 Shadyside Hospital

Cause of Death Respiratory Failure

Contributory Causes Premature Delivery

Certifying Physician Dr. Russell E. Gettings (or Coroner)

His Address: 5230 Centre Ave.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Anna Carlson

Her Birthplace: Pittsburgh Pa.

Date of Funeral Aug. 8 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 J. Propheter Service		45 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		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)		
Sales Tax		
Total Footing of Bill	$	60 00
Less	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Aug. 7 1954	By Payment	$ 15 00	$ 45 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. 2817 Yearly No. 48 Date of Entry Aug. 8 1956

Name of Deceased Infant Mc Clelland (Male)

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

Residence 3860 Nantasket St

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

Charge to Charles J. Mc Clelland

Address 3860 Nantasket St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Aug. 6 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 8 1956 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 Traumatic prematurity

Contributory Causes Cord around neck & prolapsed

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

His Address 550 Grant St

Name of Father Charles J. Mc Clelland

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Beatrice Nee

Her Birthplace Pittsburgh Pa.

Date of Funeral Aug. 9 1956 (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 X Professional Brown	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, $ ..... 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	$	
Per ..... Balance	$	

EDW. J. McAVOY PAID Aug 9, 1956

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 .....

RECORD OF FUNERAL

Total No. 2212 Yearly No. 149 Date of Entry Aug. 9 1956

Name of Deceased Sr. M. Mercy (Margaret E. Mc Intyre) (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 3333 Fifth Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Nurse (Social Security Number)

Employer and Address

Date of Death Aug. 9 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 23 1891 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

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 Sea Isle City N.J.

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Thomas E. McIntyre

His Birthplace Ireland

Maiden Name of Mother Julia A. Kennedy

Her Birthplace Ireland

Date of Funeral Aug. 13 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Kenneard Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket 4 Bronze	290 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	105 00
Personal Service	
Shipping Case + Container	75 00
....line Death Notices in ..... Papers	
(Names of Newspapers)	
EDW. J. MCAVOY	
Aug. 19 [illegible]	
Sales Tax	
Total Footing of Bill	$ 430 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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 2219 Yearly No. 50 Date of Entry Aug. 10 1956

Name of Deceased Sr. M. Severina (Agnes F. Miller) F.

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

Residence Mercy Hospital ☐Husband ☐Wife ☐Widow

Charge to Sisters of Mercy or ..... of } Age of Husband or Wife (if living) ..... Years

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired (Social Security Number)

Employer and Address

Date of Death Aug. 10 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15 1894 Age 62 - 2 - 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Hall Pa.

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

Place of Death Mercy Hospital

Cause of Death Metastatic Carcinomas

Contributory Causes

Certifying Physician Dr. E. H. Zurl Horat (or Coroner)

His Address Mercy Hospital

Name of Father Hermann C. Miller Jr.

His Birthplace Germany

Maiden Name of Mother Frances C. Obenour

Her Birthplace Germany

Date of Funeral Aug. 13 1956 M. (Date) (Day of Week) (Hour)

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 T. 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		
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)		
Aug. 19 EDW. J. McAVOY		
Sales Tax PAID		
Total Footing of Bill	$	200 00
Less	$	
Balance	$	

Entered into Ledger page 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. Feinemas, Long Beach, California

68

RECORD OF FUNERAL

Total No. 2820 Yearly No. 51 Date of Entry Sept. 8 1956

Name of Deceased James E. Holland (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 177 Burrows Street

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

Charge to Mr. Edward Holland

Address 275 Burrows Street

Order given by Arthur Belinski (or informant) Brother in-law

How Secured 425 Dowlson Drive - Pgh. 26 Pa.

If Veteran, Name of War .....

Occupation Laborer 207-18-8420 (Social Security Number)

Employer and Address .....

Date of Death Sept. 8 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 20 1924 Age 31 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

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 Montefiore Hospital

Cause of Death Fracture of Skull

Contributory Causes due to falling from auto

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner Allg. Co.

Name of Father Thomas J. Holland

His Birthplace .....

Maiden Name of Mother Mary M. Carney

Her Birthplace .....

Date of Funeral Sept. 11 1956 (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 Professional Services	640	00
Burial Vault or Box Outside Case (State Kind)	75	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)		
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, $ ..... 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	22	40
55-OR (Name of Newspaper) EDW. J. McCAVO		
Sales Tax Paid Sept 24, 1956		
Total Footing of Bill	$	877 40
Less ..... Per	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 232 40	$ 642 60
	" "	$ 95 00	$ 545 60
	" "	$ 185 00	$ 360 60
	" "	$ 145 00	$ 215 60
	" "	$ 70 00	$ 145 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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 2821 Yearly No. 52 Date of Entry Sept 22 19 56

Name of Deceased Biktash K. Ramadan (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Margaret Kikas

Residence 1901 Austin St Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Margaret Ramadan

Address 1901 Austin St

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

How Secured .....

If Veteran, Name of War .....

Occupation Painter 200-03-5282 (Social Security Number)

Employer and Address .....

Date of Death Sept 22 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 15 1899 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. John Hansen (Address)

Religion of the Deceased Protestant

Birthplace Albania

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

Place of Death Coronary Occlusion

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm D. McClelland (or Coroner)

His Address Coroner Alleg Co.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Sept 25 1956 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-254

Section No. 30

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	990
Casket 7 Professional Bronze	785	00
Burial Vault or Box Outside Case (State Kind)	95	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	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, $	10	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	16	00
35-OK. (Names of Newspapers)		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Sept 25, 1956	$ 1006	00
Less	$	
Balance	$	

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 .....

W. W. Peigman, Long Beach, California

70

RECORD OF FUNERAL

Total No. 2122 Yearly No. 53 Date of Entry Sept 29 19 56

Name of Deceased Margaret E. Brewer 2d.

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

Residence 1603 Block of the Alleys ☐Husband ☐Wife ☐Widow } George F. Age of Husband or Wife (if living) Years

Charge to

Address

Order given by Charles J. Maloney (or informant)

How Secured 237 Dan. Assist. - Pgh. 16 Pa

If Veteran, Name of War

Occupation Housekeeper

Employer and Address (Social Security Number)

Date of Death Sept 29 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 29 1886 Age 69 - 10 - 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Penna

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

Place of Death Mercy Hospital

Cause of Death Fracture of Skull

Contributory Causes Being hit by Car

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Alley Co.

Name of Father Andrew Maloney

His Birthplace

Maiden Name of Mother Ellen Ryan

Her Birthplace

Date of Funeral Oct 3 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Calvary Cem. - Steubenville Ohio

Diagram of Lot or Vault

Lot No. 74

Grave No. 2

Section No. Holy Name

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1700 00
Casket		1020 00
Burial Vault or Box Cane Land Case (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress		28 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 Steubenville Ohio		40 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. 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		79 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		
... line Death Notices in 4 ... Papers		14 40
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Oct 1 1956	$	1282 40
Less	$	
Per PFM 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. 2823 Yearly No. 54 Date of Entry Oct 2 1956

Name of Deceased Frank G. Hurley (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1112 Fisher Street

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

Charge to Mrs. Ann Preyzlaski

Address .....

Order given by Mrs. Eileen Grenty (or informant)

How Secured 1915 Tustin St

If Veteran, Name of War .....

Occupation Retired Blacksmith (Social Security Number)

Employer and Address .....

Date of Death Oct. 2 1956 (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 Ireland

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 Cor. Alley Co.

Name of Father Unknown

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Date of Funeral Oct. 6, 1956 (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)	$	825 00
Casket 8. Professional Services		700 00
Burial Vault or Box A-P Case (State Kind)		75 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, $		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		14 40
(Name of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Nov. 3, 1956	$	875 40
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 .....

W. W. Reisgman, Long Beach, California

72

RECORD OF FUNERAL

Total No. 2224 Yearly No. 55 Date of Entry Oct. 3 19 56

Name of Deceased Stella Boyko 71
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2018 Hatom St ☐Husband ☐Wife ☐Widow } Alexander
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Anna Boyko

Address 2018 Hatom St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Oct 3, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 63 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death Mercy Hospital

Cause of Death Arteriosclerotic Cardio

Contributory Causes vascular disease

C. congestive heart failure

Certifying Physician Dr. O. C. Turner (or Coroner)

His Address Mercy Hospital

Name of Father Unknown

His Birthplace Poland

Maiden Name of Mother Unknown

Her Birthplace Poland

Date of Funeral Oct 6, 1956 (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. 10

Grave No. 7

Section No. 40

Block No. 11

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 140	00
Casket. Professional Services	8	80 00
Burial Vault or Box (State Kind)	15	0 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	5	00
Suit or Dress (State Kind and Color)	35	50
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	295	00
Cremation		
Flowers, $ 4 .... Palms, $ ..... Matting, $	51	50
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		
.... line Death Notices in 3 A. Papers (Names of Newspapers)	12	80
Sales Tax		
Total Footing of Bill $	1461	80
Less .... Paid $		
Balance $		

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 1261	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 2225 Yearly No. 56 Date of Entry Oct 16 19 56

Name of Deceased Blanche E. Smith (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 306 Miltenberger St

Charge to Harry J. Smith ☐Husband ☐Wife ☐Widow or ..... of Harry J. Smith Age of Husband or Wife (if living) ..... Years

Address 306 Miltenberger St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death Oct 16 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 6 1903 Age 53-8-10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 Mercy Hospital

Cause of Death Pulmonary Embolism

Contributory Causes Deep Thrombo Phlebitis L. Left Leg

Certifying Physician Dr. John B. Wood (or Coroner)

His Address 3500 Gist St Ave

Name of Father Edward Zane

His Birthplace .....

Maiden Name of Mother Anna Glaesener

Her Birthplace .....

Date of Funeral Oct 18 1956 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. 562

Grave No. 2 "L"

Section No. 5

Block No. .....

Owner James C Smith

Miscellaneous .....

Complete Funeral (except outlays)	$	925 40
Casket 1 Professional Bronze		715 00
Burial Vault or Box C.P. Cloth (State Kind)		95 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $ 1		5 00
Suit or Dress (State Kind and Color)		29 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		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		
9 line Death Notices in 4 Papers		14 40
(Names of Papers)		
EDW. J. MCEVOY		
Sales Tax Oct 22 1956		
Total Footing of Bill	$	960 40
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$925 40	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

74

RECORD OF FUNERAL

Total No. 2824 Yearly No. 57 Date of Entry Oct 21 19 56

Name of Deceased Michael Albert (White Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1807 Bedford Ave

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

Charge to: Mrs. Kate Sarraf Albert

Address: 1807 Bedford Ave

Order given by Co. 1 5097 (or informant)

How Secured:

If Veteran, Name of War

Occupation: Merchant

(Social Security Number)

Employer and Address

Date of Death: Oct 21 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Unknown Age About 67 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: St. George Syrian Orth. Church

Clergyman: Father Pare Rambly

Religion of the Deceased: Syrian Orthodox

Birthplace: Syria

Resided in the State

Place of Death: Montefiore Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death: Congestive heart failure

Contributory Causes: Arteriosclerotic heart disease

Certifying Physician: Dr. Manfred (or Coroner)

His Address: Montefiore Hospital

Name of Father: Albert Haddad

His Birthplace: Syria

Maiden Name of Mother: Unknown

Her Birthplace: Syria

Date of Funeral: Oct 24 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to (Address)

Size of Casket

Manufactured by (State Color and Number)

Cemetery Crematory } Mt. Lebanon

ALBERT—On Sunday, Oct. 21, 1956 Michael, husband of Kate Sarraf, father of Mrs. Manola Abraham, Mrs. Sadie Abraham, Samuel, George, Philip, Fred, William, John and Richard Albert. Friends received at the McAvoy Funeral Home, 2700 Horace St. (Oak) Wednesday at 10 a. m. Funeral services at St. George Syrian Orthodox Church, Dakota St. at 10:30. In lieu of flowers family requests donations to the Greek Orthodox Building Fund.

Lot No. 252

Grave No.

Section No. 11

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	3100	00
Casket—Professional Service		2850	00
Burial Vault or Box Continental Vault (State Kind)		375	00
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $ etc.		8	12
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 4 @ $		22	00
Extra Limousines @ $			
Autos to R. R. Station 4 @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to Cemetery etc.		22	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			
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		37	50
Removal Charges		22	40
14 line Death Notices in 4 Papers			
(Check No. ..... Amount $ ..... Paid) E. W. McAVOY			
Sales Tax			
Total Footing of Bill Nov 15, 1956	$	3323	09
Less	$		
Per ..... Balance	$		
Entered into Ledger, page ..... or below.			

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Oct 24 56	By Payment	$ 500 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. 2827 Yearly No. 58 Date of Entry Oct 21 19 56

Name of Deceased Elizabeth McClarey (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 16 Vine Street

Charge to Mrs Elmer Richmond ☐Husband ☐Wife ☐Widow of Age of Husband or Wife (if living) Years

Address 1189 Marian Road

Order given by Latrobe Pa (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutties (Social Security Number)

Employer and Address

Date of Death Oct 21 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 62 (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 16 Vine St

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm D. McClelland (or Coroner)

His Address Coroner Alleg. Co.

Name of Father John McClarey

His Birthplace

Maiden Name of Mother Catherine Mullen

Her Birthplace

Date of Funeral Oct 24 1956 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~~ Burial	400	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)	18	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, $ 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 (Names of Newspapers)	2	20
Sales Tax		
Total Footing of Bill	$ 127	20
Less	$	
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Nov 16	By Payment	$ 340 00	$ 237 20		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

76

RECORD OF FUNERAL

Total No. 2828 Yearly No. 59 Date of Entry Oct. 26 19 56

Name of Deceased William J. Bacha 2t

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

Residence: 1828 Forbes St ☐Husband ☐Wife ☐Widow } of ..... of } Kate Bacha Deceased

Charge to: Thomas Bacha Age of Husband or Wife (if living) ..... Years

Address 1828 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 Oct 26 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 19 1956 Age 3 5 (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 Childrens Hospital

Cause of Death Heart Failure

Contributory Causes Congestive Heart Disease

.....

Certifying Physician Dr. Vincent Allo (or Coroner)

His Address: Childrens Hospital

Name of Father Thomas Bacha

His Birthplace .....

Maiden Name of Mother Stella Bondarenko

Her Birthplace California, Pa.

Date of Funeral Oct 27 1956 (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 Service	65	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, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notice in M.C.A. Papers		
(Names of Newspapers)		
Nov 7 1956		
Sales Tax		
Total Footing of Bill	$	100 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

RECORD OF FUNERAL

Total No. 2829 Yearly No. 60 Date of Entry Nov. 1 19 56

Name of Deceased Loretta E. Bender Jr. (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 39 Gist Street

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

Charge to Paul G. Bender

Address 39 Gist St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Nov. 1. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 12 1905 Age 51-1-21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Zeigler's Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Penna

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 Hypertensive arteria-sclerotic heart disease - Diabetes Mell

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

His Address Mercy Hospital

Name of Father Peter Dilschneider

His Birthplace .....

Maiden Name of Mother Mary Miller

Her Birthplace .....

Date of Funeral Nov. 5. 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Michaels Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	496	00
Casket	690	00
Burial Vault or Box (State Kind)	75	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)		
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	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, $	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 5 Papers (Name of Newspaper)	20	00
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	906	00
Less		
Balance		

PAID Nov 23, 1956 Per JM

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 .....

78

RECORD OF FUNERAL

Total No. 2830 Yearly No. 61 Date of Entry Nov. 6 1956

Name of Deceased Bernard L. Bonner (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 415 Fort Pitt Blvd

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

Charge to Mrs Anna L. Sturtevant

Address 212 Indian Hill Drive

Order given by Fort Pierce Florida
(or informant)

How Secured Wm R. Bonner - 18722 Linden Blvd L. Allans, N.Y.

If Veteran, Name of War

Occupation Retired Plumber 192-01-9233
(Social Security Number)

Employer and Address

Date of Death Nov. 6 1956
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 1877 Age
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church
(Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Port Henry, N.Y.

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

Place of Death West Penn Hospital

Cause of Death Bilateral Pulmonary Edema

Contributory Causes Arteriosclerotic heart disease Bronchopneumonia

Certifying Physician Dr. J. M. Strang
(or Coroner)

His Address West Penn Hospital

Name of Father Michael Bonner

His Birthplace

Maiden Name of Mother Anna Burns

Her Birthplace

Date of Funeral Nov. 9 1956 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. 387

Grave No. 1

Section No. T

Block No.

Owner Bernard L Bonner

Miscellaneous Graves 1-2-3

Bernard (1) - Anna L (2) - (3 VACANT)

Paul K Hirsch - Attorney at Law - Dr 16901

Complete Funeral (except outlays)	$	
Casket 7 Progressmond Bronze	760	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	3	00
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		
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	70	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 / 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
55-OK		
Sales Tax Nov 27 1956		
Total Footing of Bill	$	976 20
Less .... Per	$	
Balance	$	

EDW. J. McAVOY

Billed 11-28-56

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. 2831 Yearly No. 62 Date of Entry Nov. 13 19 56

Name of Deceased Nicholas N. Snyder (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 136 Blvd. of Allies ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to John Snyder

Address 94 Linshaw Ave Pgh 5 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Clerk. (Social Security Number)

Employer and Address City of Pgh.

Date of Death Nov. (Mo.) 13 (Day) 1956 (Yr.) (Hour)

Date of Birth ..... Age 70 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary of Mercy Church

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 Mayview State Hospital

Cause of Death Coronic Heart Disease

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address Mayview State Hospital

Name of Father John Snyder

His Birthplace .....

Maiden Name of Mother Mary Schmitt

Her Birthplace .....

Date of Funeral Nov. 17 1956 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 ... Rosewood Hermes	650	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)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains 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 etc	90	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		
11 line Death Notices in 2 Papers (Names of Newspapers)	24	00
Billed 11/28/56 EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Nov 21 1956	$ 1024	00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below. Per		

Miscellaneous .....

Date		Amount Paid	Balance
.....	To Above Balance		$ .....
Nov 14 1956	By Payment	$ 220 00	$ 804 25
Dec 14 1956	" "	$ 402 25	$ 402 00
Mar 21 57	Potter	$ 134 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 .....

80

RECORD OF FUNERAL

Total No. 2232 Yearly No. 63 Date of Entry Nov. 14 19 56

Name of Deceased Michael P. Hagen Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1620 Preston St

Charge to: Peter Hagen

Address 1620 Preston St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Student (Social Security Number)

Employer and Address

Date of Death Nov. 14, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 8, 1950 Age 6 - 3 - 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman (Address)

Religion of the Deceased Maronite Catholic

Birthplace Pitts. Burgh Pa.

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

Place of Death Childrens Hospital

Cause of Death Acute Nephritis

Contributory Causes

Certifying Physician Dr. Siegler (or Coroner)

His Address: Childrens Hospital

Name of Father Peter Hagen

His Birthplace Pgh. Pa.

Maiden Name of Mother Virginia Joseph

Her Birthplace Pgh. Pa.

Date of Funeral Nov. 17, 1956 (Date) (Day of Week) (Hour) M.

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

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

Complete Funeral (except outlays)	$	640
Casket ... Professional Service		550 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)		
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		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		
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 4 Papers (Names of Newspapers)		14 40
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	667 40
Less Dec 5, 1956	$	
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 Director.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2833 Yearly No. 64 Date of Entry Nov. 17 1956

Name of Deceased George A. Young (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2027 Fifth Ave

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

Charge to Mrs Catherine Young

Address 2027 Fifth Ave Pgh 19 Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Examiner

(Social Security Number)

Employer and Address State Revenue

Date of Death Nov. 17 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 9 1909 Age 47-1-8 (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 Mercy Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John D Young

His Birthplace .....

Maiden Name of Mother Bertha Evans

Her Birthplace .....

Date of Funeral Nov. 20 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

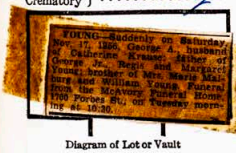


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	1000
Casket ... Professional Service		715 00
Burial Vault or Box C.P. Case (State Kind)		75 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)		
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		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, $		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		
.....		
.... line Death Notices in 4 Papers		14 40
(Names of Newspapers)		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$	1043 40
Less	$	
Balance	$	

Entered in Ledger, page ..... or below.

Miscellaneous .....

For .....

PAID Dec 12 1956

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Dec 10 1956	By Payment	$ 847 01	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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

82

RECORD OF FUNERAL

Total No. 2834 Yearly No. 65 Date of Entry Nov. 30 19 56

Name of Deceased Cornelius J. O'Rourke Sr
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1511 Locust St
☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Ellen O'Rourke

Address 1511 Locust St

Order given by Dr. Ward 25
(or informant)

How Secured

If Veteran, Name of War

Occupation Retired Clerk
(Social Security Number)

Employer and Address Mill

Date of Death Nov. 29. 1956
(Mo.) (Day) (Yr.) (Hour)

Date of Birth May 5 1894 Age 62-6-15
(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 Vets Adm - Oakland

Cause of Death Chronic Membranous

Contributory Causes Nephritis

Certifying Physician Vets Adm Physician
(or Coroner)

His Address Oakland - University Ave

Name of Father David O'Rourke

His Birthplace Ireland

Maiden Name of Mother Ellen V. O'Connor

Her Birthplace Ireland

Date of Funeral Nov. 23. 1956 M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / Crematory } ~~Calvary~~ Cem St Marys Cem

Diagram of Lot or Vault

Lot No. 56

Grave No. 4

Section No. N

Block No.

Owner J. Byrnes Mary

Miscellaneous

Complete Funeral (except outlays)	$	1150
Casket ~~Professional Services~~		910 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)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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, $		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		
11 line Death Notices in 4 Papers (Names of Newspapers) EDW. J. McAVOY		17 60
PAID Nov. 9 1956		
Sales Tax		
Total Footing of Bill	$	1199 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		$
	By Payment	$ 150 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. 2835 Yearly No. 66 Date of Entry Nov. 21 19 56

Name of Deceased Michael P. Nee (What Race) 21

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3860 Nantasket St ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Julia Nee

Address 3860 Nantasket St (7)

Order given by Ja 15968 (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Student 176-30-0227 (Social Security Number)

Employer and Address .....

Date of Death Nov. 21 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 1 1935 (Mo.) (Day) (Yr.) Age 21-3-20 (Yrs.) (Mos.) (Days)

Services at Geo Cheney 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 Bedford Co. Mem. Hospital

Cause of Death Crushed injury left Chest + fracture of skull

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address Bedford Co. Coroner

Name of Father Michael Nee

His Birthplace Ireland

Maiden Name of Mother Julia Vaughn

Her Birthplace Ireland

Date of Funeral Nov. 26 1956 (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 .....

	1956
Complete Funeral (except outlays) $	
Casket	1445 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)	50 00
Slippers, $ ..... Hose, $ Shirt Tie	5 45
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery 1 @ $	22 50
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from Everett Pa.	64 20
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	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, $	25 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	53 65
Personal Service	
10 line Death Notices in 6 Papers	24 00
(Names of Newspapers)	
Acknowledgments	12 00
Sales Tax	
Total Footing of Bill $	1999 80
Less $	
Balance $	

Entered into Ledger, page ... or below.

EDW. J. MCAVOY PAID 12-28-56

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

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

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

Signed .....

Witness .....

Address .....

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

84

RECORD OF FUNERAL

Total No. 2836 Yearly No. 67 Date of Entry Nov 25 1956

Name of Deceased Jacqueline N. Nesbitt (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 303 S Aiken Ave (32) ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Jack N. Nesbitt

Address 303 S Aiken 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. 25. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 11 1956 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman .....

Religion of the Deceased Protestant (Address)

Birthplace Pittsburgh

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

Place of Death Heat Penn Hospital

Cause of Death Congenital Heart Disease

Contributory Causes .....

.....

Certifying Physician Dr. Hargmen (or Coroner)

His Address Heat Penn Hospital

Name of Father Jack N. Nesbitt

His Birthplace .....

Maiden Name of Mother Helen M. Clark

Her Birthplace .....

Date of Funeral Nov 26 1956 (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. 310

Section No. 31 1/2

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket. Protestant Service	50	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	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		
.... lined Death Notices in ..... Papers (Names of Newspapers)		
Dec. 19. 1956		
Sales Tax		
Total Footing of Bill	$	80 00
Less ..... Per	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance	$	$
11/26/56	By Payment	$ 30 00	$ 50 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. 2837 Yearly No. 68 Date of Entry Nov. 29 19 56

Name of Deceased Anthony Nee

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

Residence 216 Chesterfield Road ☐Husband ☐Wife ☐Widow or ____ of Mary Vaughan Age of Husband or Wife (if living) ____ Years

Charge to Mrs Mary Nee

Address 216 Chesterfield Road

Order given by Mr 1-0131 (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer

(Social Security Number)

Employer and Address Construction Work

Date of Death Nov. 29. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 14 1904 Age 52-9-15 (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 216 Chesterfield Road

Cause of Death

Contributory Causes

Certifying Physician Dr John B. Woods (or Coroner)

His Address 3500 Fifth Ave

Name of Father Coleman Nee

His Birthplace Ireland

Maiden Name of Mother Bridget Nowell

Her Birthplace Ireland

Date of Funeral Nov 3 1956 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

Mr Foy attorney

Complete Funeral (except outlays) $	1786 80
Casket x Professional Service	1300 00
Burial Vault or Box (State Kind)	200 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	245 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	46 36
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	19 20
(Name of Newspaper) EDW. J. MCAVOY	
PAID Jan 9, 1957	
Sales Tax	
Total Footing of Bill $	1839 56
Less $	
Per Balance $	
Entered into Ledger page ... or below.	
Miscellaneous	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Dec 5 1956	To Above Balance	1195 80	$ 643 76		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I 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

86

RECORD OF FUNERAL

Total No. 2838 Yearly No. 69 Date of Entry Dec. 1 19 56

Name of Deceased Donald C. Morse (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1902 Fifth Avenue ☐Husband ☐Wife ☐Widow or ..... of Amanda C. Morse Age of Husband or Wife (if living) ..... Years

Charge to Mrs Amanda C. Morse

Address 1902 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired - Pub. Sch. (Social Security Number)

Employer and Address .....

Date of Death Dec 1, 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 4 1887 Age 69 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Don Baird (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

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

Place of Death Mayo Hospital

Cause of Death Congestive Failure

Contributory Causes Myocardial Infarction

.....

Certifying Physician Dr. Hugh Sherman (or Coroner)

His Address Mayo Hospital

Name of Father Geo. O. Morse

His Birthplace .....

Maiden Name of Mother Ellen

Her Birthplace .....

Date of Funeral Dec. 4 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Highwood

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	141	96
Casket Professional Bronze		520	00
Burial Vault or Box (State Kind)		75	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)			
9 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		9	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, $		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			
8 line Death Notices in 4 Papers		12	80
EDW. J. McAVOY PAID Dec 26 1956			
Sales Tax			
Total Footing of Bill	$	706	80
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	$ 75 00	$ 631 80		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 2839 Yearly No. 70 Date of Entry Dec. 4 19 56

Name of Deceased Thomas Arrigo Jr. N.
☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 1901 Forbes St ☐Husband ☐Wife ☐Widow or ..... of } Mary A Capozzoli
Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Arrigo

Address 1901 Forbes St

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

How Secured .....

If Veteran, Name of War .....

Occupation Foreman Highway - 175-12-7635
(Social Security Number)

Employer and Address State of Penn.

Date of Death Dec. 4 1956
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 28 1912 Age 44
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters

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 1901 Forbes St

Cause of Death Coronary Occlusion

Contributory Causes .....

Certifying Physician Dr. Hans D. McClellan (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father Thomas Arrigo

His Birthplace Italy

Maiden Name of Mother Augustine Terrasi

Her Birthplace Italy

Date of Funeral Dec. 7 1956 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. Row 26

Grave No. 33

Section No. 28

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	1540 00
Casket		1150 00
Burial Vault or Box (State Kind)		200 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 1 @ $		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)		
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 41.20 - 15.45		56 65
Flowers, $ ..... 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		
13 line Death Notices in 4 Papers (Names of Newspapers)		20 80
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	1600 00
Less PAID Dec 5 1956	$	
Balance	$	

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

RECORD OF FUNERAL

Total No. 2240 Yearly No. 21 Date of Entry Dec 5 1956

Name of Deceased Marion A Beatty 2d (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence City T. B. Hospital Tuck Farm ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to John P. Beatty (Age)

Address 3735 Philadelphia Ave (C)

Order given by Dr. Lee (or informant) 12 01 80

How Secured

If Veteran, Name of War

Occupation Utility Worker 189-12-7598 (Social Security Number)

Employer and Address City T&H Tuck Farm Hospital

Date of Death Dec 5 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 44 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Pittsburgh

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

Place of Death Tuck Farm Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Wm A McClelland Coroner (or Coroner)

His Address Coroners Office

Name of Father Patrick Beatty

His Birthplace Ireland

Maiden Name of Mother Bertha Kennedy

Her Birthplace Ireland

Date of Funeral Dec 7 1956 (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 24

Grave No. 32

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	650	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Tuxedo (State Kind and Color)	2	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 @ $	23	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)	3	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	110	03
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		
12 line Death Notices in 4 Papers (Names of Newspapers)	19	20
EDW. J. McAVOY PAID Jan 14 1957		
Sales Tax		
Total Footing of Bill	$	899 20
Less Billed 1-3-57	$	
Per Balance	$	
Entered into Ledger page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Dec 1956	By Payment	$ 654 00	$ 243 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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 2841 Yearly No. 72 Date of Entry Dec 7 1956

Name of Deceased Albert J. Vogel (What Race) Ct

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1828 Diaz Way

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

Charge to Frank W. Vogel

Address 319 - 5th St N.E. Wash. D.C.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Stationery Engineer (Social Security Number)

Employer and Address Gpo Press

Date of Death Dec 7 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 4 1880 Age 76 - 11 - 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Hollidaysburg, Pa

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

Place of Death Mercy Hospital

Cause of Death Carcinoma of Liver

Contributory Causes

Certifying Physician Dr. Bailey (or Coroner)

His Address

Name of Father Phillip Vogel

His Birthplace

Maiden Name of Mother Mary Shilling

Her Birthplace

Date of Funeral Dec 12 1956 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Warrenton Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	800 —
Casket		710 00
Burial Vault or Box (State Kind)		25 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		2 50
Dressing Body, $ ... Underwear, $		42 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)		
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, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		26 07
Telegr., Phone, Cable or Radio Charges		2 09
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in 4 Papers		19 20
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Jan. 9, 1957	$	832 36
Less	$	
Balance	$	

Billed 1-2-57 Pap

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

W. W. Brigman, Long Beach, California

90

RECORD OF FUNERAL

Total No. 2892 Yearly No. 73 Date of Entry Dec 8 1956

Name of Deceased Bessie Tony (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1720 Bedford Ave

Charge to: Mrs. Margaret Cordone

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

Address 2143 Pauline N. Bch 16

Order given by Same (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec 12 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 6 1893 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at the Greek Church (Address)

Clergyman

Religion of the Deceased Syrian Orthodox

Birthplace Syria

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

Place of Death 1720 Bedford Ave

Cause of Death Congestive heart failure

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. Paul Petraglia (or Coroner)

His Address: 205 Virginia Ave

Name of Father Elias Mitchell

His Birthplace Syria

Maiden Name of Mother Sylvia Eazor

Her Birthplace: Syria

Date of Funeral Dec 12 1956 (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)	1100	00
Casket	955	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)	35	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	22	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	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, $		
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	22	40
Sales Tax		
Total Footing of Bill $	1165	40
Less $		
Per ..... Balance $		

EDW. J. McAVOY
Funeral Director
Long Beach, California
PAID
Dec 5, 1957

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. 2893 Yearly No. 74 Date of Entry Dec 15 19 56

Name of Deceased Minerva Haley (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 11 Stevenson Street

☐ Husband ☐ Wife ☐ Widow or ..... of George Haley

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

Charge to Mrs Elsie Knowlan

Address 116 N Pacific Ave Ogh 24 Ca

Order given by Em 1727 9 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewoman

Employer and Address Penna R.R. (Social Security Number)

Date of Death Dec 15 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 90 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman

Religion of the Deceased Protestant (Address)

Birthplace Heidelburg Pa

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

Place of Death 116 N. Pacific Ave

Cause of Death Hypostatic Pneumonia

Contributory Causes Hypertension

Certifying Physician Dr Walter K Schlosser (or Coroner)

His Address 5173 Penn Ave

Name of Father John Fisher

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Dec 18 1956 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Robinson Penn Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1110 00
Casket 4 Professional Bronze		955 00
Burial Vault or Box (State Kind)		75 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 Charge		50 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		
7 line Death Notices in 4 Papers (Names of Newspapers)		12 80
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Dec 26, 1956	$	1165 80
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 .....

Address .....

Witness ..... Long Beach, California

92

RECORD OF FUNERAL

Total No. 2894 Yearly No. 75 Date of Entry Dec. 15 1956

Name of Deceased Infant Muehl (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 2624 Brownsville Road (27) ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: John Muehl

Address: 2624 Brownsville Road

Order given by: ~~Father~~ (or informant)

How Secured:

If Veteran, Name of War

Occupation: None (Social Security Number)

Employer and Address

Date of Death: Dec. 15 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Dec. 15 1956 Age (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: Total abruption of

Contributory Causes: placenta, premature labor

Certifying Physician: Dr. J. P. Schneider (or Coroner)

His Address: Mercy Hospital

Name of Father: John Muehl

His Birthplace

Maiden Name of Mother: Clara Turner

Her Birthplace

Date of Funeral: Dec. 17 1956 (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		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		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	$	60 00
Less	$	
Balance	$	

Entered in Ledger page ..... or below.

Miscellaneous

Billed to EDW. J. McAVOY

PAID Jan 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. 2895 Yearly No. 76 Date of Entry Dec 25 1956

Name of Deceased Badia E. Affif (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 338 Bernhill Ave (26) ☐Husband ☐Wife ☐Widow } Charles K.

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

Charge to Joseph Affif

Address Mrs. Helen Karagheusian

Order given by Tel. 15682 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec. 25. 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 20. 1894 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory

Clergyman Rev. Elias Brail (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 338 Bernhill Ave

Cause of Death Generalized Carcinomatosis

Contributory Causes Carcinoma of Stomach & Intestines

Certifying Physician Dr. Thomas Cuddeback (or Coroner)

His Address 1322 Boulevard

Name of Father Peter Gabriel

His Birthplace Lebanon

Maiden Name of Mother Mary Affif

Her Birthplace Lebanon

Date of Funeral Dec. 29. 1956 (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)	$ 1502	00
Casket	1250	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	37	00
Slippers, $ 5 ..... 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) (State Physician's or Coroner's)		
3 Certif. Copies of Death Certificates No.	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge	216	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		
11 line Death Notices in 4 Papers	17	60
(Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Jan 23. 1957	$ 1604	10
Less	$	
Balance Due	$	
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

94

RECORD OF FUNERAL

Total No. 2896 Yearly No. 77 Date of Entry Dec 28 19 56

Name of Deceased Alfred Daugherty (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 3304 Jane Street

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

Charge to: Daniel Daugherty

Address 3304 Jane Street

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

How Secured: .....

If Veteran, Name of War .....

Occupation Laborer (Social Security Number)

Employer and Address Bakery

Date of Death Dec 28 1956 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 18 1938 Age 18 7 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev John Heiser (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 U. C. L. A. South Side Hospital

Cause of Death Shock following Extensive

Contributory Causes Trauma due to Auto Collision

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

His Address: Coroner Alley Co.

Name of Father Daniel Daugherty

His Birthplace .....

Maiden Name of Mother Elizabeth Haney

Her Birthplace: .....

Date of Funeral Dec 31 1956 M. (Date) (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)	$	747 50
Casket		75 00
Burial Vault or Box O.P. Case (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		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		10 00
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 2 Papers (Names of Newspapers)		8 80
Sales Tax		
Total Footing of Bill	$	976 30
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. 2897 Yearly No. 1 Date of Entry Jan. 15 19 57

Name of Deceased Mary Albert (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 454 Sunnyvale Ave

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

Charge to Miss Genevieve Albert

Address 454 Sunnyvale Ave (21)

Order given by Eugene Agrea (or informant)

How Secured 452 Sunnyvale Fr. 1-11-96

If Veteran, Name of War .....

Occupation Factory Girl 190-09-0567 (Social Security Number)

Employer and Address Restaurant (Branches)

Date of Death Jan. 15, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 7, 1898 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman ..... (Address)

Religion of the Deceased Roman Catholic

Birthplace Lebanon

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

.....

Certifying Physician Dr. S. Krauss (or Coroner)

His Address Montefiore Hospital

Name of Father Sam Adrasy

His Birthplace Lebanon

Maiden Name of Mother Genevieve Abrahams

Her Birthplace Lebanon

Date of Funeral Jan 18, 1957 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St Marys Cemetery

Lot No. 47

Grave No. 2

Section No. 1

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket ... Professional Service	950	00
Burial Vault or Box (State Kind)	200	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)	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, $ ... 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
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill 1-12-1957	$	1270 60
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. Peineman, Long Beach, California

96

RECORD OF FUNERAL

Total No. 2898 Yearly No. 2 Date of Entry Jan 17 1957

Name of Deceased James P Hess (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 114 Van Braam St

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

Charge to: John J. Hamilton

Address: 77 N Bryant Ave Pgh 2 Pa.

Order given by Por. 4460 (or informant)

How Secured:

If Veteran, Name of War

Occupation Ruler 190-07-1849 (Social Security Number)

Employer and Address Johnston Printing Co.

Date of Death Jan 17 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 25 1886 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphony 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 Acute Lobar Pneumonia

Contributory Causes

Certifying Physician Dr. Geo E. Cusick (or Coroner)

His Address: Mercy Hospital

Name of Father James Hess

His Birthplace

Maiden Name of Mother Mary McKelty

Her Birthplace

Date of Funeral Jan 21, 1957 (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.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Service	950	00
Burial Vault or Box Vault (State Kind)	140	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... 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)		
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 7'0"x4'0" 45 Stone	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, $	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	16	00
55.6K (Names of Newspapers) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Feb 6, 1957	$	1241 50
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. 2899 Yearly No. 3 Date of Entry Jan 18 1957

Name of Deceased Dennis C. Crawley (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1202 Gilbert St (19) ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Wm. Harris

Address 1813 Janney St (6)

Order given by Dtr (or informant) 1-535-6

How Secured

If Veteran, Name of War

Occupation Retired Janitor 211-05-6282 (Social Security Number)

Employer and Address

Date of Death Jan 18 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 4 mo. 70 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 Coronary Occlusion

Contributory Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Conner - Alley Co.

Name of Father Unknown

His Birthplace Ireland

Maiden Name of Mother Unknown

Her Birthplace Ireland

Date of Funeral Jan 22 1957 (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)	1099	00
Casket 4 Professional Service	745	00
Burial Vault or Box (State Kind)	25	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	1	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 75 00	125	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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges	100	00
Personal Service		
7 line Death Notices in 2 Papers (Names of Newspapers)	5	60
$$ OK EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Jan. 22, 1957	1169	10
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 .....

98

RECORD OF FUNERAL

Total No. 2900 Yearly No. 4 Date of Entry Jan. 27, 1957

Name of Deceased Anthony Francis M

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

Residence 49 Van Brunt St ☐Husband ☐Wife ☐Widow of Mary Anna Age of Husband or Wife (if living) Years

Charge to Mrs. Mary Francis

Address 49 Van Brunt St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Baggage Foreman 116-14-0156 (Social Security Number)

Employer and Address Penna. RR.

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

Date of Birth Dec. 19, 1903 Age 53 (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 Mercy Hospital

Cause of Death Massive Pulmonary Embolism

Contributory Causes Thrombophlebitis

Certifying Physician Dr. N. J. Nestler (or Coroner)

His Address Mercy Hospital

Name of Father Rocco Francesa

His Birthplace Italy

Maiden Name of Mother Josephine Lovodar

Her Birthplace Italy

Date of Funeral Jan. 26, 1957 (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 Imperial Bronze	1075	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)		
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	220	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, $	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		
13 line Death Notices in 6 Papers (Names of Newspapers)	24	20
93-9K Bill EDW. J. McAVOY		
Sales Tax	$	
Total Footing of Bill Mar 6, 1957	1523	20
Less	$	
Balance	$	

Entered into Ledger Page ... of below Per

Miscellaneous

Date 1957		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Feb 16	By Payment Met	$836 00	$687 20		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2901 Yearly No. 5 Date of Entry Jan 26 1957

Name of Deceased Charles H. Wunderlich (What Race) W.

☒ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 412 Dewees St. ☐Husband ☐Wife ☐Widow } Mae Doherty

Charge to H. H. Wunderlich or ..... of } Age of Husband or Wife (if living) ..... Years

Address 4558 Sedgmore Rd.

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

How Secured .....

If Veteran, Name of War .....

Occupation Anderlie - - 192-03-1459 (Social Security Number)

Employer and Address St Francis Hospital

Date of Death Jan 26 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 24 1894 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev R. Grey (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 Vets Hospital (Oakland)

Cause of Death Bronchopneumonia

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Henry H. Wunderlich

His Birthplace Pittsburgh Pa

Maiden Name of Mother Mary J. McCausland

Her Birthplace Pittsburgh Pa

Date of Funeral Jan 28 1957 ..... 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. 58

Grave No. 7

Section No. 16

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1079 00
Casket		890 00
Burial Vault or Box A Please (State Kind)		75 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 1 Buses @ $		10 00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Pall Bearers		30 00
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
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		
9 line Death Notices in 2 Papers		7 20
(Names of Newspapers)		
Sp. Ch.		
V. A. - Clk. EDW. J. McGAVOCK		
Sales Tax		
Total Footing of Bill	$	1117 20
Less	$	
Balance	$	

PAID Mar 1, 1957

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 .....

RECORD OF FUNERAL

Total No. 2902 Yearly No. 6 Date of Entry Feb. 11 19 57

Name of Deceased Mrs. Chinkas (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 16 Vine Street ☐Husband ☐Wife ☐Widow of Anna Chrascs

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

Address 16 Vine St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 160-12-9464 (Social Security Number)

Employer and Address Mill

Date of Death Feb. 11, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 28, 1904 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Michaels Russian Orth

Clergyman

Religion of the Deceased Russian Orthodox (Address)

Birthplace Carnegie, Pa.

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

Place of Death Mercy Hospital

Cause of Death Lymphatic Leukemia

Contributory Causes

Certifying Physician Dr. Geo. T. Kovalic (or Coroner)

His Address Mercy Hospital

Name of Father Unknown

His Birthplace Russia

Maiden Name of Mother Unknown

Her Birthplace Russia

Date of Funeral Feb. 14, 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Alexanders

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	870 00
Casket		765 00
Burial Vault or Box (State Kind)		75 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		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 / 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		6 40
N.Y.-O.K. + (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	914 40
Less	$	
Balance	$	

EDW. J. MCAVOY

PAID

Mar 12, 1957

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. 2903 Yearly No. 7 Date of Entry Feb 16 19 57

Name of Deceased Stellbower Chiappetta (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 914 Vickroy St. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to John D Chiappetta

Address 914 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 Feb 11, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 11 1957 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Magee Hospital Pgh. Pa.

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

Place of Death .....

Cause of Death Prolapsed Cord

Contributory Causes Premature separation of membranes

Certifying Physician Dr. N. C. Wallestein (or Coroner)

His Address Magee Hospital

Name of Father John Dennis Chiappetta

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Elizabeth Conley

Her Birthplace Pittsburgh Pa.

Date of Funeral Feb 15 19 57 (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		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)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	15 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		
.... line Death Notices in ..... Papers (Names of Newspapers)		
EDW. J. MCAVOY		
Sales Tax		25 00
Total Footing of Bill	$	
Less Feb. 16, 1957	$	
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 .....

RECORD OF FUNERAL

Total No. 2904 Yearly No. 9 Date of Entry Feb. 19 1957

Name of Deceased Estella Sanner 74
(Married) (Single) (Widowed) (Divorced) (What Race)

Residence 4901 Penn Ave
(Husband) (Wife) (Widow) or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to David R. Griffeth

Address 14 North St. Zph 27 Pa

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

How Secured 333 Mercer St. Gentle Creek, Pa

If Veteran, Name of War .....

Occupation Housewife 160-22-7591 (Social Security Number)

Employer and Address .....

Date of Death Feb. 19, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 Mayview Hospital

Cause of Death Broncho Pneumonia

Contributory Causes .....

Certifying Physician .....

His Address Mayview Hospital (or Coroner)

Name of Father William J. Duncan

His Birthplace .....

Maiden Name of Mother Hannah Harrington

Her Birthplace .....

Date of Funeral Feb. 22 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Row 27
Lot No. .....
Grave No. 19
Section No. 28
Block No. .....
Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket Professional Service	785 00
Burial Vault or Box (State Kind)	75 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	4 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 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, $ ..... 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)	24 00
OK EDW. J. MCAVOY	
Sales Tax	
Total Footing on Bill Apr. 13, 1957	$ 1042 00
Less	$
Balance	$

PAID

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Mar 19, 1957	By Payment	$ 300 00	$
Mar 26, 1957	"	$ 521 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

RECORD OF FUNERAL

Total No. 2905 Yearly No. 9 Date of Entry Feb 22 19 57

Name of Deceased Clarence R. Truax (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1835 Blvd of Allies ☐Husband ☐Wife ☐Widow of ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Ellen Truax

Address .....

Order given by George Truax (or informant)

How Secured 1835 Blvd of Allies

If Veteran, Name of War .....

Occupation Driver

Employer and Address Steel Mill - 200 - 07 - 7074 (Social Security Number)

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

Date of Birth Oct 13 1902 Age 47 - 4 - 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gospel Tabernacle 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 1835 Blvd of Allies

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Dr Wm S McClelland (or Coroner)

His Address Coroner - Alleg Co

Name of Father Albert H Truax

His Birthplace .....

Maiden Name of Mother Ellen Noonan

Her Birthplace .....

Date of Funeral Feb 26 1957 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cem

Lot No. 246

Grave No. .....

Section No. U

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket - Professional Service	1265	00
Burial Vault or Box	200	00
Embalming Body (State Kind)		
Barber, $ ..... (Name of Embalmer) 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	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		
13 line Death Notices in 6 Papers	31	20
$5 - OK (Name of Newspaper) EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Mar 25 1957	$ 1597	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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 2906 Yearly No. 10 Date of Entry Feb. 23 19 57

Name of Deceased Sr. M. Raymond Casabare Abbottichio (What Race) ☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2323 Fifth Ave ☐Husband ☐Wife ☐Widow } or ..... 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 Teacher (Social Security Number)

Employer and Address St Aloysius

Date of Death Feb. 23 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 16 1883 Age 73-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

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 Lymphosarcoma

Contributory Causes Unreported

Certifying Physician Dr John B. Miller (or Coroner)

His Address Mercy Hospital

Name of Father Archangelo Abbottichio

His Birthplace Italy

Maiden Name of Mother Maria Sorrentino

Her Birthplace Italy

Date of Funeral Feb. 26 1957 M. (Date) (Day of Week) (Hour)

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 / 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)		
EDW. J. MCAVOY		
PAID		
Sales Tax		
Total Footing of Bill	$	200 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. 2906 Yearly No. 10 Date of Entry Feb. 23 19 57

Name of Deceased Sr. M. Raymond Cousbare Abbatticchio (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Cliffside Drive

☐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 Teacher

Employer and Address St Rebyia (Social Security Number)

Date of Death Feb. 23 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 16 1883 Age 73-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary's Convent

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Lymphasarcoma

Contributory Causes Unrelated

Certifying Physician Dr John B. Miller (or Coroner)

His Address Mercy Hospital

Name of Father Archangelo Abbatticchio

His Birthplace Italy

Maiden Name of Mother Maria Sorrentino

Her Birthplace Italy

Date of Funeral Oct. 26 1957 M. (Date) (Day of Week) (Hour)

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, $ ..... 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		
Sales Tax		
Total Footing of Bill	$	200 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. 2907 Yearly No. 11 Date of Entry Feb. 23 1957

Name of Deceased Dr. James A. Munster (24 What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 716 Clark Street

Charge to Mrs. Sadye Thompson

Address 465 Eastern Pkwy - Brooklyn

Order given by Mrs. 2-0482 - Beck (or informant)

How Secured

If Veteran, Name of War

Occupation Medical Doctor (Social Security Number)

Employer and Address

Date of Death Feb. 23 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 16 1883 Age 73-7-7 (Mos.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church N.J.

Clergyman Fr. Mc Pherson (Address)

Religion of the Deceased Catholic

Birthplace Elizabeth N.J.

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

Place of Death South Side Hospital

Cause of Death Pulmonary Infection

Contributory Causes Nephrosclerosis, Arteriosclerosis, Heart Disease

Certifying Physician Dr. G. R. Williamson (or Coroner)

His Address South Side Hospital

Name of Father Matthew J. Munster

His Birthplace

Maiden Name of Mother Mary —

Her Birthplace

Date of Funeral Feb. 27 1957 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary (Holy Sepulchre Plot)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Gallagher - Tw 1-7975

Complete Funeral (except outlays)	$	1450 -
Casket 1 Professional Remover		1125 00
Burial Vault or Box Vault (State Kind)		175 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 @ $		
Extra Limousines 1 @ $		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)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ ... Use of Chapel, $		40 00
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charge Dept.		25 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		36 05
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		
16 line Death Notices in 7 Papers (Names of Newspapers)		44 80
Acknowledgments		
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$	1498 85
Less April 15, 1957	$	
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

Army of the United States of America

To all who shall see these presents, greeting:

This is to certify that

by direction of the President and under the provisions of section nine of the act of Congress, approved May eighteen, nineteen hundred and seventeen,

James A Munster

2d Lieut Medical Corps

was **honorably discharged** *from the military service in The United States Army*

at Camp Meade Maryland

on the Fifteenth *day of* March, 1919

C R Noyes

Colonel 17th Inf U.S.A. *Commanding.*

Form No. 525-2. A. G. O. 3—6652

18859
VOL. 25.

MILITARY RECORD

Battles, engagements, skirmishes: St. Mihiel and Meuse Argonne Sept 12 to 25th 1918. and Sept 26. to Nov 2nd 1918. Respectively.

Medals awarded: None, 191

Wound chevrons authorized: None

War service chevrons authorized: Gold, one

Remarks: With Field Hospital # 326, 307 San Trains except several minor detached services.

Commissioned Sept. 4. 1917

Commissioned Sept. 4th 1917
Active Service January 5, 1918
M. O. T. C. one month
Field Hospital # 34, Ft. Oglethorpe, one month
Bellevue Hospital N.Y. War Surgery, one month
Base Hospital, Camp Lewis, six weeks.
Military Police 82nd Division A.E.F. Six weeks
325th Infantry, 82nd Division A.E.F. Ten days
326 Field Hospital 307 San Trains A.E.F. Six months.
321st Machine Gun Batt. 82nd Div. A.E.F. Ten days

H. A. Gilchrist
Commanding.
Lieut Colonel M.C. U.S.A.

3—6652

MAR 14 1945

James A. Munster

1st Lieut — Medical Corps

Enl: Jan 5th, 1917 — Disc: March 15, 1919

Born: — Died.

(Fee for this certificate, $1.00)

This is to certify that this is a true copy of the original record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P. L. 304, approved by the General Assembly, June 29, 1953.

2-26-57	349201
Date	No.

Secretary of Health

HVS-20143-250M-1-56

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Primary Dist. No. 170

File No.

CERTIFICATE OF DEATH

Registered No. 1401

1 PLACE OF DEATH
a. County: Alleg.
b. City, Borough or Township: Pgh. Ward
c. Length of stay in 1b.
d. FULL NAME (If not in hospital, give street address) of HOSPITAL or INSTITUTION: Southside Hospital
e. Is Place of Death Inside Municipality Limits? Yes ☐ No ☐

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: Penna. County: Alleg.
c. City, Borough or Township: Pgh.
d. Street Address or Location: 716 Arch St.
e. Is Residence Inside Municipality Limits? Yes ☐ No ☐
f. Is Residence on a Farm? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): a. (First) Wm. b. (Middle) James c. (Last) Munsters
4. DATE OF DEATH: (Month) (Day) (Year) 2-23-57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-16-1883
9. AGE (in years last birthday): 73
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10. FULL NAME OF SPOUSE
11. BIRTHPLACE (Also give State or foreign country): Elizabeth, N. J.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Matthew J. Munster
14. MOTHER'S MAIDEN NAME: Mary —
15. USUAL OCCUPATION (even if retired): Medical Doctor
16. Social Security No.
17. INFORMANT: Mrs. Sayde Thompson ADDRESS 465 Eastern Parkway Brooklyn 16 N.Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART I. Death was caused by:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary infarction	1 week.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)	Nephrosclerosis	abt. 6 mos.
DUE TO (c)	Arteriosclerotic Heart Disease	abt. 6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED.
20c. Time of Injury: Hour, m., Month, Day, Year E.S.T.
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)
20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

21. I hereby certify that I attended the deceased from 2-16, 1957 to 2-23, 1957 that I last saw the deceased alive on 2-23, 1957 and that death occurred at 12:05 P.M. E.S.T., from the causes and on the date stated above.

22a. SIGNATURE: G. R. Williamson M.D. or D.O.
22b. ADDRESS: 1213 Park Bldg. Pgh. Pa.
22c. DATE SIGNED: 2-23-57

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE: 2-27-57
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, Boro., Twp. & County) (State): Pgh. Alleg. Co. Pa.

24. DATE REC'D BY REG. 2-25-57
25. REGISTRAR'S SIGNATURE: Ethel Boulton
26. SIGNATURE OF FUNERAL DIRECTOR: E. J. McGarvey ADDRESS: 1700 Forbes St. Pgh. 19, Pa.

RECORD OF FUNERAL

Total No. 2907 Yearly No. 12 Date of Entry Feb 26 1957

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

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 128 Washington Place ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Estate of

Address

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Laborer 167-07-0003 (Social Security Number)

Employer and Address L. A. R. R. Co.

Date of Death Feb 26 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 25 1882 Age 68 (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 128 Washington Place

Cause of Death Cerebral Hemorrhage

Contributory Causes

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

His Address: 2002 Estelle Ave

Name of Father Michael Mullen

His Birthplace Ireland

Maiden Name of Mother Sarah Fitzpatrick

Her Birthplace: Ireland

Date of Funeral Mar 1, 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem

Diagram of Lot or Vault

Lot No. 415
Grave No. 4
Section No. P
Block No.
Owner

Miscellaneous

NA OK
Fine OK

Complete Funeral (except outlays)	$	1732
Casket ... Professional Service		1265 00
Burial Vault or Box (State Kind)		240 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 5 @ $ 22 00		110 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)		
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, $		87 55
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		
12 line Death Notices in 4 Papers		19 20
(Names of Newspapers) EDWIN J. MCAVOY		
OS-OK		
Sales Tax MAR 27 1957		
Total Footing of Bill	$	1807 75
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. 2909 Yearly No. 13 Date of Entry Mar 1 19 57

Name of Deceased Frances E. Ryan 74
☒ Married ☐ Single ☐ Widowed ☐ Divorced (Year Race)

Residence 1109 Bedford Ave ☐Husband ☐Wife ☐Widow or ..... of Isaac Ryan Age of Husband or Wife (if living) ..... Years

Charge to Isaac Ryan

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 194-09-8211 (Social Security Number)

Employer and Address .....

Date of Death Mar 1 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 13 1882 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. J. Heuser (Address)

Religion of the Deceased Catholic

Birthplace Charlotte, N.C.

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

Place of Death 1109 Bedford Ave

Cause of Death Cerebral Embolism Heart

Contributory Causes Disease - Hypertension Heart Disease

Certifying Physician Dr. Norman Cohen (or Coroner)

His Address 1405 Tilden Ave

Name of Father Peter McGowan

His Birthplace .....

Maiden Name of Mother Amanda Lockhart

Her Birthplace .....

Date of Funeral Mon 4 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Paul's Lutheran Cem Olivet

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)		30	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		130	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 / 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			
55-01K (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	$	$
3/4/57	By Payment	$ 394 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 .....

Address .....

Witness .....

RECORD OF FUNERAL

Total No. 2910 Yearly No. 14 Date of Entry Mar. 11 19 57

Name of Deceased Patrick Carney (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 17 Magee Street

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

Charge to: D.P.C.

Address .....

Order given by Mrs. Marie Carney (or Informant)

How Secured 1102 Swanhose St Pgh 12 Pa.

If Veteran, Name of War E.P. 1 3045

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Mar 11 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 59 yrs (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Gaspbany 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 Shock following 3rd degree burns of entire body

Contributory Causes ..... due to following ignited gas stove

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

His Address: Coroner - Ally Co.

Name of Father Patrick Carney

His Birthplace .....

Maiden Name of Mother Catherine Moran

Her Birthplace: .....

Date of Funeral Mar 13 1957 (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. 667

Grave No. 3

Section No. 1

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Drawer		100 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		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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notice ..... Papers		
..... (Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	150 00
Less	$	
Balance	$	

EDW. J. McAVOY
REC'D
January 14, 1957
Per JM

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Mar 14 1957	To Above Balance	150 00	$		To Balance Forward		$
Mar 14	By Payment	$ 100 00	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 2911 Yearly No. 15 Date of Entry Mar 17 1957

Name of Deceased Gerdy D. La Belle (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 13 Marion St

Charge to Estate of Gerdy D. La Belle

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

Address Ben Cooper - Esq

Order given by Mrs. C. E. Shaffer (or informant)

How Secured 827 Cypress St - Irwin Pa.

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Mar 17 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 31 1885 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel (Address)

Clergyman .....

Religion of the Deceased Protestant

Birthplace Punxsutawney, Pa. (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death 13 Marion St

Cause of Death Carcinoma of Colon

Contributory Causes Mouth Liver and distant metastases

Certifying Physician Dr E. B. Buchanan (or Coroner)

His Address Mercy Hospital

Name of Father Edward Beckwith

His Birthplace .....

Maiden Name of Mother Elizabeth Lockett

Her Birthplace .....

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

Motor Ship } Remains to .....

Size of Casket Rose Everett Amail (State Color and Number)

Manufactured by .....

~~Cemetery~~ Crematory } Herman

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Bill Pendergast Porter

Complete Funeral (except outlays)	$	
Casket 4 bronze	976	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	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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers	15	34
(Names of Newspapers) Johnstown Tribune		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	$ 1048	34
Less Nov. 20, 1957 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 ..... W. W. Dickerson Long Beach, California

110

RECORD OF FUNERAL

Total No. 2912 Yearly No. 16 Date of Entry Mar 26 1957

Name of Deceased Edward T. Albert Sr.

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

Residence: 810 Crawford St

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

Charge to: Mrs Matilda Albert

Address 810 Crawford St

Order given by Co 1 5697 (or informant)

How Secured:

If Veteran, Name of War

Occupation self Employed 168-01-9506 (Social Security Number)

Employer and Address Grocery store

Date of Death Mar 26 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 26 1914 Age 42-1-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St George G.O. Church

Clergyman Rev. Paul Lamby (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Pittsburgh Pa

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

Place of Death Roanoke Va (Carilpert) Memorial Hospital

Cause of Death Lacerations & abrasions of brain

Contributory Causes Crushed Chest Fractured L. base of brain

Certifying Physician Sheldon A. Carey (or Coroner)

His Address:

Name of Father Sam Albert

His Birthplace Syria

Maiden Name of Mother Jane Spott

Her Birthplace:

Date of Funeral Mar 30 1957 (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)	$	385
Casket "Professional Service"		2525 00
Burial Vault or Box (State Kind)		375 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 3 @ $ 21		63 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)		
15 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		7 50
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		535 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		200 94
Personal Service		
15 line Death Notices in 4 Papers		24 00
55 at J.A.OK EDW. J. MAYO (Name of Newspapers)		
Sales Tax		
Total Footing of Bill April 11, 1957	$	3785 94
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. 2913 Yearly No. 17 Date of Entry Mar. 30 1957

Name of Deceased Kanjo Joseph (What Race) Negro

☒ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 2328 Tillery Ave (17)

☐ Husband ☐ Wife ☐ Widow or ..... of Rahme Joseph

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

Charge to Mrs. Rahme Joseph

Address 2328 Tillery Ave

Order given by Nalim M. Joseph (or informant)

How Secured 212 Jefferson Rd. - Tph 35

If Veteran, Name of War .....

Occupation Salesman

Employer and Address Dry Goods - Wallace (Social Security Number)

Date of Death Mar 30 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 26 1883 Age 68 - 3 - 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George A.O. Church

Clergyman Rev. Paul Romley (Address)

Religion of the Deceased Greek Orthodox

Birthplace Syria

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

Place of Death 2328 Tillery Ave

Cause of Death Arteriosclerotic heart

Contributory Causes disease

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

His Address 300 E Trenton Ave (21)

Name of Father Mershed Joseph

His Birthplace Syria

Maiden Name of Mother Affefe Nasaf

Her Birthplace Syria

Date of Funeral Apr. 2 1957 (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)	$ 825	
Casket Professional Service	700	00
Burial Vault or Box C.P. Grade (State Kind)	70	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 / 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
EDW. J. MCAVOY (Names of Newspapers)		
PAID Mar. 4. 16. 1957		
Per J.M.		
Sales Tax		
Total Footing of Bill ..... $	880	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 .....

Address .....

RECORD OF FUNERAL

Total No. 2913 Yearly No. 18 Date of Entry Apr. 1 1957

Name of Deceased Gregorios Manganas (What Race)

☐ Married ☒ Single ☐ Widowed ☑ Divorced

Residence: 2014 Woodward Ave

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

Charge to: Mr. Nick Manganas

Address: 2014 Woodward Ave

Order given by Le. 1 31 23 (or informant)

How Secured:

If Veteran, Name of War

Occupation Painter (Social Security Number)

Employer and Address

Date of Death Apr. 1. 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 3. 1899 Age 58-2-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas G.O.A. Church

Clergyman

Religion of the Deceased Greek Orthodox (Address)

Birthplace Greece

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

Place of Death Mercy Hospital

Cause of Death Bronchogenic Carcinoma

Contributory Causes Cmetastasis

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

His Address: Mercy Hospital

Name of Father Athinagoras Manganas

His Birthplace Greece

Maiden Name of Mother Angela Valantasis

Her Birthplace: Greece

Date of Funeral Apr. 4. 1957 (Date) (Day of Week) (Hour) M.

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)	$	
Casket	475	00
Burial Vault or Box (State Kind)	70	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, $		
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)		
... EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill 25,195	$	550 00
Less	$	
Per ... Balance	$	

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. 2914 Yearly No. 19 Date of Entry Apr. 12 1957

Name of Deceased Stella Slavin W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 6447 Crestview Ave ☐Husband ☐Wife ☐Widow
Charge to Cincinnati 13 Ohio or ..... of } Age of Husband or Wife (if living) ..... Years

Address .....

Order given by Frank Slavin (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death April 12 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 69 (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 6447 Crestview Ave

Cause of Death .....

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father ..... Frances

His Birthplace .....

Maiden Name of Mother Catherine Rush

Her Birthplace .....

Date of Funeral Apr. 16, 1957 (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)	75	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, $ 1 ..... Ambulance, $	24	00
Limousines to Cemetery 2 @ $ 22	44	00
Extra Limousines ..... @ $		
Autos to R. R. Station 1 @ $ 10	10	50
Getting Remains 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, $	40	00
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	125	00
Cremation		
Flowers, $ 4 .... Palms, $ .... Matting, $	36	05
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ .... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 .... 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 2	250	00
Chapel Rental 2		
10 line Death Notices in 4 Papers	16	00
(Names of Newspapers)		
EDW. J. MCAVOY		
Sales Tax	6	55
Total Footing of Bill May 24, 1957 ..... $		
Less ..... $		
Per ..... Balance ..... $	635	88
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 ..... Long Beach, California

RECORD OF FUNERAL

Total No. 2915 Yearly No. 20 Date of Entry Apr. 19 19 57

Name of Deceased Julia E. Brown (☐ Married ☐ Single ☒ Widowed ☐ Divorced) (What Race) W

Residence 2010 Fustin St (☐ Husband ☐ Wife ☐ Widow) or ..... of Peter

Charge to James R. Brown Age of Husband or Wife (if living) ..... Years

Address 2010 Fustin

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Restaurant Worker (Social Security Number)

Employer and Address 166-24-8635

Date of Death Apr 19, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 14, 1880 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany

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 2012 Forbes St

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

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

His Address Coroner - Alley Co.

Name of Father Bernard Lavelle

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Apr. 22, 1957 (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		825 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		5 00
Suit or Dress (State Kind and Color)		27 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 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		
12 line Death Notices in 4 Papers (Names of Newspapers)		16 00
5 ok		
Sales Tax		
Total Footing of Bill	$	1035 75
Less	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
May 1, 1957	By Payment	$ 458 33	$ 577 42
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 2916 Yearly No. 21 Date of Entry Apr 22 1957

Name of Deceased Aulden V. Meskill (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1727 Fisher St ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Miss Anna Meskill

Address 1727 Fisher St

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Clerk 192-09-1493 (Social Security Number)

Employer and Address Champean Coal Co.

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

Date of Birth Apr 22 1857 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev. L.A.C. 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 Mercy Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes .....

.....

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father James N. Meskill

His Birthplace .....

Maiden Name of Mother Ella Riley

Her Birthplace .....

Date of Funeral Apr 26 1957 (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. .....

Section No. O

Block No. .....

Owner .....

Miscellaneous .....

May 8 1957

		(1957)
Complete Funeral (except outlays)	$	
Casket P. Professional Service		1060 00
Burial Vault or Box (State Kind)		75 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		70 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		72 10
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5 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		
11 line Death Notices in 6 Papers		26 40
Clock (Names of Newspapers)		
ED.W. J. McAVOY		
Sales Tax		
Total Footing of Bill May 15 1957	$	1333 50
Less PAID		
Balance Due	$	

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. 2917 Yearly No. 22 Date of Entry May 8 1957

Name of Deceased Raymond A McCaffrey Jr. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1029 Bluff St

Charge to Mrs Paul McKerney (Winifred) ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Address 804 Sharpsville Ave - Dial 7-7290

Order given by Sister Pa (or informant)

How Secured Rev. James A. McCaffrey

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

Occupation Bartender 209-10-2918 (Social Security Number)

Employer and Address

Date of Death May 5 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 15 1907 Age 49 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 Veterans Adm (Oakland)

Cause of Death Bronchopneumonia

Contributory Causes generalized carcinomatosis

Certifying Physician Veterans Adm (or Coroner)

His Address

Name of Father James A. McCaffrey

His Birthplace

Maiden Name of Mother Winifred Donohue

Her Birthplace

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

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary (Section Plot)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	295	00
Burial Vault or Box C.P. Case (State Kind)	70	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $ Shirt	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)		
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		
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		
14 line Death Notices in 6 Papers (Names of Newspapers)	33	60
SS-OK		
Sales Tax		
Total Footing of Bill	$	1033 60
Less	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
9-28-57	By Payment Bartenders local	$ 200 00	$ 833 60
10-2-57	" "	$ 500 00	$ 333 60
4-17-58	21 & 2 Dons	$ 150 00	$ 183 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

C 4,425,726
33,149,340

Raymond A. McCaffrey.

Sgt - DMD - 250th Sta Hosp.

Cm 2/11/1942 - Hlist 7/6/1944

Born.
6/15/1907

Died.
5/8/57

Mrs Paul McNerney
Mrs Winifred McNerney.
804 Sharpsville Ave
Sharon Pa.

55-209-10-7918

1029 Bluff st
Pgh 19, Pa

Co 1,7458

Gerald McCaffrey, Brother

RECORD OF FUNERAL

Total No. 2918 Yearly No. 23 Date of Entry May 14 1957

Name of Deceased Anthony George Jr.

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

Residence 6 Robert Street ☐Husband ☐Wife ☐Widow of Lucy Sunde

Charge to John J. George Age of Husband or Wife (if living) Years

Address 6 Robert St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer (Social Security Number)

Employer and Address Construction Co

Date of Death May 14 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 17 1887 Age 70 - 1 - 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

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 Circulatory Shock

Contributory Causes Gastrointestinal hemorrhage of undetermined etiology

Certifying Physician Dr. Fred Brady (or Coroner)

His Address Mercy Hospital

Name of Father George George

His Birthplace Lebanon

Maiden Name of Mother Hawah Sahod

Her Birthplace Lebanon

Date of Funeral May 18 1957 (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	1110	00
Burial Vault or Box (State Kind)	75	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, $		
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	24	00
Arkansas Gazette (Names of Newspapers)	8	50
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	$	1314 50
Less	$	
Balance	$	

PAID May 21 1957

Entered in Ledger Page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward	$	$
May 18 57	By Payment	$ 1063 50	$ 251 50		By Payment	$	$
	" "	$	$ 125		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 2919 Yearly No. 24 Date of Entry May 26 1957

Name of Deceased James Hosler 71 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1412 Fifth Ave ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Christopher Hosler

Address 1412 Fifth 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 26 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 24 1957 Age 3 - 2 (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 Mercy Hospital

Cause of Death Acute Gastroenteritis

Contributory Causes Dr J. A. Gilmartin

.....

Certifying Physician .....

His Address Mercy Hospital (or Coroner)

Name of Father Christopher Hosler

His Birthplace Pittsburgh Pa

Maiden Name of Mother Alice Ann Dearlin

Her Birthplace Pittsburgh Pa

Date of Funeral May 28 1957 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		75 00
Burial Vault or Box (State Kind)		10 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, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.		1 00
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
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		25 00
Chapel Rental		25 00
....line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	206 00
Less	$	
Balance	$	

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

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
July 57	By Payment	$ 150 50	$ 55 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.

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 2920 Yearly No. 25 Date of Entry June 2 1957

Name of Deceased Magdalene (Jean) Jones

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

Residence 209 Van Braam St ☐Husband ☐Wife ☐Widow of David J. Jones Jr.

Charge to David J. Jones Jr. Age of Husband or Wife (if living) Years

Address 209 Van Braam St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutties (Social Security Number)

Employer and Address

Date of Death June 2 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 6 1910 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman

Religion of the Deceased Pres. Watson (Address)

Birthplace Callery, Pa

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

Place of Death West Penn Hospital

Cause of Death Congestive heart failure

Contributory Causes Mitral stenosis

Multiple pulmonary emboli - Renal disease

Certifying Physician Dr. C. R. Benay (or Coroner)

His Address West Penn Hospital

Name of Father Daniel Marburger

His Birthplace

Maiden Name of Mother Viola Lambert

Her Birthplace

Date of Funeral June 5 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mineralville Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 700	—
Casket 7 Professional Bronze	495	00
Burial Vault or Box C. P. Case (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)	26	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	100	00
Cremation		
Flowers, $ 6 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, $		
Railroad / or 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	14	40
(Name of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 729	10
Less	$	
Per (Balance)	$	

EDW. J. McAVOY

PAID June 15, 1957

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

RECORD OF FUNERAL

Total No. 2921 Yearly No. 26 Date of Entry June 4 1957

Name of Deceased Charles M. Moffitt (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1202 Forbes St.

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

Charge to Mrs Bertha Kubisch

Address 210 E 16th St.

Order given by Palatka Fla (or Informant)

How Secured

If Veteran, Name of War

Occupation Retired Bartender 209-07-4704 (Social Security Number)

Employer and Address

Date of Death June 4 1957 (Mo.) (Da.) (Yr.) (Hour)

Date of Birth Oct 5 1877 Age 79 (Mo.) (Da.) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Canon Haymer (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 Mayo Clinic Hospital

Cause of Death Chronic Congestive Heart

Contributory Causes Failure

Certifying Physician Dr. J. P. Smyka (or Coroner)

His Address

Name of Father William A. Moffitt

His Birthplace

Maiden Name of Mother Jennie McCandless

Her Birthplace

Date of Funeral June 6 1957 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } United

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	400 00
Casket Professional Services		750 00
Burial Vault or Box C.P. Case (State Kind)		75 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		75 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		25 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		
....lines Death Notices in ..... Papers (Name of Newspapers)		10 80
Sales Tax		
Total Footing of Bill	$	937 80
Less Paid June 18, 1957	$	
Balance	$	

EDW. J. McAVOY
PAID
JUNE 18, 1957

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. 2922 Yearly No. 27 Date of Entry June 20 19 57

Name of Deceased Catherine A. McElhaney

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

Residence Earl Hotel - Liberty Ave ☐Husband ☐Wife ☐Widow of Wm H.

Charge to Miss Marie E. Griffin Age of Husband or Wife (if living) Years

Address Bridgeville Apts.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired R.R. Clerk 716-16-9345 (Social Security Number)

Employer and Address

Date of Death June 20 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 29 1877 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Geo Shamy Church

Clergyman Rev. 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 Allegheny Gen. Hospital

Cause of Death Pulmonary Embolism

Contributory Causes Fracture of left hip due to fall on sidewalk

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

His Address Coroner Allegheny Co.

Name of Father John Nolan

His Birthplace Ireland

Maiden Name of Mother McCaffrey

Her Birthplace

Date of Funeral June 24 1957 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Marys

Diagram of Lot or Vault

Lot No. 81

Grave No. 3

Section No. Sec N

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1153 -
Casket		975 00
Burial Vault or Box (State Kind)		25 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		4 00
Dressing Body, $ Underwear, $		23 95
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, $ 4 Use of Chapel, $		40 00
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		25 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 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		
13 line Death Notices in 5 Papers		24 00
(Names of Newspapers)		
Sales Tax July 3, 1957		
Total Footing of Bill	$	1188 95
Less Paid John P. McElhaney	$	
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. 2923 Yearly No. 28 Date of Entry June 28 1957

Name of Deceased Rose Burgundy (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: R 3025 Roland St 6275

☐Husband ☐Wife ☐Widow } of Sam Age of Husband or Wife (if living) 10 75 Years

Charge to: Richard J. Burgundy

Address 3025 Roland St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housekeeper (Social Security Number)

Employer and Address

Date of Death June 28 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 15 1881 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory

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 Stoneboro Pa

Cause of Death Cerebral Vascular

Contributory Causes Accident

Certifying Physician (or Coroner)

His Address:

Name of Father Elias Wehby

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace Lebanon

Date of Funeral July 1 1957 (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 3

Grave No. 59

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Service	830	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (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 Stoneboro Pa	47	40
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	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, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service	50	00
12 line Death Notices in 2 Papers (Names of Newspapers)	8	60
EDW. J. McAVOY DATE		
Sales Tax Nov. 7th 1957		
Total Footing of Bill	$	1126 00
Less Paid Motor Vehicle Fund	$	1166 50
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Aug. 3 57	By Payment	$ 10.00 00	$
	" "	$	$		" "	$ 40 00	$
	" "	$	$		" "	$ 36 00	$
	" "	$	$		" "	Paid $	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2934 Yearly No. 29 Date of Entry July 8 1957

Name of Deceased Maud L. Dettis

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 315 East St (What Race) W.

☐ Husband ☐ Wife ☐ Widow } of William Dettis

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

Charge to Mrs. Stella Kruse

Address 315 East St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death July 6 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 25 1883 Age 74 - 0 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Curry (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 315 East St.

Cause of Death Heart disease, Coronary

Contributory Causes Thrombosis

.....

Certifying Physician Dr. M. A. Garrity (or Coroner)

His Address 2016 Fifth Ave.

Name of Father William Shreeman

His Birthplace .....

Maiden Name of Mother Margaret Simmons

Her Birthplace .....

Date of Funeral July 11 1957 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Peters (Lexington Ave)

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	570 00
Casket Professional Service		470 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
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		
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		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		9 60
(Names of Newspapers)		
July 14 1957		
Sales Tax		
Total Footing of Bill	$	601 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		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2925 Yearly No. 30 Date of Entry July 9 1957

Name of Deceased Morton F. Corcoran Sr.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 2113 Fuston St ☐Husband ☐Wife ☐Widow of } Della Griffin (What Race) 95 Age of Husband or Wife (if living) Years

Charge to: Mrs Della Griffin

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Carpenter 160-12-2817 (Social Security Number)

Employer and Address

Date of Death July 9 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 19 1895 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes Church

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 2113 Fuston St

Cause of Death Pneumonia

Contributory Causes

Certifying Physician Dr. M.A. Garrity (or Coroner)

His Address: 2916 Fifth Ave

Name of Father Michael Corcoran

His Birthplace Ireland

Maiden Name of Mother Winifred Hunt

Her Birthplace: Ireland

Date of Funeral July 13 1957 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	890	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 ... 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, $	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 (Names of Newspapers)	28	80
SS-OR		
Sales Tax		
Total Footing of Bills	$ 1022	80
Less ... Per ...	$	
Balance	$	

Entered into Ledger, page ... or below.

EDWARD McAVOY PAID July 29, 1957

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. 2926 Yearly No. 31 Date of Entry July 12 1957

Name of Deceased Rita Marie Thomas (What Race) N

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 273 Burrows St (13) ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Ira Thomas

Address 273 Burrows 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 12 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 16 1957 Age 1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (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 Mercy Hospital

Cause of Death Prematurity

Contributory Causes .....

.....

Certifying Physician Dr. Richard McEnna (or Coroner)

His Address Mercy Hospital

Name of Father Ira Thomas

His Birthplace Kansas City Mo.

Maiden Name of Mother Doris Marie Reed

Her Birthplace Kansas City Mo

Date of Funeral July 12, 1957 (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. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ..... Complete Funeral	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		
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		
Sales Tax ..... PAID		
Total Footing of Bill July 15 1957 ..... $	40	00
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 .....

Address .....

126

RECORD OF FUNERAL

Total No. 2937 Yearly No. 32 Date of Entry July 25 1957

Name of Deceased Patrick J. Lydon

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 616 Wylie Ave

☐ Husband ☐ Wife ☐ Widow } of ..... of } Marie Cambeat

(What Race)

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

Charge to: Mrs. Marie Lydon

Address: 616 Wylie Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation Steward 200-20-5391 (Social Security Number)

Employer and Address .....

Date of Death July 25 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 19 1904 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 D. C. A. Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

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

His Address: Coroner - Alleg. Co.

Name of Father Coleman Lydon

His Birthplace Allen Wyoming

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral July 29 1957 (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. 474

Grave No. 3

Section No. M

Block No. 1

Owner Edward Lydon

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1100
Casket		825 00
Burial Vault or Box (State Kind)		175 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		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		
.... line Death Notices in 6 .... Papers		28 80
(Names of Newspapers)		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Aug. 26, 1957	$	1168 80
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

PAID

Per JFW

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. 2928 Yearly No. 33 Date of Entry Aug 14 1957

Name of Deceased Rev. Elias P. Basil (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 600 Dunster St

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

Charge to Joseph Basil

Address 64 Glendale Rd (5)

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

How Secured .....

If Veteran, Name of War .....

Occupation Clergyman (Social Security Number)

Employer and Address .....

Date of Death Aug 14 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 6 1887 Age 70-3-8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory

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 Chronic Lymphatic

Contributory Causes Leukemia

.....

Certifying Physician Dr John J. Kenny (or Coroner)

His Address Mercy Hospital

Name of Father Joseph Basil

His Birthplace Lebanon

Maiden Name of Mother Theresa Basil

Her Birthplace Lebanon

Date of Funeral Aug 17 1957 (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) ..... $	1500 00
Casket 7 Professional Bronze	1450 00
Burial Vault or Box ..... (State Kind)	175 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)	
8 Certif. Copies of Death Certificates No.	8 00
Pall Bearer Service, $ ..... (State Physician's or Coroner's) 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	24 00
Asbury (Names of Newspapers)	20 00
.....	
EDW. J. McAVOY	
Sales Tax	
Total Footing of Bill Aug 16 1957 ..... $	1677 00
Less ..... $	
PAID 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 ..... Long Beach, California

28

RECORD OF FUNERAL

Total No. 2929 Yearly No. 34 Date of Entry Aug. 18 19 57

Name of Deceased Raymond Hakim Jr.

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

Residence: 5021 Penn Ave. ☐Husband ☐Wife ☐Widow or ..... of } Mary Johns

Charge to: Mrs. Mary Hakim Age of Husband or Wife (if living) ..... Years

Address 5021 Penn Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired Storekeeper 209-28-0428 (Social Security Number)

Employer and Address Self

Date of Death Aug. 16, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 0 Yr. 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspbury 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 West Penn. Hospital

Cause of Death Carcinamatosis - Primary

Contributory Causes Colon

Certifying Physician Dr. C. E. Clarke (or Coroner)

His Address West Penn Hospital

Name of Father Hakim Rhad

His Birthplace Lebanon

Maiden Name of Mother Martha Joseph

Her Birthplace Lebanon

Date of Funeral Aug. 21, 1957 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket .....

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

Cemetery Crematory } Calvary Cemetery

Lot No. 207

Grave No. 6

Section No. 30

Block No. .....

Owner Anna Raymond

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket ... Professional Service	895	00
Burial Vault or Box Vault (State Kind)	175	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		
5 Certif. Copies of Death Certificates No. (State Number and District)	5	00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)		
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		
14 line Death Notices in 4 Papers (Names of Newspapers)	22	40
O.K. EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Aug 19 1957	$	1262 40
Less PAID	$	52 40
Balance	$	1210 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. 2930 Yearly No. 35 Date of Entry Aug 22 19 57

Name of Deceased Stillborn Cascianni (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4392 Seton Drive (37) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Orlando Cascianni

Address 4392 Seton Drive

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 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 22 1957 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 Unknown Cause

Contributory Causes Macerated Fetus

.....

Certifying Physician ..... (or Coroner)

His Address Mercy Hospital

Name of Father Orlando A. Cascianni

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Emma Zisatz

Her Birthplace Pittsburgh Pa.

Date of Funeral ..... (Date) (Day of Week) Aug 23 1957 (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. 255 X

Grave No. 4

Section No. 1

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 7 Perpetual Bronze	50	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 Newspaper) EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Aug 23 1957	$	60 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

130

RECORD OF FUNERAL

Total No. 2931 Yearly No. 36 Date of Entry Sept 4 19 57

Name of Deceased Wallace F. McCaffrey (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 951 Fordham Ave (26) ☐Husband ☐Wife ☐Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of Wm F. McCaffrey

Address Thomas P. Mulcahy Esq.

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Fireman (Social Security Number)

Employer and Address City of Pgh (Survey)

Date of Death Sept 4 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 21 1886 Age 70-11-13 (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 Hemorrhage

Contributory Causes .....

.....

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

His Address Mercy Hospital

Name of Father Rafael McCaffrey

His Birthplace .....

Maiden Name of Mother Mary Ann Lynch

Her Birthplace .....

Date of Funeral Sept 7 1957 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. 189

Grave No. 1

Section No. F

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket	1120	00
Burial Vault or Box C.P. Case (State Kind)	90	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 @ $	24	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)	3	00
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, $ 5 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		
.....		
....line Death Notices in 5 Papers (Name of Newspaper)	30	00
..... EDW. J. McAVOY		
..... PAID		
Sales Tax		
Total Footing of Bill Oct 7 1957	$	1367 00
Less	$	
Pay ..... Balance	$	
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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 2932 Yearly No. 37 Date of Entry Sept 15 1957

Name of Deceased George P. Kail (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2701 Homehurst St 34 ☐Husband ☐Wife ☐Widow of Josephine Medford

Charge to Mrs Josephine Kail Age of Husband or Wife (if living) Years

Address Hc Avondale Place (16) - Tw 1-3960

Order given by John Kail (Tel. 5-2744) (or informant)

How Secured 5604 Villa Haven Road (24)

If Veteran, Name of War

Occupation Book Salesman 161-18-7156 (Social Security Number)

Employer and Address (Attorney Mercer)

Date of Death Sept 15 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 19 1907 Age 49-6-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory 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 Montefiore Hospital

Cause of Death Fractured skull due

Contributory Causes to acute collapse

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Crowe-Alley Co.

Name of Father Nahek Kail

His Birthplace Lebanon

Maiden Name of Mother Yenanova Elbaz

Her Birthplace Lebanon

Date of Funeral Sept 19 1957 (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 Services	730	00
Burial Vault or Box C.R. Case (State Kind)	95	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	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, $ 5 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		
13 line Death Notices in 4 Papers (Names of Newspapers)	20	80
55-0K Sales Tax EDW. J. McAVOY		
Total Footing of Bill $	985	80
Less Mar. 4. 1958 $		
Balance $		

Entered into Ledger page 1 or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Oct 15 1957	John A Kail By Payment	$321 00	$644 80
Nov 22 57	" "	$156 00	$208 80
	" "	$	$
	" "	$	$
	" "	$	$

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

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

132

RECORD OF FUNERAL

Total No. 2933 Yearly No. 38 Date of Entry Sept 16 1957

Name of Deceased Mary (Mollie) Fox (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 62 Van Braam St

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) 90 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 Dairy typist 209-03-7684 (Social Security Number)

Employer and Address Rock Dairy Co.

Date of Death Sept. 16, 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 12 1873 Age 74 - 1 - 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Curry (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 Carcinomatosis

Contributory Causes Anemia

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

His Address West Penn. Hospital

Name of Father Charles A. Fox

His Birthplace .....

Maiden Name of Mother Hanna Williams

Her Birthplace .....

Date of Funeral Sept. 19 1957 (Date) (Day of Week) (Hour) M.

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 4 Professional Service	890 00
Burial Vault or Box C.P. Case (State Kind)	95 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	5 00
Suit or Dress ..... (State Kind and Color)	35 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	
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	92 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 4 Papers	12 20
$2 ck EDW J MCAVOY (Names of Newspapers)	
Sales Tax PAID O.K. 10/14/57	
Total Footing of Bill	$ 1136 80
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. 2934 Yearly No. 39 Date of Entry Sept 19 1957

Name of Deceased Fred Sick ☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W 1425

Residence 7 Magee St ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Richard Currie

Address 3419 Shadeland Ave 12

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Navy Employee 208-01-5747 (Social Security Number)

Employer and Address Rock Navy Co.

Date of Death Sept 19 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 18 1884 Age 72-10-1 (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 Methodist Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr. R. Levy (or Coroner)

His Address 3459 Fifth Ave

Name of Father Fred H. Sick

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Sept 23 1957 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Highwood Cemetery

Diagram of Lot or Vault

Lot No. 35-36

Grave No. 4

Section No. B.1

Block No. .....

Owner Fred Sick

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Casket & Professional Use	1210	00
Burial Vault or Box (State Kind)	175	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	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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in 5 Papers	16	00
SS-OK (Date of Newspaper)		
Sales Tax		
Total Footing of Bill	$	14.89 00
Less	$	
Balance	$	

EDW. J. MCAVOY PAID Nov 22, 1957

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. 2935 Yearly No. 40 Date of Entry Sept. 23 1957

Name of Deceased Benjamin Hadas (What Race) W

Married ☐ Single ☒ Widowed ☐ Divorced

Residence 720 Ohio River Blvd (2) ☐Husband ☐Wife ☐Widow of Mary Karanics

Age of Husband or Wife (if living) Years

Charge to Louis Hadas

Address 720 Ohio River Blvd (2)

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer - 203-12-1133 (Social Security Number)

Employer and Address

Date of Death Sept. 23 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 29 1876 Age 81 (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 720 Ohio River Blvd

Cause of Death Degenerative Heart Disease - Myocardial Infarction

Certifying Physician Dr. M. A. Garrity (or Coroner)

His Address 2016 Sixth Ave

Name of Father John Hadas

His Birthplace Hungary

Maiden Name of Mother Unknown

Her Birthplace Hungary

Date of Funeral Sept. 26 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery


HADAS — On Monday, Sept. 23, 1957, Benjamin Husband of Mrs. Mary Karanics, father of Mrs. [illegible] Mrs. William [illegible] Mrs. Elmer Lewandoski, Mrs. Lewis Hadas. Also survived by nine grandchildren. Friends may call at the McAvoy Funeral Home, [illegible] Thursday eve. [illegible] Requiem Mass will be offered [illegible] Ann's Church, Hazelwood, at 9:30 o'clock.

Lot No. 637

Grave No. 8

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	850 00
Casket		850 00
Burial Vault or Box (State Kind)		95 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		2 50
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		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		75 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, $		20 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 (Names of Newspapers)		14 40
25-OK EDW. J. McAVOY		
Sales Tax		
Total Footings of Bill	$	1070 90
Less Nov. 14, 1957	$	
(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.

Witness ... Signed ...

Address ...

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

RECORD OF FUNERAL

Total No. 2932 Yearly No. 43 Date of Entry Oct 20 1957

Name of Deceased Julia Griffin (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1909 Forbes St ☐Husband ☐Wife ☐Widow } of James Age of Husband or Wife (if living) 1663 Years

Charge to James Griffin

Address 1909 Forbes St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired P.T.L. Employee 01-7-18-2731 (Social Security Number)

Employer and Address

Date of Death Oct 20 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 15 1892 Age 65 yrs (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 Mercy Hospital

Cause of Death Carcinoma of Uterus

Contributory Causes

Certifying Physician Dr Lloyd Carlin (or Coroner)

His Address Mercy Hospital

Name of Father John Conroy

His Birthplace Ireland

Maiden Name of Mother Julia McAvenue

Her Birthplace Ireland

Date of Funeral Oct 23 1957 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Calvary

Crematory }

GRIFFIN—On Sunday, Oct. 20, 1957, Julia Conroy, wife of James Griffin; mother of Mrs. Mary Donavan and Katherine (Sister Mary James) of Mrs. Mollie Nee and Mrs. Katherine Joyce; also survived by Conroy and Mrs. Mary Theresa Conroy and Stephen Conroy all of Calvary, Ireland. Funeral from the McAvoy Funeral Home, 1909 Forbes St., Wednesday morning at 8:30. Solemn requiem high mass in St. Agnes Church at 9 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner James Griffin

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Service	1090	00
Burial Vault or Box (State Kind)	175	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 Cemetery	10	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	347	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, $	25	00
Railroad / 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 (Names of Newspapers)	33	60
55-CK EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill Nov. 5 1957	$	1718 10
Less	$	
Balance	$	

Per MAR

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

PAGES
135
136
MISSING

RECORD OF FUNERAL

Total No. 2929 Yearly No. 44 Date of Entry Oct 20 1957

Name of Deceased James K Mann (What Race) H

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1627 Preston St ☐Husband ☐Wife ☐Widow or ..... of Margaret Esther 1130

Charge to: Mrs. Margaret Mann Age of Husband or Wife (if living) ..... Years

Address 16 27 Preston 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 Oct 20 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 22 1880 (Mo.) (Day) (Yr.) Age 77 yrs. (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr Lamont (Address)

Religion of the Deceased Protestant

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Infarction

Contributory Causes Multiple arteriosclerosis Heart disease

Certifying Physician Dr R F X Kunschmidt (or Coroner)

His Address Mercy Hospital

Name of Father James Mann

His Birthplace Ireland

Maiden Name of Mother Margaret Kissock

Her Birthplace Ireland

Date of Funeral Oct 23 1957 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to ....

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

Manufactured by ....

Cemetery / Crematory } Inglewood Park Cem

Lot No. 171-C

Grave No. 1

Section No. 3

Block No. 43

Owner ....

Miscellaneous ....

Complete Funeral (except outlays)	$	
Casket Protessional Funeral		700 00
Burial Vault or Box O.K. (State Kind)		95 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		350 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 4 Papers		19 20
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	1165 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. 2940 Yearly No. 45 Date of Entry Oct. 23 19 57

Name of Deceased Sam Zeter Ayoub (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 709 Swisman St. (12) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by Joseph Zeter Ayoub (or informant)

How Secured 709 Swisman St

If Veteran, Name of War Mr Greenberger Engrs

Occupation Retired Mill Laborer 200-02-0220 (Social Security Number)

Employer and Address .....

Date of Death Oct 23 1957 (Mo.) (Day) (Yr.) (Hour)

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

Services at Our Lady of Victory Church

Clergyman Fr. Cabana (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 Congestive heart failure

Contributory Causes .....

Certifying Physician Dr. Wm R Bailey Jr (or Coroner)

His Address Mercy Hospital

Name of Father Zeter Ayoub

His Birthplace Lebanon

Maiden Name of Mother Victory Yammine

Her Birthplace Lebanon

Date of Funeral Oct 26 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. Row 19

Grave No. 58

Section No. 22

Block No. 1

Owner .....

AYOUB (Zeter) — On Wednesday Oct. 23, 1957, Sam Zeter Ayoub, brother of Joseph Ayoub. Funeral from the Mercer Funeral Home, 1700 Forbes St., on Saturday morning at 8:30. Requiem High Mass at Our Lady of Victory Church, Brookline, at 10 o'clock.

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	12 80 00
Casket		1100 00
Burial Vault or Box C.P. Case (State Kind)		95 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)		
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		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		1 05
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in 4 Papers (Names of Newspapers)		12 80
55 OK EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill	$	1343 85
Less (Apr. 21, 1958) PAID	$	
Balance	$	

Entered into Ledger, page 11 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. 2941 Yearly No. 46 Date of Entry Oct 28 1957

Name of Deceased Nellie McCormick (What Race) W

Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 141 Hallock Street (11) Pgh Pa ☐Husband ☐Wife ☐Widow of John McCormick Age of Husband or Wife (if living) ..... Years

Charge to: John McCormick

Address: 141 Hallock St

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Oct 28 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 7 1893 (Mo.) (Day) (Yr.) Age 65-1-21 (Yrs.) (Mos.) (Days)

Services at St Mary of the Mount Church

Clergyman Fr T A Sullivan (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 Adenocarcinoma of Uterus with general metastases

Contributory Causes .....

Certifying Physician Dr James Hodyhras (or Coroner)

His Address: South Side Hospital

Name of Father Patrick Feeney

His Birthplace Ireland

Maiden Name of Mother Bridget Welsh

Her Birthplace Ireland

Date of Funeral Nov 2 1957 (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. 20

Grave No. 1

Section No. XO

Block No. 11

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	990	00
Casket Professional Services	675	00
Burial Vault or Box	95	00
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (Name of Embalmer)	35	00
Slippers, $ ..... Hose, $ (State Kind and Color)		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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	235	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		
12 line Death Notices in 4 Papers	28	80
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	1288	80
Less $	1071	80
Per ..... Balance $		

EDW. J. McAVOY PAID Nov 27 1957

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. 2942 Yearly No. 47 Date of Entry Nov. 10 19.57

Name of Deceased Catherine McCarthy - Mrs. M. Philip Nov. 4.
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2333 Fifth Ave. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Beatrice J. Macy

Address 2333 Fifth Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation Asst. Bookkeeper (Social Security Number)

Employer and Address .....

Date of Death Nov. 16. 1957. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 16. 1884. Age 73-7-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at 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 Carcinoma of Rectum

Contributory Causes .....

.....

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

His Address Mercy Hospital

Name of Father Daniel F. McCarthy

His Birthplace Ireland

Maiden Name of Mother Catherine F. Casey

Her Birthplace Ireland

Date of Funeral Nov. 13. 1957. M. (Date) (Day of Week) (Hour)

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 .....

.....

.....

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 / 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 5 Papers		
.....		
..... (Names of Papers)		
EDW. J. MCAVOY		
Sales Tax Nov. 31, 1957		
Total Footing of Bill ..... $	200	00
Less ..... $		
Per Okay 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 .....

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

RECORD OF FUNERAL

Total No. 2943 Yearly No. 48 Date of Entry Nov. 11 19 57

Name of Deceased Elizabeth M. Hard 71
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

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

Charge to: Sr. M Cephas

Address: Mercy Hospital

Order given by: Harry J. Hard (or informant)

How Secured: 2082 N. 63rd St. Phila. 31 Pa.

If Veteran, Name of War .....

Occupation Artist (Social Security Number)

Employer and Address .....

Date of Death Nov. 11 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 29 1880 Age 77 (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 Myocardial Infarction

Contributory Causes .....

.....

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address: Mercy Hospital

Name of Father Thomas Hard

His Birthplace Ireland

Maiden Name of Mother Margaret McGuinness

Her Birthplace Ireland

Date of Funeral Nov. 13 1957 (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. 129

Grave No. 3

Section No. M.

Block No. 1

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket. 7 Professional Bearers	495	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (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		
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, $	25	00
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, $ ..... 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	9	50
EDW. J. McAVOY		
Sales Tax Dec 23 1957		
Total Footing of Bill	$ 747	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. 2942 Yearly No. 49 Date of Entry Nov. 14 19 57

Name of Deceased Mary Loecker

☐ Married ☐ Single ☑ Widowed ☐ Divorced

21 (What Race)

Residence 2040 Forbes St Pgh 19 Pa

☐Husband ☐Wife ☐Widow or ..... of } Anton

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

Charge to Estate

Address .....

Order given by E B Goldsmith Esq (or informant)

How Secured Mrs Mary Sevelle

If Veteran, Name of War 1118 First Ave N Y 21 N Y

Occupation Retired Restaurant Owner 174-14-3448 A (Social Security Number)

Employer and Address .....

Date of Death Nov 14 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 12 1889 Age 68 - 10 - 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes 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 Mercy Hospital

Cause of Death Lobar Pneumonia

Contributory Causes .....

Certifying Physician Dr. Ernest A. Falso (or Coroner)

His Address Mercy Hospital

Name of Father Jacob Gmachl

His Birthplace Austria

Maiden Name of Mother Barbara Gmachl

Her Birthplace Austria

Date of Funeral Nov 18 1957 (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)	$	1375
Casket Professional Service		900 00
Burial Vault or Box C.P. Case (State Kind)		95 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)		
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		125 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		50 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		110 00
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		
Opening Grave Lilly & Mem		70 00
10 line Death Notice Amer Papers		16 00
(Names of Newspapers)		
Paid May 11 1958		
Sales Tax		
Total Footing of Bill	$	1427 00
Less ..... per	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
11/15/58	By Payment	$ 627 00	$ 800 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 .....

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

1144

RECORD OF FUNERAL

Total No. 2945 Yearly No. 50 Date of Entry Dec. 4 1957

Name of Deceased Joseph Mlinac (MINIS) 71
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1112 Forbes St

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

Charge to: Helen V. Walczak

Address 1316 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 211-05-0431 (Social Security Number)

Employer and Address .....

Date of Death Dec. 4 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 19 1884 Age 73-8-15 (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 1112 Forbes St

Cause of Death Undetermined Natural

Contributory Causes Causes

.....

Certifying Physician Dr Wm D McClelland (or Coroner)

His Address Coroner - Alleg Co.

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Dec. 7 1957 (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 7' Rosewood Bronze	525	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)	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		
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	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		
.....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 624	50
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Dec. 30, 1957	By Payment	$450 00	$ 174 50
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
1958	By Payment	$	$ 10 00
1958	" "	$	$ 6 70
	" "	$	$ 157 80
	" "	$	$
	" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2946 Yearly No. 51 Date of Entry Dec 13 19 57

Name of Deceased Charles C. Lepping 2d (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 376 Preston St (5)

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

Charge to Mrs Margaret Lafferty

Address 2454 Rydall St (5)

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Clerk

(Social Security Number)

Employer and Address .....

Date of Death Dec (Mo.) 13 (Day) 1957 (Yr.) ..... (Hour)

Date of Birth Jan (Mo.) 6 (Day) 1877 (Yr.) Age 80 (Yrs.) 11 (Mos.) 12 (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 376 Preston St.

Cause of Death Cerebral Hemorrhage

Contributory Causes .....

.....

Certifying Physician Dr. Tuthill (or Coroner)

His Address 35 Bradford, Ave.

Name of Father Charles Lepping

His Birthplace .....

Maiden Name of Mother Barbara Anna

Her Birthplace .....

Date of Funeral Dec (Date) 16, 1957 (Day of Week) ..... (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Charteuse Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket F. Professional Services	775	00
Burial Vault or Box (State Kind)	95	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, $ 4 ... Singers, $ .... Organist, $	20	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
Billed 12/16/57		
Sales Tax		
Total Footing of Bill EDW. J. McAVOY	$ 982	20
Less PAID Nov 8, 1958	$	
Balance	$	

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

Miscellaneous .....

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

Date		Amount Paid	Balance
1-14-58	To Balance Forward		$
	By Payment 700	$ 700 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 ..... Long Beach, California

RECORD OF FUNERAL

Total No. 2947 Yearly No. 52 Date of Entry Dec. 19 19 57

Name of Deceased Judson T. Shireman Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 315 Grat Sheet (19) ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Stella Kruse

Address 315 Grat St

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Bartender (Social Security Number)

Employer and Address .....

Date of Death Dec 19 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 77 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Pittsburgh Pa

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

Place of Death 315 Grat St

Cause of Death Cardio Renal Disease

Contributory Causes .....

.....

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

His Address .....

Name of Father William Shireman

His Birthplace .....

Maiden Name of Mother Margaret Simmons

Her Birthplace .....

Date of Funeral Dec 21 1957 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Peters Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket Professional Services	575	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	4	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	71	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 / 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	9	60
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill Jan 17 58	$	757 60
Less	$	
Balance Due	$	

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		$
Dec 31 1957	By Payment R+I.C.	$ 200 00	$ 557 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. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2948 Yearly No. 53 Date of Entry Dec 19 1957

Name of Deceased Nellie O'Brien 71 (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Marian Manor ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Yrs

Charge to Estate of

Address Mary Cullum Lot 16035

Order given by Attorney Doherty (or informant)

How Secured Mrs Farrell

If Veteran, Name of War

Occupation Housedutues (Social Security Number)

Employer and Address

Date of Death Dec 19 1957 (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 Ireland

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

Place of Death 3211 Latonia Ave

Cause of Death Broncho Pneumonia

Contributory Causes

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

His Address 721 Jenkins Arcade

Name of Father Henry Sullivan

His Birthplace Ireland

Maiden Name of Mother Nellie -

Her Birthplace Ireland

Date of Funeral Dec 21, 1957 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

Check dated May 9, 1958

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	945	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	29	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)		
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	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, $ ... 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
McMAHON FUNERAL HOME (Name of Newspaper)		
Billed PAID		
Sales Tax ... Nov. 4, 1958		
Total Footing of Bill	$	11.77 15
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

McCLOSKEY, BEST & LESLIE
ATTORNEYS AT LAW
305 PARK BUILDING
PITTSBURGH 22, PA.

WILLIAM E. BEST, 1934-1945
THOMAS D. McCLOSKEY, 1934-1953

JOSEPH R. DOHERTY
JOSEPH S. D. CHRISTOF
PHILIP X. LEY

ARTEMAS C. LESLIE

GEORGE E. MATTHEWS

November 3, 1958

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

Gentlemen:

In accordance with our telephone conversation, we are releasing check of Mrs. Nellie Farrell, Executrix of the estate of Nellie M. O'Brien in the sum of $1,177.15, payable to the order of Edward J. McAvoy covering statement for funeral expenses in the Nellie M. O'Brien Estate, with the understanding that if, as I anticipate, the Inheritance Tax Department disallows any portion of this claim, you will remit the Inheritance tax charged on the excess. The Inheritance tax rate on this estate is 15 per cent.

According to the Inheritance Tax schedule, the amount that the Inheritance Tax Department will allow normally is $1,000.00. The gross estate was $6,094.11. I anticipate, therefore, that you will be required to send your check to the estate of Nellie M. O'Brien in the sum of $26.58. This is 15 per cent of $177.15.

I shall let you know of the decision of the Inheritance Tax Department as soon as I receive it. This should be within the next week or so.

Very truly yours,

Joseph R Doherty

McCLOSKEY, BEST & LESLIE

JRD/cln
Enclosure

RECORD OF FUNERAL

Total No. 2949 Yearly No. 54 Date of Entry Dec 26 1957

Name of Deceased John Steele Daly (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1700 Parker St

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

Charge to Mrs. Catherine McAvoy

Address 1700 Parker St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Financial Business 183-28-1303 (Social Security Number)

Employer and Address

Date of Death Dec 26 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 19 1886 Age 71 - 4 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace England

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

Place of Death 1700 Parker St

Cause of Death Carcinoma of Lung

Contributory Causes

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

His Address 2004 Fifth Ave

Name of Father Charles Steele

His Birthplace Ireland

Maiden Name of Mother Julia Burney

Her Birthplace Ireland

Date of Funeral Dec 30 1957 (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

Diagram of Lot or Vault

Miscellaneous McAVOY FUNERAL HOME

PAID Dec 30, 1957

Complete Funeral (except outlays) $	
Casket	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)	
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	75 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, $	15 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 6 Papers (Names of Newspapers)	24 60
SS: OK	
Sales Tax	
Total Footing of Bill $	317 60
Less $	
Balance $	

Entered into Ledger, page ... or below.

Miscellaneous

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

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		300 00
	" "		
	" "		
	" "		
	" "		

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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

Daly.

Casket & Serv.	790.00
C.P.Sase	95.00
	885.00
Cem. Chgs.	75.00
Relig Serv.	15.00
Flowers	50.00
Death Notices	20.60
Death Cert.	6.00
	166.60

Total..$1051.60

RECORD OF FUNERAL

Total No. 2950 Yearly No. 55 Date of Entry Dec 31 19 57

Name of Deceased Andrew Beresh 71
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1843 Watson St ☐Husband ☐Wife ☐Widow of Elizabeth Vasko
Age of Husband or Wife (if living) Years

Charge to mrs Elizabeth Donley (Domalewski)

Address 2041 Fifth Ave Pgh 19 Pa. Co 12/32

Order given by Anna Lagun (or informant)

How Secured 1843 Watson St

If Veteran, Name of War

Occupation Retired J+L Labor - 169-03-8012A (Social Security Number)

Employer and Address J+L Steel Corp

Date of Death Dec 31 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 23 1886 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greenhaven Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Czechoslovakia

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

Place of Death 1843 Watson St

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Dr Wm D McClelland (or Coroner)

His Address Coroner - Allg Co

Name of Father Elizabeth ?

His Birthplace Czechoslovakia

Maiden Name of Mother Unknown

Her Birthplace Czechoslovakia

Date of Funeral Jan 3 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Loretto Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		810 00
Burial Vault or Box		175 00
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)		
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		265 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 Notice in (Name of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1268 00
Less	$	
Balance	$	

EDW. J. McAVOY
Jan 15, 1958
Jpm

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
Jan 15, 1958	By Payment	$ 1000 00	$ 268 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. Feinemas, Long Beach, California

150

RECORD OF FUNERAL

Total No. 2951 Yearly No. 1 Date of Entry Jan 1958

Name of Deceased Kathryn Boyle (Sr. M. Pierre) (What Race) H

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave

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

Charge to Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation In Religion (Social Security Number)

Employer and Address

Date of Death Jan 1 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 22 1886 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Mary's Convent

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace New Castle Pa

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

Place of Death Mercy Hospital

Cause of Death Terminal Bronchopneumonia

Contributory Causes

Certifying Physician Dr. H. Glenn Hodes (or Coroner)

His Address Mercy Hospital

Name of Father Michael J. Boyle

His Birthplace

Maiden Name of Mother Susan Kearns

Her Birthplace

Date of Funeral Jan 4 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Vincent Cem.

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 / 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	$ 200 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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2952 Yearly No. 2 Date of Entry Jan 9 1958

Name of Deceased Catherine Ackerman

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 951 Fordham Ave

☐ Husband ☐ Wife ☐ Widow of (What Race) William P.

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

Charge to Cecilia Mc Caffrey

Address 951 Fordham Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Housekeeper (Social Security Number)

Employer and Address .....

Date of Death Jan 9 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 7 1889 Age 68 6 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 Mercy Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerotic

heart disease

Certifying Physician Dr. O. E. Turner (or Coroner)

His Address Mercy Hospital

Name of Father Manuel Mc Caffrey

His Birthplace Ireland

Maiden Name of Mother Mary Ann Lynch

Her Birthplace Ireland

Date of Funeral Jan 13 1958 (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 ..... Paid 12-30-58

Complete Funeral (except outlays)	$	
Casket Metropolitan Service	1250	00
Burial Vault or Box	90	00
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	30	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	2	00
(State Number and District)		
2 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, $ 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		
13 line Death Notices in 6 Papers	31	20
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax 12/30/58		
Total Footing of Bill	$ 1503	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. 2953 Yearly No. 3 Date of Entry Jan 16 1958

Name of Deceased Thomas J. Mulvaney

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

Residence 943 Ulrich St ☐Husband ☐Wife ☐Widow } or ..... of } Veronica Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Veronica Mulvaney

Address 943 Ulrich St

Order given by Tel. 13583 (or informant)

How Secured

If Veteran, Name of War

Occupation Plant Guard 170-01-6596 (Social Security Number)

Employer and Address U.S. Steel Homestead

Date of Death Jan. 16. 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 15. 1910 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mo.) (Days)

Services at Epiphany Church

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 Emergency Room U.S. Steel

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Alley Co.

Name of Father William Mulvaney

His Birthplace

Maiden Name of Mother Bridget Lorkin

Her Birthplace

Date of Funeral Jan. 20. 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem.

Diagram of Lot or Vault

Lot No. 384

Grave No. 9-10

Section No. 20

Block No. 1

Owner Veronica Mulvy

Miscellaneous

Complete Funeral (except outlays)	$	1380 00
Casket		175 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 ..... Flower Car		12 50
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	$	113 00
Outlay for Lot Cemetery Charges		350 00
Cremation		113.50
Flowers, $ ✓ .... Palms, $ .... Matting, $		45 00
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
Billed		
Sales Tax		
Total Footing of Bill	$	2024 30
Less EDW. J. McAVOY	$	
Balance PAID Feb 3 1958	$	

Entered on Ledger, page ... or below.

Miscellaneous

Per E. M.

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

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

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

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

Signed .....

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

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

HVS-20112—250M—1-57 (100 per Book)

(Fee for this Certificate, $1.00)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

№ 378005

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 75

Full Name of Deceased: Thomas (First) W. (Middle) Mulvaney (Last)

Place of Death: Adrianburg (City, Borough or Township) Allegheny (County) Pennsylvania

Date of Death 1-16-1958 Social Security No. 170-01-6596 Race White

Marital Status Married Sex Male Date of Birth 6-15-1910

Occupation Plant Guard Birthplace Pittsburgh

If Veteran, which War ..... Veteran's Serial No. .....

	Interval between Onset and Death
Disease or Condition Leading Directly to Death (a) Coronary Occlusion	
Due to (b)	
Due to (c)	

Accident, Suicide or Homicide ..... How did injury occur .....

Name and Title of Person Who Certified Cause of Death (M.D., D.O., Coroner) W. D. Mc Clelland

Address 542-4th Ave (Street) Pittsburgh (City)

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the Division of Vital Statistics, Harrisburg, Pennsylvania for permanent filing.

DEPARTMENT OF HEALTH COMMONWEALTH OF PENNSYLVANIA

Alice E. Germann Jr. A. 02-29
Local Registrar of Vital Statistics — District No.

1610 Library Rd Mc Kees
Street Address — City, Borough, Township

1-18 1958
Date Received by Local Registrar

1-26 1958
Date of Issue of This Certification

RECORD OF FUNERAL

Total No. 2954 Yearly No. 4 Date of Entry January 17 1958

Name of Deceased Thomas H Daly

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

Residence 1028 Benton Ave N.S. ☐Husband ☐Wife ☐Widow

Charge to Mrs. John H Ennis or ..... of ..... Age of Husband or Wife (if living) ..... Years

Address 54 Greenstone Pl. Pgh. 442

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Hostler none (Social Security Number)

Employer and Address City of Pgh.

Date of Death Jan 17 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 23 1880 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany

Clergyman Mr. O'Connell (Address)

Religion of the Deceased R. Catholic

Birthplace Pittsburgh

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

Place of Death Little Sisters of the Poor

Cause of Death Cerebral Thrombosis

Contributory Causes .....

Certifying Physician A. Erwin (or Coroner)

His Address 1201 Boyle St.

Name of Father Thomas Daly

His Birthplace .....

Maiden Name of Mother Ellen Lee

Her Birthplace .....

Date of Funeral 1-21-58 (Date) Tues. (Day of Week) 9:00 AM (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. L

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 / 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		$
Feb. 24 58	By Payment	$ 194 86	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 7955 Yearly No. 5 Date of Entry January 18 1958

Name of Deceased Barbara Feeney (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1123 Ivanhoe St. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Catherine F. Feeney

Address: 1123 Ivanhoe St.

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

How Secured: .....

If Veteran, Name of War .....

Occupation: Retired (Social Security Number)

Employer and Address .....

Date of Death: Jan 18, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: abt 83 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Epiphany

Clergyman: Mr. O'Connell (Address)

Religion of the Deceased: R. Catholic

Birthplace: PITTSBURGH PA

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

Place of Death: at home

Cause of Death: Undetermined Not Causes

Contributory Causes .....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address: .....

Name of Father: Michael Feeney

His Birthplace .....

Maiden Name of Mother: Margaret Walters

Her Birthplace .....

Date of Funeral: Jan 22, 1958 (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)	$	120 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. 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)		
Sales Tax		
Total Footing of Bill	$	170 00
Less ..... Per	$	
Balance	$	

EDW. J. McAVOY
Nov 15, 1958

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. 2956 Yearly No. 6 Date of Entry January 20 1958

Name of Deceased Beatrice McMurtry Hutter

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

Residence 100 Freeland St Bellzhoover ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Joseph Hutter

Address as above

Order given by Edward E. Lautsenhiser (or Informant)

How Secured 707 Johnston Ave Ph 7 Pa

If Veteran, Name of War ....

Occupation Tavern Owner 162-18-4798 (Social Security Number)

Employer and Address ....

Date of Death 1-20-58 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 26 1904 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at McInroys

Clergyman .... (Address)

Religion of the Deceased Protestant

Birthplace Johnstown

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

Place of Death 100 Freeland St

Cause of Death ....

Contributory Causes ....

Certifying Physician Coroner Wm McClelland (or Coroner)

His Address ....

Name of Father Edward Burkhart

His Birthplace ....

Maiden Name of Mother Pearl Springer

Her Birthplace ....

Date of Funeral 1-24-58 (Date) Fri (Day of Week) 2 P.M. (Hour)

Motor Ship } Remains to ....

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

Manufactured by ....

Cemetery Crematory } Irwindale (Union)

Diagram of Lot or Vault

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

Miscellaneous ....

Complete Funeral (except outlays)	$	1350 00
Casket		
Burial Vault or Box Martin Duplex (State Kind)		185 00
Embalming Body (Name of Embalmer)		
Barber, $ .... Hair Dressing, $		
Dressing Body, $ .... Underwear, $		5 00
Suit or Dress neg (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)		
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		
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		90 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 00
Lining Grave, $ .... Lowering Device, $		35 00
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 9 Papers (Names of Newspapers)		39 60
Sales Tax EDW. J. McAVOY		
Total Footing of Bill	$	1834 60
Less	$	
Balance	$	

Entered into Ledger page .... or below.

Miscellaneous Jan 29 1958

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.

Signed ....

Witness .... Address ....

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

156

RECORD OF FUNERAL

Total No. 2957 Yearly No. 7 Date of Entry Jan 20 1958

Name of Deceased Edward C. Sweeney (What Race)

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

Residence: 1202 Forbes Ave.

Charge to: Mrs. Dorothy E. McConnell

Address: 2127 Brownsville Rd. Pa.

Order given by Same (or Informant) 1606 Dilquist Ave

How Secured Divorced Wife - Mrs Joe Rivera La Puente Calif.

If Veteran, Name of War W.W. 2

Occupation Carpet layer 209-09-7491 (Social Security Number)

Employer and Address

Date of Death Jan. 20 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apl 42 Age 15 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Prot.

Birthplace Buffalo, N.Y. USA

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

Place of Death 1202 Forbes St.

Cause of Death Strangulation Hanging

Contributory Causes

Certifying Physician Wm. H. McClelland (or Coroner)

His Address: Coroner

Name of Father James Sweeney

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Jan 25 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Allegheny

Lot No. 302

Grave No. 73

Section No. 38

Block No. 1

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		475 00
Burial Vault or Box (State Kind)		75 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, $		41 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)		
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, $ ..... 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	$	674 00
Less	$	
Balance	$	

Billed to Co. Clk.

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Mar 7 1958	By Payment Mrs. Dent	$ 150 00	$		By Payment	$	$
May 28 1958	" Alley Co	$ 75 00	$ 399 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

Mrs Helen Renteria
16026 Ambeza Ave
La Puente, Calif





Mr Edward F. McAvoy
1700 Forbes St
Pittsburgh, Pa.

Social Security Notified
July 30, 1958 JHM

Dear Mr McAvoy:

I am sending this to let you know I will start sending you money every month starting the 1st of Aug. I have been waiting for Mr Sweeney government insurance to be paid to me. I will get a check every month & will send your part.

Also I wanted to ask if the social security paid any thing towards his bill I know the Veterans did, but if the social security didn't I can apply in Calif here for it Would you please let me know so

I can attend to it right away.

Thank You
Mrs Helen Risteria
16026 Dunheven St
La Puente, Calif

- about Mrs Edward C Sweeney
(dull)

RECORD OF FUNERAL

Total No. 2958 Yearly No. 8 Date of Entry Jan 31 1958

Name of Deceased Joseph Finn (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1202 Forbes Street Pgh 19 Pa

Charge to Mrs. Edith Cawley John Finn ☐Husband ☐Wife ☐Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Address 205 Maple Terrace Pgh 11, Pa

Order given by Mrs. Edith Cawley (or informant)

How Secured Tel 12250

If Veteran, Name of War No

Occupation Mailer - Newspaper 167-01-1690 (Social Security Number)

Employer and Address Sun-Telegraph

Date of Death 1 (Mo.) 31 (Day) 1958 (Yr.) (Hour)

Date of Birth 3 (Mo.) 30 (Day) 1892 (Yr.) Age 65 (Yrs.) 10 (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Jeanette, Pa (or U. S. or City or County) (Years) (Months)

Resided in the State

Place of Death Mercy Hospital

Cause of Death Massive Int. Hemorrhage

Contributory Causes Perf. Gastric Ulcer

Multiple 2nd & 3rd degree burns

Certifying Physician Dr. H. S. Kushner (or Coroner)

His Address Mercy Hospital

Name of Father John Finn

His Birthplace

Maiden Name of Mother Margaret Coalman

Her Birthplace

Date of Funeral Feb 4 (Date) Tues (Day of Week) 10 A. 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. 137

Grave No. 4th 6

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	675 00
Casket		185 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $		
Hair Dressing; $		
Dressing Body, $		
Underwear, $		
Suit or Dress Suit 2pc (State Kind and Color)		37 50
Slippers, $		
Hose, $		
Folding Chairs, $		
Tarpaulin, $		
Candelabrum, $		
Candles, $		
Door Spray, $		
Gloves, $		
Funeral Car, $		41 00
Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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		
Cremation		
Flowers, $		
Palms, $		
Matting, $		
Rental of Tent, $		
of Temporary Vault, $		
Opening of Grave or Tomb		110 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		
10 line Death Notices in 3 Papers (Sun-Tel - No Charge) (Names of Newspapers) 1 - Post Gazette 2 - Pgh Press		12 00
Sales Tax		
Total Footing of Bill	$	991 50
Less	$	
Billed - Balance	$	

EDW. J. McAVOY
Feb 24, 1958

Entered into Ledger, page ____ of below.

Miscellaneous

Per JFM

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

W. W. Reineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2959 Yearly No. 9 Date of Entry Feb 22 1958

Name of Deceased Thomas R. McCaffrey Sr

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

Residence: 3876 Delco Road (27) ☐Husband ☐Wife ☐Widow of } Margaret Deasy 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 Bookkeeper (Social Security Number)

Employer and Address

Date of Death Feb 22 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 30 1883 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 3876 Delco Road

Cause of Death Cerebral Vascular Accident

Contributory Causes

Certifying Physician Rev. J. C. Mahan (or Coroner)

His Address: 3631 Brownsville Road

Name of Father Daniel McCaffrey

His Birthplace

Maiden Name of Mother Mary Ann Lynch

Her Birthplace

Date of Funeral Feb 26 1958 (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. 443

Grave No. 4

Section No. F

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket Professional Service	1225 00
Burial Vault or Box (State Kind)	175 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	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, $	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	
15 line Death Notices in 6 Papers (Names of Newspapers)	36 00
EDW. J. McCAVS	
Sales Tax	
Total Footing of Bill	$ 1561 00
Less	$
Balance	$

MAR 20, 1958

Entered in Ledger page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Mar. 4 58	By Payment	$ 864 62	$ 696 38		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2960 Yearly No. 10 Date of Entry Feb 21 1958

Name of Deceased George O Meyers (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 676 N. W. 2nd St Miami ☐Husband ☐Wife ☐Widow } of Ida V. Age of Husband or Wife (if living) ..... Years

Charge to Alvin J. Meyers

Address 676 N. W. 2nd St Miami

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Milk Driver (Social Security Number)

Employer and Address Rich Dairy Co.

Date of Death Feb 21 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 23 1876 Age 81 - 5 - 30 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev L A. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Germany

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

Place of Death Dade County Hospital

Cause of Death Senility

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Unknown

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Date of Funeral Feb 27 1958 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. 237

Grave No. 2

Section No. B

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box A Case (State Kind)	75	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, $ Hearse Ambulance, $	24	00
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 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, $		
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, $		
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 Chapel Rental	75	00
10 line Death Notices in 4 Papers	16	00
(Names of Newspapers)		
paid		
Sales Tax		
Total Footing of Bill	$	277 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. Feineman, Long Beach, California

160

RECORD OF FUNERAL

Total No. 2961 Yearly No. 11 Date of Entry Mar. 8 1958

Name of Deceased John C. Hooper (What Race) W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: 1000 Locust St (19) ☐Husband ☐Wife ☐Widow of Esther M. Smith Age of Husband or Wife (if living) Years

Charge to: Mrs Esther M. Hooper

Address 1000 Locust St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Policeman (Social Security Number)

Employer and Address

Date of Death Mar 8 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 27 1898 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Grupharg 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 1000 Locust St

Cause of Death Shock + Hemorrhage following self inflicted gunshot wound of forehead

Contributory Causes

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

His Address: Coroner Alleg Co.

Name of Father Patrick A. Hooper

His Birthplace

Maiden Name of Mother Melia Mc Grow

Her Birthplace:

Date of Funeral Mar 12 1958 (Date) (Day of Week) (Hour) M.

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)	$	
Casket		1425 00
Burial Vault or Box (State Kind)		185 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 Gantley Cheyne		110 00
Cremation		
Flowers, $ Palms, $ Matting, $		98 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		
10 line Death Notices in 8 Papers (Names of Newspapers) EDW. J. McAVOY		32 00
Sales Tax Rpd 8-1958		
Total Footing of Bill	$	1850 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.

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 2962 Yearly No. 12 Date of Entry Mar 15 19 58

Name of Deceased Sr. M. Mechtilde (Mary Helen Gase) 31
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

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 Nun Religious (Social Security Number)

Employer and Address

Date of Death Mar 15 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 26 1881 (Mo.) (Day) (Yr.) Age 76-7-5 (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace

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

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father Paul Gase

His Birthplace

Maiden Name of Mother Anne Marie Kuntz

Her Birthplace

Date of Funeral Mar 19 1958 (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, $ ..... 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 (Name of Newspaper) Apr 2 1958		
Sales Tax		
Total Footing of Bill	$	200 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. Feinemas, Long Beach, California

RECORD OF FUNERAL

Total No. 2963 Yearly No. 13 Date of Entry Mar 28 1958

Name of Deceased Infant (Stillborn) Finn (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 134 Lynnwood Dr (35)

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

Charge to John T. Finn

Address 134 Lynnwood Dr.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Mar 28 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 28 1958 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 separation

Contributory Causes Ab. placenta

Certifying Physician Dr. Jos. Carroll (or Coroner)

His Address Mercy Hospital

Name of Father John J. Agnew

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Mary Kathleen Daugherty

Her Birthplace Pittsburgh Pa.

Date of Funeral Mar 31 1958 (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	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 / 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 ..... Apr 3 1958	
Total Footing of Bill ..... $	35 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. 2964 Yearly No. 14 Date of Entry Apr 3 1958

Name of Deceased Anna Susnak

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1027 Vickroy St

☐ Husband ☐ Wife ☐ Widow } of Joseph (What Race)

Charge to Miss Mary Susnik

Address 1027 Vickroy St

Order given by Estate (or informant) Attorney Baldrige

How Secured Gov. 1319 R.W. Baldrige 346 Co. 1-3462 Sec. 2 Reg.

If Veteran, Name of War

Occupation Housekeeper (Social Security Number)

Employer and Address

Date of Death Apr 3 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25 1887 Age 70 yrs (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Austria Hungary

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

Place of Death 1027 Vickroy St

Cause of Death Cerebro Vascular Accident

Contributory Causes

Certifying Physician Dr. M.A. Gourity (or Coroner)

His Address 2016 Forbes Ave

Name of Father Joseph Rick

His Birthplace Austria Hungary

Maiden Name of Mother Mary Tomias

Her Birthplace Austria Hungary

Date of Funeral Apr 7 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Wendelin Cemetery

SUSNAK—On Thursday, April 3, 1958, Anna Rick, wife of the late Joseph Susnak, mother of Mary, Dorothy and Charles Susnak; aunt of Mrs. Helen Mutch; also four 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.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket Professional Bronze	985 00
Burial Vault or Box Vault (State Kind)	175 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress	33 00
(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	
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, $	25 00
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	
11 line Death Notices in 4 Papers	17 60
McAVOY FUNERAL HOME (Name of Funeral Home)	
PAID Apr 7 1958	
Sales Tax	
Total Footing of Bill	$ 1325 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		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness

Address

RECORD OF FUNERAL

Total No. 2965 Yearly No. 15 Date of Entry Apr. 3 1958

Name of Deceased Wm. M. McCook Jr.

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

Residence 302 Meltenberger St

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

Charge to Mrs. Julia McCook

Address 302 Meltenberger St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Parking Lot employee (Social Security Number) 207-18-2094

Employer and Address

Date of Death Apr. 3, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 24, 1875 Age 82-4-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Grefshop Chapel

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 Passavant Hospital

Cause of Death Cardiac failure, contributory

Contributory Causes Fracture of r. hip femur due to fall on floor

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

His Address Coroner Allg. Co.

Name of Father James McCook

His Birthplace

Maiden Name of Mother Mary Hennigan

Her Birthplace

Date of Funeral Apr. 7 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory St Marys Cem

Lot No. 444

Grave No. 6

Section No. N

Block No. 1

Owner Daniel Clifford

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$
Casket	1450 00
Burial Vault or Box (State Kind)	185 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress Clothing (State Kind and Color)	37 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, $	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 4 Papers (Names of Newspapers)	16 00
EDW. J. McAVOY PAID Apr. 25, 1958	
Sales Tax	
Total Footing of Bill	$ 1823 00
Less Par Cem	$
Balance	$

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Apr. 4, 1958	By Payment	$ 300 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

RECORD OF FUNERAL

Total No. 2966 Yearly No. 16 Date of Entry Apr. 5 1958

Name of Deceased Robert J. Joint (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1827 Fifth Ave ☐Husband ☐Wife ☐Widow } of Thelma Marton

Charge to Mrs. Thelma Joint Age of Husband or Wife (if living) ..... Years

Address 1827 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Tank Driver 211-05-6865 (Social Security Number)

Employer and Address .....

Date of Death Apr. 5, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 13, 1918 Age 40-4-22 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Good Luck 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 1827 Fifth Ave

Cause of Death Bronchogenic Carcinoma w Metastases

Contributory Causes .....

.....

Certifying Physician Dr. Campbell Moses (or Coroner)

His Address 3601 Fifth Ave

Name of Father Samuel Joint

His Birthplace .....

Maiden Name of Mother Bertha Callahan

Her Birthplace .....

Date of Funeral Apr 9 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Anns Cem - Castle Shann

JOINT — On Saturday, April 5, 1958, Robert J., husband of Thelma Martin; father of Carol Ann Joint; son of Bertha Fernando; brother of Samuel and Maurice Joint. Funeral from the McAvoy Funeral Home, 3700 Forbes St., on Wednesday morning at 9:30; Requiem 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)	$ 800	00
Casket Prepaid Grave	625	00
Burial Vault or Box (State Kind)	95	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	75	00
Cremation		
Flowers, $ 20 ..... Palms, $ ..... Matting, $	20	00
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... 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 (Name of Newspapers)	8	00
28-OK		
Sales Tax		
Total Footing of Bill May 5, 1958	$ 825	00
Less	$	
Paid 7/30/58 Balance	$	

PAID

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Apr 23, 1958	By Payment	$ 751 64	$ 73 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. Peineman, Long Beach, California

166

RECORD OF FUNERAL

Total No. 2967 Yearly No. 17 Date of Entry Apr. 16 1958

Name of Deceased John F. McDonald (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 38 Gist Street

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

Charge to Mrs Theresa McDonald

Address 38 Gist St

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

How Secured .....

If Veteran, Name of War .....

Occupation City Detective (Social Security Number)

Employer and Address .....

Date of Death Apr. 14, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 26, 1888 Age 69 (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 Myocardial Infarction

Contributory Causes .....

.....

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

His Address Coroner Alley Co

Name of Father Michael McDonald

His Birthplace .....

Maiden Name of Mother Annie Rettiger

Her Birthplace .....

Date of Funeral Apr. 14, 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery (Soldiers)

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket		850 00
Burial Vault or Box (State Kind)		185 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		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		15 00
Clergyman, $ 4 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 4 Papers		19 20
V.A. OK (Names of Newspapers)		
EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill May 1, 1958	$	1075 20
Less	$	
Balance	$	

PAID

Per John J. Quinn

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. 29.68 Yearly No. 16 Date of Entry Apr. 8 1958

Name of Deceased Theresa Muders – Sr. M. Lutegarde (What Race) H

☐ 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 3333 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation An Religion (Social Security Number)

Employer and Address .....

Date of Death Apr 8 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 15 1867 Age 90 5 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

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 Mercy Hospital

Cause of Death Arteriosclerotic heart

Contributory Causes disease

.....

Certifying Physician Dr. Wm R. Bailey (or Coroner)

His Address Mercy Hospital

Name of Father Godfried Mudese

His Birthplace .....

Maiden Name of Mother Gertrude Stolzenberger

Her Birthplace .....

Date of Funeral Apr 10 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Vincents Cem

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		
Embalming Body (State Kind)		
Barber, $ ..... (Name of Embalmer) 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)		
Sales Tax		
Total Footing of Bill	$	200 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		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2969 Yearly No. 19 Date of Entry Apr. 11 19 58

Name of Deceased Robert J. Blaney (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1708 Forbes St ☐Husband ☐Wife ☐Widow or ..... of Marie Blaney

Charge to Mrs. Marie Blaney Age of Husband or Wife (if living) ..... Years

Address 1708 Forbes St

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

How Secured .....

If Veteran, Name of War .....

Occupation Field Supervisor 162-14-1008 (Social Security Number)

Employer and Address Equitable Ins. Co.

Date of Death Apr. 11 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 26 1901 Age 56 (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 1708 Forbes St

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

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

His Address 2004 Isbell Ave

Name of Father Robert Blaney

His Birthplace .....

Maiden Name of Mother Elya Feiman

Her Birthplace .....

Date of Funeral Apr. 15 1958 (Date) (Day of Week) (Hour) M.

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) $		
Casket	1395	00
Burial Vault or Box (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt + Tie (State Kind and Color)	5	25
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)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $	6	00
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charges	110	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	37	50
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		
15 line Death Notices in 6 .... Papers	36	00
(Name of Newspaper) EDW. J. MCAVOY		
SS. OK.		
Sales Tax May 5, 1958		
Total Footing of Bill $	1824	75
Less $		
Pay 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. 2970 Yearly No. 20 Date of Entry Apr 22 1958

Name of Deceased Frank Peters

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

Residence 1209 Fifth Ave

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

Charge to Estate - Potter Trust Co.

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Unknown 193-05-2058 (Social Security Number)

Employer and Address .....

Date of Death Apr 22 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 8 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Presbyterian

Birthplace Hungary

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

Place of Death Mayview State Hospital

Cause of Death Broncho Pneumonia

Contributory Causes Bilateral - Carcinoma of Prostate

Certifying Physician Dr Vera Barzd (or Coroner)

His Address Mayview Hospital

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Apr 25 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny Cem

Diagram of Lot or Vault

Lot No. .....
Grave No. B 121
Section No. 17
Block No. .....
Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	670	00
Burial Vault or Box C.P. Case (State Kind)	95	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)		
___ Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)	25	00
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		
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		
.....		
....line Death Notices in 2 Papers	8	00
.....		
.....		
Sales Tax		
Total Footing of Bill	$	973 00
Less	$	
For Balance	$	

EDW. J. McAVOY
PAID
Apr 11 1958
JPM

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

170

RECORD OF FUNERAL

Total No. 2972 Yearly No. 21 Date of Entry May 12 1958

Name of Deceased William J. O'Brien 71
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1633 Locker St ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs Mary O'Brien

Address .....

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

How Secured Dec 1 1998

If Veteran, Name of War .....

Occupation Laborer (Social Security Number)

Employer and Address .....

Date of Death May 12 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 24 1895 Age 62-5-18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters 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 Cerebrovascular Accident

Contributory Causes Hypertensive cardio vascular disease

Certifying Physician Dr Zahor (or Coroner)

His Address: :

Name of Father John O'Brien

His Birthplace .....

Maiden Name of Mother Estelle Louise King

Her Birthplace .....

Date of Funeral May 16 1958 (Date) ..... (Day of Week) ..... (Hour) M.

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary

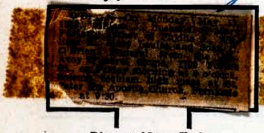


Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$ 705 —
Casket X Professional Services	1005 00
Burial Vault or Box (State Kind)	185 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	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, $	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 6 Papers	24 00
EDW J MCAVOY (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1316 00
Less	$
Per Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$ 916
May 16 1958	By Payment	$ 400 00	$ 516 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. 2973 Yearly No. 23 Date of Entry May. 13 19 58

Name of Deceased Infant Cikal

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 3905 Mayflower St Pgh 5 Pa (What Race) N

☐ 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 None (Social Security Number)

Employer and Address .....

Date of Death May. 13. 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May. 13. 1958 Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days) 12 hrs

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 Prematurity 4½ mo

Contributory Causes .....

.....

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

His Address Mercy Hospital

Name of Father William Cikal

His Birthplace .....

Maiden Name of Mother Joanne Eller

Her Birthplace .....

Date of Funeral May. 13. 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Alley Co. Morgue

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)	No Charge
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	
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. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2974 Yearly No. 23 Date of Entry May 17 1958

Name of Deceased John D. Conchy W

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

Residence: 1616 Fifth Ave ☐Husband ☐Wife ☐Widow of Mamie McVey Age of Husband or Wife (if living) Years

Charge to: Mrs. Mamie Conchy

Address: 1616 Fifth Ave

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation: Laborer 174-07-2433 (Social Security Number)

Employer and Address

Date of Death: May 17 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: June 27 1888 Age: 69-10-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Chapel

Clergyman: Jerry McConnell (Address)

Religion of the Deceased: Protestant

Birthplace: Carnegie, 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: Hypertension & arteria sclerotic heart disease

Certifying Physician: Dr. Ira D. Knoebler (or Coroner)

His Address: Mercy Hospital

Name of Father: Thomas Conchy

His Birthplace: Hecklberg Pa

Maiden Name of Mother: Myrtle Baker

Her Birthplace: Hecklberg Pa

Date of Funeral: May 21 1958 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Chartiers Cemetery Collier

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		850 00
Burial Vault or Box (State Kind)		95 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)		
12 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		
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		12 00
Stone OK [illegible]		
SS-OK [illegible]		
V.A.-OK [illegible]		
Sales Tax ... Quincy, 1.45 C		
Total Footing of Bill	$	963 00
Less	$	
Per ... Balance	$	

EDW. J. McAVOY

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$ 640 00
May 31 1958	By Payment	$ 391 30	$ 571 70
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 2975 Yearly No. 24 Date of Entry May 18 1958

Name of Deceased Pasqualina (Catherine) Keato (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1320 Everett St. Wilkinsburg ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Albert Keato

Address 2117 Brownsville Road

Order given by Apt 12 C - Pgh 10 Pa (or informant)

How Secured Tel. 1.4725

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 18, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 90 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Dallas 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 1320 Everett St.

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician Dr. R. A. Goodbar (or Coroner)

His Address 224 S. Trenton Ave.

Name of Father Joseph Staglowski

His Birthplace Italy

Maiden Name of Mother Isabella Ceccangoli

Her Birthplace Italy

Date of Funeral May 22 1958 (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. 528

Grave No. 1

Section No. T

Block No.

Owner

Miscellaneous

	1015	80
Complete Funeral (except outlays) $	750	00
Casket	95	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, $	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	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 6 Papers	28	80
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID May 20, 1958		
Sales Tax		
Total Footing of Bill $	1035	80
Less		
PER JFM Balance $		

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
June 18	By Payment	$ 539 37	$ 496 43
July 1 58	" "	$ 100 00	$ 396 43
Aug 18 58	" "	$ 100 00	$ 296 43
Aug 19 58	" "	$ 100 00	$ 196 43
Oct 20 58	" "	$ 100 00	$ 96 43

Date		Amount Paid	Balance
	To Balance Forward		$
11/20 58	By Payment	$ 76 43	$ -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 .....

Address .....

Witness .....

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

RECORD OF FUNERAL

Total No. 2976 Yearly No. 25 Date of Entry May 21 1958

Name of Deceased Nellie (Ellen) O'Rourke (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1511 Locust St (19) ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to David O'Rourke

Address 1511 Locust St

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation Housekeeper (Social Security Number)

Employer and Address ...

Date of Death May 21 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 17 1874 Age 84-2-4 (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 John J. King Mem. Hosp.

Cause of Death Arteriosclerotic heart

Contributory Causes Gastro-Enterologist Arteriosclerosis

Certifying Physician ... (or Coroner)

His Address John J. King Hospital

Name of Father Dennis O'Connor

His Birthplace Ireland

Maiden Name of Mother Ella Bynane

Her Birthplace Ireland

Date of Funeral May 24 1958 (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. 56

Grave No. 5

Section No. N

Block No. ...

Owner ...

Miscellaneous ...

Complete Funeral (except outlays)	$	
Casket		950 00
Burial Vault or Box (State Kind)		150 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 Charge		75 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, $		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 6 Papers		28 80
EDW. J. McAVOY (Name of Newspaper)		
PAID June 12, 1958		
Sales Tax		
Total Footing of Bill	$	1194 80
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 24 1958	By Payment	$ 918 00	$ 276 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. 2977 Yearly No. 26 Date of Entry May 22 19 58

Name of Deceased John Vughrich (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 7 Marion St (19) ☐Husband ☐Wife ☐Widow Jean de Bruyne

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

Charge to Mrs. Jean de Bruyne

Address Gr 1-7740

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

How Secured .....

If Veteran, Name of War .....

Occupation Restaurant Laborer 192-05-8128 (Social Security Number)

Employer and Address Roosevelt Hotel

Date of Death May 23 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 73 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church (Address)

Clergyman .....

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 Coronary Occlusion

Contributory Causes .....

.....

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner - Clty Co.

Name of Father Unknown

His Birthplace Yugoslavia

Maiden Name of Mother Unknown

Her Birthplace Yugoslavia

Date of Funeral Thurs. May 26, 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

VUGHRICH—Suddenly on Thursday, May 22, 1958, John, husband of Jean McKeon. General rosary Monday evening, 8:00 p.m. from Forest S. Murphy Funeral Home at 9 o'clock Requiem high mass at St. Peter the Apostle Church, Fernando St., at 10:00 a.m.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays) ..... $		
Casket	400	00
Burial Vault or Box (State Kind)	100	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	160	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		
2 line Death Notices in 2 Papers	6	40
SS-OK. (Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	685	40
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$ 435 40
July 7 1958	By Payment	$ 250 00	$ 185 40
July 17 1958	" "	$ 383 00	$ 52 40
Sept 29 1960	" "	$ 10 00	$ 42 40
	" "	$	$
	" "	$	$

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

176

RECORD OF FUNERAL

Total No. 2978 Yearly No. 27 Date of Entry May 28 1958

Name of Deceased Sister M. Lyra - Mary Vasinka

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

Residence: St. Vincents Academy Latrobe, Pa. (Husband ☐ Wife ☐ Widow) of ..... Age of Husband or Wife (if living) ..... Years

Charge to St. Vincents Convent

Address Latrobe Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Rel. Religious (Social Security Number)

Employer and Address .....

Date of Death May 28 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 30 1887 Age 70 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Vincents Chap.

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pennsylvania

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

Place of Death Mercy Hospital

Cause of Death Cancer of the breast

Contributory Causes multi generalized metastases

Certifying Physician Dr. John J. Keaney (or Coroner)

His Address Mercy Hospital

Name of Father Wasil Vasinka

His Birthplace .....

Maiden Name of Mother Anna Vasko

Her Birthplace .....

Date of Funeral May 30 1958 M. (Date) (Day of Week) (Hour)

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	175 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)	
.....	
Sales Tax	
Total Footing of Bill	175 00
Less	
Per ..... Balance ..... $	
Entered into Ledger, page ..... or below.	

EDWARD CAVO
PAID
July 3, 1958

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. 2979 Yearly No. 28 Date of Entry May 29 19 58

Name of Deceased John G. Sommers M.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 500 McCoy Road McKees Rocks
☑ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Patricia Sommers

Address 500 McCoy Road

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 183-26-9149 (Social Security Number)

Employer and Address .....

Date of Death May 29 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 29 1936 Age 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greyhorn 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 Montefiore Hospital

Cause of Death Shock following

Contributory Causes internal injuries

due to being struck by auto (driven)

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

His Address Coroners Office Co.

Name of Father John M. Sommers

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Margaret McGarvey

Her Birthplace Pittsburgh Pa

Date of Funeral June 2 1958 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)	$	1300 —
Casket ✱ Professional Services		900 00
Burial Vault or Box (State Kind)		95 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)		
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		260 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		7 50
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 4 Papers		22 40
55-6K Name of Newspaper		
EDW. J. MCAVOY PAID June 25, 1958		
Sales Tax		
Total Footing of Bill	$	1340 90
Less	$	
Per JM 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

178

RECORD OF FUNERAL

Total No. 2980 Yearly No. 29 Date of Entry June 9 1958

Name of Deceased Sister M. Genevieve (Mary Hawker) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave ☐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 In Religion (Social Security Number)

Employer and Address .....

Date of Death June 9 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 2 1902 Age 55-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace St. Marys, Pa.

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

Place of Death Mercy Hospital

Cause of Death Liver Failure

Contributory Causes Generalized Carcinomatosis Carcinoma of stomach

Certifying Physician Dr John R. Miller (or Coroner)

His Address Mercy Hospital

Name of Father Luke Hawker

His Birthplace .....

Maiden Name of Mother Margaret Cassidy

Her Birthplace .....

Date of Funeral June 11 1958 (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, $ ..... 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)		
..... EDW. J. McAVOY		
Sales Tax		
Total Footing of Bill June 11 1958 ..... $	200	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. 2981 Yearly No. 30 Date of Entry June 13 19 58

Name of Deceased Giuseppe (Joseph) Benvenuti (What Race) It.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2011 Yorba St

☐ Husband ☐ Wife ☐ Widow or ..... of } Lena Morelli

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

Charge to Mrs. Lena Benvenuti

Address 2011 Yorba St

Order given by Dr. Levy (or informant)

How Secured

If Veteran, Name of War

Occupation Candy Maker 159-12-2054 (Social Security Number)

Employer and Address

Date of Death June 13 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 9 1890 Age 68 (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 Montefiore Hospital

Cause of Death Bronchogenic Carcinoma

Contributory Causes

Certifying Physician Dr. R. Levy (or Coroner)

His Address Montefiore Hospital

Name of Father Giuseppe Benvenuti

His Birthplace Italy

Maiden Name of Mother Maria Sottovia

Her Birthplace Italy

Date of Funeral June 17 1958 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Calvary
Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Burial Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Bronze	855	00
Burial Vault or Box Vault (State Kind)	135	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)		
Pall Bearer Service, $ .... Use of Chapel, $	4	00
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	235	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	17	60
55-A EDW. J. McAVOY (Names of Newspapers)		
paid		
June 22, 1958		
Sales Tax		
Total Footing of Bill	$	1271 60
Less For John F. Starling	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	1225 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. 2982 Yearly No. 31 Date of Entry June 14 1958

Name of Deceased Anthony Sorrenti M

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

Residence 13 Marion St ☐Husband ☐Wife ☐Widow of } Frances Colosimo Age of Husband or Wife (if living) Years

Charge to Mrs Frances Sorrenti

Address 13 Marion St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer None (Social Security Number)

Employer and Address

Date of Death June 14 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 29 1878 Age 79 (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 13 Marion Street

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Dr Wm D McClelland (or Coroner)

His Address 542 Fourth Ave

Name of Father Vincent Sorrenti

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral June 19 1958 (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. Sec 4

Grave No. 3

Section No. 31

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	794	43
Casket Professional Grade	495	00
Burial Vault or Box Vault (State Kind)	135	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	160	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		
12 line Death Notices in 4 Papers	20	80
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	827	80
Less		
PER Balance		
Entered into Ledger, page ..... or below.		
Miscellaneous		

PAID Aug 22, 1958

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 9, 1958	By Payment	$ 723 43	$ 104 37		By Payment	$	$
July 31 1958	" "	$ 71 00	$		" "	$	$
	" "	$ 794 43	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2982 Yearly No. 32 Date of Entry June 15 19 58

Name of Deceased Frank V. Vizzano 2d

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1610 Locust St

Charge to Mrs. Caterina Vizzano

Address 1610 Locust St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 209-07-4584 (Social Security Number)

Employer and Address Jos L Steel Corp

Date of Death June 15, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 9 1878 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peter the Apostle Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death John J. Kane Hospital

Cause of Death Pt. Lobar Pneumonia

Contributory Causes Cerebral Thrombosis

Certifying Physician Dr. Jos P. Loyhes (or Coroner)

His Address John J. Kane Hospital

Name of Father Anthony Vizzano

His Birthplace Italy

Maiden Name of Mother Grace ?

Her Birthplace

Date of Funeral June 19 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Lot No. 20

Grave No. 12

Section No. 40

Block No. 15

Owner Caterina Vizzano

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	184 00
Casket F. Professional Service		750 00
Burial Vault or Box		95 00
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)		
3 Certif. Copies of Death Certificates No.		3 00
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge		235 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
$5-OK EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	$	1134 00
Less PAID June 30, 1958	$	
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. Feinemas, Long Beach, California

182

RECORD OF FUNERAL

Total No. 2984 Yearly No. 33 Date of Entry June 26 19 58

Name of Deceased Nellie Duven (What Race) W

☐ Married ☐ Single ☑ Widowed ☑ Divorced

Residence 27 Muhlenberger St ☐Husband ☐Wife ☐Widow of } William Duven

Charge to Robert J. Dwyer Age of Husband or Wife (if living) ..... Years

Address 1814 Preston St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death June 26 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 17 1885 Age 73 (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 Doctors Hospital

Cause of Death Intestinal Obstruction

Contributory Causes Umbilical Hernia

Certifying Physician Dr. H. L. Kenberg (or Coroner)

His Address 205 N. Highland Ave.

Name of Father Michael Wyman

His Birthplace England

Maiden Name of Mother Ellen Curran

Her Birthplace Ireland

Date of Funeral June 30 1958 (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)	$ 1217.50
Casket	775.00
Burial Vault or Box (State Kind)	95.00
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. 2 (State Physician's or Coroner's)	1.00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	189.50
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	110.00
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	
15 line Death Notices in 2 Papers (Names of Newspapers)	36.00
Sales Tax	
Total Footing of Bill	$ 1259.50
Less	$
Balance	$

EDW. J. McAVOY

July 18 1958

Entered In Ledger, page ..... or below.

Per .....

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
6/29/58	By Payment	$ 297.50	$ 962.00
7/18/58	" "	$ 940.00	$ 22.00
	" "	$ 1217.50	$
	" "	$	$
	" "	$	$

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

RECORD OF FUNERAL

Total No. 2985 Yearly No. 34 Date of Entry June 30 19 58

Name of Deceased John M. Cooney

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

Residence 1728 Hildale Ave (16) ☐Husband ☐Wife ☐Widow of Bridget Burke

Charge to Mrs Bridget Cooney Age of Husband or Wife (if living) Years

Address 1728 Hildale Ave

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

How Secured

If Veteran, Name of War

Occupation Retired Rower 170-14-9722 (Social Security Number)

Employer and Address

Date of Death June 30 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 3 1879 Age 79-1-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaffney Church

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Massachusetts

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 Generalized Arteriosclerosis

Certifying Physician Geo. P. Knowles M.D. (or Coroner)

His Address Mercy Hospital

Name of Father John P. Cooney

His Birthplace

Maiden Name of Mother Mary Wallace

Her Birthplace

Date of Funeral July 3 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Queen of Heaven Cem.

Diagram of Lot or Vault

Lot No. 12

Grave No.

Section No. 8

Block No. 12

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 900	00
Casket	695	00
Burial Vault or Box	95	00
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)		
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 / Motor } Tickets, $ Aero-plane Service, $	15	00
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)	17	68
55-ok. EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill Aug 5 1958 $	934	68
Less $		
Paid 8/1/58 Par 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. 2986 Yearly No. 35 Date of Entry July 14 19 58

Name of Deceased Edward J. McAvoy (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1700 Forbes Street ☐Husband ☐Wife ☐Widow } Catherine Steele

Charge to Mrs. Catherine McAvoy or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1700 Forbes St

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

How Secured .....

If Veteran, Name of War .....

Occupation Funeral Director (Social Security Number)

Employer and Address .....

Date of Death July 14, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 12, 1893 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Shenandoah, 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 Arterio sclerosis

heart disease

Certifying Physician Dr. Wm. C. Bailey Jr (or Coroner)

His Address Mercy Hospital

Name of Father Christopher McAvoy

His Birthplace .....

Maiden Name of Mother Clara Lindenmuth

Her Birthplace .....

Date of Funeral July 18, 1958 (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. 1

Owner .....

Miscellaneous McAVOY FUNERAL HOME

PAID Aug 15, 1958

Complete Funeral (except outlays) $	
Casket	300 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 ..... @ $	50 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)	
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	
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	28 00
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 4 Papers (Names of Newspapers)	16 00
S.S. Pix	
Sales Tax	
Total Footing of Bill $	400 00
Less $	
Balance $	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance PER		$
	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. 2987 Yearly No. 36 Date of Entry July 16 1958

Name of Deceased Margaret V. Meskill (What Race) N

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1727 Foober Street

Charge to Miss Anna Meskill ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1727 Foober St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Clerk 168-03-9798 (Social Security Number)

Employer and Address Bell Tele Co.

Date of Death July 16 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 8 1895 Age 62 8 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspberg Church

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 Pt. Middle Cerebral

Contributory Causes artery thrombosis

.....

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father James Meskill

His Birthplace .....

Maiden Name of Mother Ella Riley

Her Birthplace .....

Date of Funeral July 21 1958 (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. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket Professional Service	700	00
Burial Vault or Box (State Kind)	95	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	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, $ ..... Aero-plane Service, $	25	00
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
(Name of Newspapers)		
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill	$ 975	80
Less	$	
Per ..... Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Aug 4 58	By Payment	$ 703 87	$ 271 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. 2988 Yearly No. 37 Date of Entry July 21 1958

Name of Deceased Rossario Tirone (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 25 Kirkpatrick St. ☐Husband ☐Wife ☐Widow of Stella Tirone Age of Husband or Wife (if living) 74 Years

Charge to: Mrs. Stella Tirone

Address: 25 Kirkpatrick St.

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address Mill

Date of Death July 21, 1958 (Mon) (Day) (Yr.) (Hour)

Date of Birth Oct. 2 1885 Age 72-9-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Fa. Theodore (Address)

Religion of the Deceased Catholic

Birthplace Parete Italy

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 Diabetes

Arterio sclerotic heart disease

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

His Address: Mercy Hospital

Name of Father John Tirone

His Birthplace

Maiden Name of Mother Teresa

Her Birthplace

Date of Funeral July 24 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Hm. Penn Memorial

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	270
Casket		710 00
Burial Vault or Box (State Kind)		95 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		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, $ ... 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)		12 55
EDW. J. MCAVOY		
Sales Tax		
Total Footing of Bill (July 7, 1958) PAID	$	910 55
Less	$	
Balance	$	
Entered into Ledger, page ... or below. Per JMK		

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. 29.89. Yearly No. 38. Date of Entry July 24. 19 58

Name of Deceased Sr. M. Seraphina (Margaret M. Shaffner) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Avenue

☐ 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 Sr Religion (Social Security Number)

Employer and Address .....

Date of Death July 24. 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 30. 1881 Age 76-9-24 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. Marys Convent

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 Mercy Hospital

Cause of Death Generalized Metastases

Contributory Causes Adeno Carcinoma

of breast

Certifying Physician ..... (or Coroner)

His Address Mercy Hospital

Name of Father Anthony Shaffner

His Birthplace Maryland

Maiden Name of Mother Sarah McHugh

Her Birthplace England

Date of Funeral July 28. 1958 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket .....

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

Cemetery Crematory } St. Vincents Cem

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		
Embalming Body (State Kind)		
Barber, $ ..... (Name of Embalmer) 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 July 25 1958		
Total Footing of Bill	$	200 00
Less ..... Per John P. Mellevy	$	
Balance	$	

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

Miscellaneous .....

.....

EDW. J. McAVOY

PAID

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 2990 Yearly No. 39 Date of Entry Aug 3 1955

Name of Deceased Patrick J Houston (What Race) 71

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

Residence: 1506 Locust St (191)

Charge to: Miss Nellie Kilkenny

Address: 1506 Locust St

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired Clerk 154-16-3933 (Social Security Number)

Employer and Address .....

Date of Death Aug 3 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 71 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspar Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Brooklyn Penna

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 Cerebral Embolism Myocardial Insufficiency

Certifying Physician Dr John M Johnston (or Coroner)

His Address: Mercy Hospital

Name of Father John Houston

His Birthplace .....

Maiden Name of Mother Bridget Houston

Her Birthplace: .....

Date of Funeral Aug 7 1955 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

McAVOY—On Monday, August 1, 1955, Patrick, husband of the late Kate Kilkenny, brother of Mrs. Edward O'Donnell and Mrs. Martin Joyce, brother-in-law of Nellie and Helen Kilkenny. Funeral from the McAvoy Funeral Home, 2166 Parker St., on Thursday morning at 8:30, thence to Gaspar's church for high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 9

Grave No. 1

Section No. C

Block No. 1

Owner Ellen Kilkenny

Miscellaneous .....

Complete Funeral (except outlays)	$	1055 00
Casket 7' Professional Bronze		880 00
Burial Vault or Box (State Kind)		95 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		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, $		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		
11 line Death Notices in ..... Papers (Name of Newspapers)		22 00
Sales Tax		
Total Footing of Bill	$	1101 00
Less ... PER	$	
Balance	$	

McAVOY FUNERAL HOME

PAID Aug 21, 1955

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	1060	To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 2991 Yearly No. 40 Date of Entry Aug. 12 19 58

Name of Deceased Margaret Mc Kelvey

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 29 Miltenberger St

☐ Husband ☐ Wife ☐ Widow or ____ of } David Mc Kelvey

(What Race) Age of Husband or Wife (if living) ____ Years

Charge to Mrs. Margaret Mc Kelvey

Address 29 Miltenberger St

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Aug. 12. 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 30 1876 Age 81 yrs. 8 - 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Graybeg 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 John J. Kane Hospital

Cause of Death Acute Myelogenous Leukemia

Contributory Causes Secondary Anemia

Certifying Physician Dr. H. M. Richmond (or Coroner)

His Address John J. Kane Hospital

Name of Father Patrick Goggins

His Birthplace ____

Maiden Name of Mother ? Goggins

Her Birthplace ____

Date of Funeral Aug. 16, 1958 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } Calvary

McKELVEY—On Tuesday, Margaret Goggins, on Tuesday, Aug. 12, 1958, wife of the late David McKelvey, mother of Mrs. Gertrude Kerr, Mrs. Marie McCormack and Margaret McKelvey, sister of Mrs. Alice Kenny, Josephine and John Goggins. Funeral from the McAvoy Funeral Home, 1700 Perry St. at Fairfax Avenue, Allegheny, Wednesday at 8:30 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. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	$	1067 02
Casket 1 Professional Service		775 00
Burial Vault or Box (State Kind)		95 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)		
____ 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, $ ____		40 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 ____		
11 line Death Notices in 5 Papers		22 00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Sept. 4, 1958		
Sales Tax		
Total Footing of Bill	$	1102 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 ____

Address ____

Witness ____

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

RECORD OF FUNERAL

Total No. 2992 Yearly No. 41 Date of Entry Aug. 19 1958

Name of Deceased Mary A. Gumpenberg

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

Residence: 1327 Stock St. Pgh. 7 Pa. ☐Husband ☐Wife ☐Widow of Louis M. Age of Husband or Wife (if living) Years

Charge to: Frank L. Von Gumpenberg

Address: 4109 Cloverleaf St

Order given by 4109 Cloverleaf St (27)
(or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug. 19, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 1, 1872 Age 86-0-18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Catholic (Address)

Religion of the Deceased

Birthplace Pittsburgh Pa.

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

Place of Death 1327 Stock St.

Cause of Death Pneumonitis acute

Contributory Causes non specific

Cerebral Thrombosis

Certifying Physician Dr. S.H. Elyas (or Coroner)

His Address: 307 6 9th Ave Homestead Pa

Name of Father Bernard Siegler

His Birthplace

Maiden Name of Mother Frances Berger

Her Birthplace

Date of Funeral Aug. 23, 1958 (Date) (Day of Week) (Hour) M.

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)	$ 921 00
Casket	710 00
Burial Vault or Box (State Kind)	95 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	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, $ ... 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 5 Papers	28 00
McAVOY FUNERAL HOME (Names of Newspapers)	
PAID	
Sales Tax Sept. 7, 1958	
Total Footing of Bill	$ 956 00
Less	$
PER John P. Mary 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. 2993 Yearly No. 42 Date of Entry Aug 23 1958

Name of Deceased Hazel Lovende (What Race) A

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1116 Vickroy St ☐Husband ☐Wife ☐Widow } Joseph Lovende

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

Charge to Joseph Lovende

Address 1116 Vickroy St

Order given by Dr. I. S. Yoe (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug 22 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 25 1904 Age 53-8-28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Pine Grove Pa.

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 St Francis Hospital

Cause of Death Fracture of rt. femur

Contributory Causes due to fall from steps + shock due to adrenal insufficiency

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

His Address Coroner - Alley Co.

Name of Father Ezra Henrich

His Birthplace

Maiden Name of Mother Claire Schneck

Her Birthplace

Date of Funeral Aug 28 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Hetzel Church Cem - Pine Grove

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

H. L. Snyder Funeral Home

Pine Grove, Pa.

Complete Funeral (except outlays)	$ 714 00
Casket	675 00
Burial Vault or Box (State Kind)	27 50
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)	
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	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	27 90
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 3 Papers	16 80
McAVOY FUNERAL HOME	
PAID Oct 3 1958	
Sales Tax	
Total Footing of Bill	$ 769 20
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

192

RECORD OF FUNERAL

Total No. 2994 Yearly No. 43 Date of Entry Aug. 25 1958

Name of Deceased George E. Dargan 24
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 110 First Street ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years

Charge to: Michael J. Dargan

Address: 110 First St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Stationery Engineer 200-03-5158 (Social Security Number)

Employer and Address A & P. Co.

Date of Death Aug. 25 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 28 1914 Age 44 - 6 - 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 County) (Years) (Months)

Place of Death 110 First St

Cause of Death Coronary Occlusion

Contributory Causes

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

His Address: 2004 Fifth Ave

Name of Father Michael J. Dargan

His Birthplace

Maiden Name of Mother Mary McGinley

Her Birthplace

Date of Funeral Aug. 28 1958 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Cemetery Crematory } Crematory

DARGAN — Aug. 25, at Mercy Hospital, George E., aged 44 years, husband of Mary McGinley Dargan, father of Mrs. Robert J. Hoban and Eugene Dargan. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave. to Epiphany, starting at 8:30. Solemn requiem high mass at the Church at 9 o'clock. Friends

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1250 00
Casket		900 00
Burial Vault or Box (State Kind)		195 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		23 00
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, $		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		
12 line Death Notices in 9 Papers		36 00
McAVOY FUNERAL HOME (Name of Newspapers)		
55.04		
Sales Tax Sept 15 1958		
Total Footing of Bill	$	1293 00
Less PER Item	$	
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. 2995 Yearly No. 44 Date of Entry Aug. 19 1958

Name of Deceased Anna Marie Hoyanuch (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1209 Tustin St.

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

Charge to James A. Hoyanuch

Address 1209 Tustin St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutues (Social Security Number)

Employer and Address .....

Date of Death Aug. 12 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 5 1907 (Mo.) (Day) (Yr.) Age 51 (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 D.O.A. Providence Hosp. Anchorage Alaska

Cause of Death Myocardial Insufficiency

Contributory Causes Coronary Artery Disease

.....

Certifying Physician Dr. Michael V. Beirne (or Coroner)

His Address Anchorage Alaska

Name of Father Peter La Rocco

His Birthplace .....

Maiden Name of Mother Rose La Francesca

Her Birthplace .....

Date of Funeral Aug 22 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homeward Cem.

Lot No. E 1/2

Grave No. 305

Section No. 22

Block No. .....

Owner .....

Miscellaneous .....

B.J. Franke - Evergreen Mem. Chapel

Anchorage, Alaska

WEDNESDAY ... Anna Marie LaRocco, ... Anchorage, Alaska, ... Pete ... and Rose ... LaRocco, sister of Mrs. Kathleen Sauer, the Frank LaRocco ... Friends ... Funeral Home, ... Parish ... 11 ... Interment ... Rites ...

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Vault (State Kind)	195	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 @ $ 64	64	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	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, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service r. Chapel	200	00
.....		
....line Death Notices in ..... Papers	26	40
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 660	90
Less Aug 26 1958	$	
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. Feinemas, Long Beach, California

194

RECORD OF FUNERAL

Total No. 2996 Yearly No. 45 Date of Entry Sept 6 1958

Name of Deceased J. Robert Feeney (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3903 Forbes St

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

Charge to Mrs Irene Feeney

Address 3903 Forbes St

Order given by Geo Long (or informant)

How Secured 2153 Holton ave Apt 102

If Veteran, Name of War Pvt 16096

Occupation Elevator Operator (Social Security Number)

Employer and Address

Date of Death Sept 6 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 31 1910 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Pauls 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 D.O.A. Mankefield Hospital

Cause of Death Shock + Hemorrhage

Contributory Causes Following multiple injuries of body - undetermined

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

His Address Coroner - Alleg Co.

Name of Father John A Feeney

His Birthplace

Maiden Name of Mother Margaret Irene Smith

Her Birthplace

Date of Funeral Sept 10 1958 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. 75

Grave No. 2

Section No. N

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	415 —
Casket X Professional Services		750 00
Burial Vault or Box (State Kind)		95 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 Cemetary 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		
9 line Death Notices in 4 Papers (Names of Newspapers)		14 40
McAVOY FUNERAL HOME		
Sales Tax Oct 20 1958		
Total Footing of Bill	$	954 40
Less	$	
PER John F McAvoy Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Oct 1958	By Payment Pension Fund	$ 64 38	$ 890 02		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. McCreary Date 9/7/58.

The following selection was made in Our Showroom for the funeral of:

Mr. Feeney

Casket 4 Service	$750	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2997 Yearly No. 46 Date of Entry Sept. 9 19 58

Name of Deceased Catherine M. McKeever - Sr. M. Benedicta

☐ 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 Sisters of Mercy

Address 3333 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation An Religion (Social Security Number)

Employer and Address .....

Date of Death Sept. 9 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15 1882 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Xaviers Academy

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 Dr. Jos. Perrone (or Coroner)

His Address Mercy Hospital

Name of Father Francis D. Mc Keever

His Birthplace .....

Maiden Name of Mother Mary Gaylord

Her Birthplace .....

Date of Funeral Sept. 11 1958 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	300	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		
..... McAVOY-FUNERAL HOME (Names of Newspapers)		
.....		
.....		
Sales Tax ..... Nov. 15 1958		
Total Footing of Bill ..... $	300	00
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. 2998 Yearly No. 47 Date of Entry Sept. 17 19 58

Name of Deceased Sr. M. Stella – Johanna Dillon

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

Residence St. Vincent Academy ☐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 Rel. Religion (Social Security Number)

Employer and Address

Date of Death Sept. 12. 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 11. 1871 Age 86-10-6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary 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 Lobar Pneumonia

Contributory Causes Fracture of right femur due to falling on floor

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

His Address Coroner - Alleg. Co.

Name of Father James B. Dillon

His Birthplace Ireland

Maiden Name of Mother Brigid McDonald

Her Birthplace Ireland

Date of Funeral Sept. 19. 1958 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Xaviers Cem.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		300 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	$	3 00 00
Less ..... PER	$	
Balance	$	

MAVOY FUNERAL HOME
Nov 15, 1958

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. 2999 Yearly No. 48 Date of Entry Sept. 20 19 58

Name of Deceased William P. Daggett

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

Residence 903 1/2 Greenfield Ave (1 T) ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Catherine Donnelly

Address 903 1/2 Greenfield Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Unemployed 171-16-6097 (Social Security Number)

Employer and Address .....

Date of Death Sept 20 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 6 1902 (Mo.) (Day) (Yr.) Age 56 yrs 11 mos (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 Shadyside Hospital

Cause of Death Barbiturate Poisoning

Contributory Causes due to taking overdose of sleeping tablets while temporarily insane

Certifying Physician Wm. D. McClelland (or Coroner)

His Address Coroner Allegheny Co

Name of Father Frank Daggett

His Birthplace .....

Maiden Name of Mother Mary Meher

Her Birthplace .....

Date of Funeral Sept 24 1958 (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. 153

Grave No. 3

Section No. V

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	966 28
Casket 7 Professional Service		750 00
Burial Vault or Box		95 00
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		
2 Certif. Copies of Death Certificates No. (State Number and District) (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, $		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		
12 line Death Notices in 6 Papers		28 80
McAVOY FUNERAL HOME PAID Oct 7 1958		
Sales Tax		
Total Footing of Bill	$	1010 80
Less	$	
PER J.C.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

198

RECORD OF FUNERAL

Total No. 3000 Yearly No. 49 Date of Entry Sept 26 19 58

Name of Deceased Spiros J. Cominos Jr. (What Race)

Residence 45 Marion St (1) ☐Husband ☐Wife ☐Widow of ... Louise Sakelos Age of Husband or Wife (if living) ... Years

Charge to Mrs. Louise Cominos

Address 45 Marion St

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation Chef 190-07-9007 (Social Security Number)

Employer and Address ...

Date of Death Sept 26 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 29 1893 Age 65 1 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Nicholas G.O. Church (Address)

Clergyman ...

Religion of the Deceased Greek Orthodox

Birthplace Greece

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

Place of Death 45 Marion St

Cause of Death Generalized abdominal Carcinomatosis - Cancer

Contributory Causes of stomach

Certifying Physician Dr. Geo. H. Pfahl (or Coroner)

His Address 511 Highland Bldg.

Name of Father John Cominos

His Birthplace Greece

Maiden Name of Mother Chrysanthe Mantzalos

Her Birthplace Greece

Date of Funeral Sept 29 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to ...

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

Manufactured by ...

Cemetery / Crematory } St Nicholas Cem.

Lot No. ...

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Diagram of Lot or Vault

Miscellaneous ...

Complete Funeral (except outlays)	$ 149 00
Casket 9 Professional Bearers	1295 00
Burial Vault or Box Vault (State Kind)	135 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	
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 / or Motor } Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 6 Papers McAVOY FUNERAL HOME (Names of Newspapers)	27 20
Sales Tax REC'D OCT 31 1958	
Total Footing of Bill	$ 1484 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. 3001 Yearly No. 50 Date of Entry Oct 12 19 58

Name of Deceased Infant Taylor (Female) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 44 Northway Drive (37) ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Joseph T. Taylor

Address Forest 4-1691

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Oct 12 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 12 1958 Age 1 hour (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

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

His Address Mercy Hospital

Name of Father Joseph T. Taylor

His Birthplace

Maiden Name of Mother Joan Elizbeth Cozzone

Her Birthplace

Date of Funeral Oct 13 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery Rw

Lot No. 3

Grave No. 22

Section No. 18

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 9 Bronze		
Burial Vault or Box (State Kind)	25	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	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, $ ..... 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	$	55 00
Less ..... PER J.F.M.	$	
Balance	$	

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

Miscellaneous

AVON FUNERAL HOME

Rows 4/1458

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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

200

RECORD OF FUNERAL

Total No. 3002 Yearly No. 51 Date of Entry Oct 19 1958

Name of Deceased Helen E. Brandau Jr.

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

Residence 210 Eighth Avenue ☐Husband ☐Wife ☐Widow of ..... Husband Brandau

Charge to Mrs. Osana D. Gregg Age of Husband or Wife (if living) ..... Years

Address % Mode Arts Pictures - 1022 Forbes St

Order given by Mrs. Della E. Hart (or informant)

How Secured 11728 Penn Ave

If Veteran, Name of War South Knoxville Tenn

Occupation School guard 188-16-9348 (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Oct. 19 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 6 1903 Age 55 3 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Robert Lamont (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 Johns Hopkins Hospital

Cause of Death Bilateral Bronchopneumonia

Contributory Causes .....

.....

Certifying Physician Dr. Henry Bucha (or Coroner)

His Address John Hopkins Hospital

Name of Father James D. Edwards

His Birthplace .....

Maiden Name of Mother Lily C. Keith

Her Birthplace .....

Date of Funeral Oct. 23 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Mt. Lebanon Cem.

BRANDAU—On Sunday, Oct. 19, 1958, Helen E. Edwards, wife of the late William Brandau; sister of Mrs. Della Hollobaugh and Mrs. Blanche Marinco and brother of Charles Edwards. Funeral service at the McAvoy Funeral Home, 1700 Forbes Ave., on Thursday morning, at 11 A. M. Cliff of Duquesne, honor guards and friends.

Diagram of Lot or Vault

Lot No. 350

Grave No. .....

Section No. 6 - NH

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$
Casket	300 00
Burial Vault or Box (State Kind)	95 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ..... Blanket (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	
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	80 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	10 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 2 Papers (Names of Newspapers)	7 80
Sales Tax $5.915	PAID Oct 19, 1958
Total Footing of Bills	$ 515 80
Less PER Cm.	$
Balance	$

Billed 11-14-58

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. 3003 Yearly No. 52 Date of Entry Oct 21 1958

Name of Deceased Charles H. Daff (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 7331 McArthur Pkwy. ☐Husband ☐Wife ☐Widow of Alice O. Kuhn

West Hollywood, Fla. Age of Husband or Wife (if living) Years

Charge to

Address

Order given by Mrs Alice Daff (or informant)

How Secured

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

Occupation Retired Conductor

Employer and Address Penna R.R. (Social Security Number)

Date of Death Oct. 21. 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 20. 1893 Age 65 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Groveland

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Canaan W. Va.

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

Place of Death Veto Hospital (Florida)

Cause of Death Pneumonia

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Richard Daff

His Birthplace

Maiden Name of Mother Amanda Sypes

Her Birthplace

Date of Funeral Oct. 25 1958 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St Mosyn Cem.

Diagram of Lot or Vault

Lot No. 262

Grave No. 6

Section No. O

Block No.

Owner. Evans

Miscellaneous

Complete Funeral (except outlays)	$	391 00
Casket		
Burial Vault or Box (State Kind)		155 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, $		24 00
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station Serv. @ $		15 00
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)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		30 00
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, $		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		50 00
... line Death Notices in ... Papers		
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Jan 30, 1959		
Sales Tax		
Total Footing of Bill	$	426 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. 3004 Yearly No. 53 Date of Entry Nov. 4 19 58

Name of Deceased Mary Mc Guire - Sr. M. Naomi 24
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence:

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

Charge to: Sisters of Mercy

Address 3333 Forbes Ave

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Religion (Social Security Number)

Employer and Address

Date of Death Nov. 4 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 22 1888 Age 70-0-6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

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 Hemorrhage

Contributory Causes

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

His Address: Mercy Hospital

Name of Father Michael Mc Guire

His Birthplace

Maiden Name of Mother Mary Ann O'Kane

Her Birthplace:

Date of Funeral Nov. 6 1958 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Xaviers Cem.

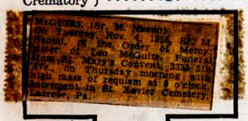


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	300 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		
9 line Death Notices in 5 Papers (Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax Nov. 15 1958		
Total Footing of Bill	$	300 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. 3005 Yearly No. 54 Date of Entry Nov. 6 1958

Name of Deceased Mohammed David (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1436 Fifth Ave (191)

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

Charge to Estate of Mohammed David

Address M. A. Ali (Brother)

Order given by P.O. Box 321 Aurora, Pa. (or informant)

How Secured Robt Raphael - Att (Hr 12045

If Veteran, Name of War Jones Law Bldg

Occupation Retired Merchant 302-30-6252 (Social Security Number)

Employer and Address Self

Date of Death Nov. 6, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 5, 1891 Age 67-7-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Moslem

Birthplace Jerusalem

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

Place of Death 1436 Fifth Ave

Cause of Death Coronary Occlusion

Contributory Causes .....

Certifying Physician Dr. Wm. D. McClelland (or Corpner)

His Address Coroner - Alley Co.

Name of Father David Darweesh

His Birthplace Jerusalem

Maiden Name of Mother Hamdh Hassan

Her Birthplace Jerusalem

Date of Funeral Nov. 10, 1958 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Homewood Cemetery

DIED On Thursday, Nov. 6, 1958, Mohammed, son of the late David and Hamdh Darweesh, brother of Fatema Darweesh, Rashede Ahmad and Mohammed A. Ali. Funeral services at the McAvoy Funeral Home, 1700 Forbes Ave. on Monday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Mrs Rae Aziz

Complete Funeral (except outlays)	$	
Casket ... Professional Services	1795	00
Burial Vault or Box (State Kind)	155	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)	50	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 Chgs + stone	181	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		
8 line Death Notices in 4 Papers (Names of Newspapers)	12	80
paid 12/6/58		
Sales Tax		
Total Footing of Bill	$	2197 30
Less ... McAVOY FUNERAL HOME	$	
Balance	$	

PAID

Entered into Ledger page 1478 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 .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McHugh Funeral Home Date 11-7-55

The following selection was made in Our Showroom for the funeral of:

M Clark

Casket Y Service	1795	00
Vault or Box	155	00
Garment Suit Shirt Tie Underwear	50	00
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	2000	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

204

RECORD OF FUNERAL

Total No. 3006 Yearly No. 55 Date of Entry Nov. 17 19 58

Name of Deceased Catherine T. Hurney (What Race) W

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

Residence: 131 S. Negley Ave. (6)

Charge to: Miss Julia Hurney

Address: 131 S. Negley Ave.

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Nov. 17, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt. 86 (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 131 S. Negley Ave.

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician Dr. Jean C. Kasser (or Coroner)

His Address: 6311 Meadowcroft

Name of Father John Driscoll

His Birthplace Ireland

Maiden Name of Mother Catherine Deasy

Her Birthplace: Ireland

Date of Funeral Nov. 20, 1958 (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

BURIAL
Catherine T. (Hurney) Driscoll - Widow
Born 10/1904 - mother of Julia A. and Owen T. Hurney, grandmother of Suzanne Schmidt & Michael Hurney
Wake McAvoy Funeral Home, 1706 Forbes Ave., 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. 418
Grave No. 6
Section No. B
Block No. 1
Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Burial	915	00
Burial Vault or Box (State Kind)	95	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)		
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	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 / 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) McAVOY FUNERAL HOME	21	60
Sales Tax Dec. 5, 1958		
Total Footing of Bill $	1169	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		$
	By Payment	$ 45. 11	$ 10.70 —		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. C. AKOY FUNERAL HOME Date 11-17-58

The following selection was made in Our Showroom for the funeral of:

MRS CATHERINE HURNEY

Casket C SERVICES	915	00
Vault or Box		
Garment	35	00
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 95 000

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3007 Yearly No. 56 Date of Entry Nov. 18 1958

Name of Deceased Margaret Dacy (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 304 Meltenberger St

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

Charge to Miss Catherine Dacy

Address 304 Meltenberger St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Nov. 16 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 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 304 Meltenberger St

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease - Diabetes

Mellitus Grade III

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

His Address Mercy Hospital

Name of Father Edward Regen

His Birthplace .....

Maiden Name of Mother Margaret Walsh

Her Birthplace .....

Date of Funeral Nov 22 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery } Calvary
Crematory }

DACY—On Tuesday, November 16, 1958, Margaret Regan, wife of the late James J. Dacy, mother of Catherine, Edward J., William J. and James J. Dacy, also survived by two grandchildren and two great-grandchildren. Funeral from the Heaven Funeral Home, 3700 Forbes, this day at 9 a.m. Solemn requiem high mass at the Church of the Epiphany at 10 a. m. Interment Calvary.

Lot No. 219

Grave No. 6

Section No. N

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	966	00
Casket 6 Professional Bearers	750	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	35	00
Slippers, $ 5 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	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, $ 5 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		
12 line Death Notices in 2 Papers (Names of Newspapers)	14	40
McAVOY FUNERAL HOME		
Sales Tax Dec 19, 1958		
Total Footing of Bill	1000	40
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

CUSTOMER'S COPY

DIVISION 2

THE CATHOLIC CEMETERIES ASSOCIATION

OF THE DIOCESE OF PITTSBURGH
718 HAZLEWOOD AVE., PITTSBURGH 17, PA.
HAzel 1-9959

26353

DATE 11-18-1958

ACCOUNT NAME McCarey E J — ACCOUNT NUMBER

ADDRESS 1700 Forbes St — CITY Pgh 19 Pa

☑ INTERMENT
☐ REMOVAL
☐ RECEIVING VAULT

PLACE OF BIRTH — AGE XX 82

PLACE OF DEATH at home — DATE 11-18-58

NAME OF DECEASED Deary Margaret — ADDRESS 304 Milton Dr Pgh Pa

BURIAL DATE 11-22-1958 — TIME — CHURCH Epiphany — PRIEST PERMIT ☑ — UNDERTAKER same

DEED IN NAME OF Deary James — RELATIONSHIP TO DECEASED husband

☐ NON-CATHOLIC
☑ CATHOLIC BURIAL

1. ☐ SINGLE GRAVE — SEC. — ROW — NO. — ☐ POOR GROUND ☐ D.P.A.
☐ MONUMENT LOT
2. ☐ NON MONUMENT LOT — SEC. N — LOT 219 — BLK. — GRAVES — SQ. FT.
3. ☑ OPEN GRAVE NO. 6 — ☑ O.D. ☐ E.D. — O. T. ☐ — ☑ ADULT ☐ CHILD — 45 00
4. ☑ LOWERING DEVICE AND GREENS — 30 00
5. ☐ TENT — ☐ RECONVEYED LOT
6. TYPE VAULT — ☐ OURS ☑ OTHERS — COMPANY matics — SIZE 6
7. ☐ DISINTERMENT OF — ORIGINAL INT. MADE 19 — TYPE VAULT ☐ O.D. ☐ E.D.
FROM SEC. LOT GR. TO SEC. LOT GR.
8. REASON TO RECEIVING VAULT — TIME ALLOWED
9. OTHER SERVICES — SEC. LOT GR.

☐ SPECIAL CARE — TYPE — ☐ ENDOWMENT

☐ FOUNDATION — SIZE — ☐ BOUQUET HOLDER — TYPE

☐ MARKER — TYPE & SIZE

N. K. Daughter Catherine — ADDRESS same

MISCELLANEOUS — SALES TAX

DRAW PLAT OF LOT IN THIS SPACE

DEED — PREPARED / / — MAILED / / — TOTAL 75

CREDIT
☑ CHG. TO McCarey E J — 75
☐ CASH
PARTIAL PAYMENT
☐ BALANCE DUE
NET AMOUNT DUE

△14624

RECEIVED BY

DATE

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McHargue Funeral Home Date 11/18/58

The following selection was made in Our Showroom for the funeral of:

Mrs. Macy.

Casket	Service	750 00
Vault or Box		
Garment	Blue Dress.	35 00
Slippers	Blue Crepe Slippers	5 00
Blanket	Undergarments	
Miscel.		
Miscel.		
	TOTAL	790 00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

206

RECORD OF FUNERAL

Total No. 3008 Yearly No. 57 Date of Entry Dec 8 19 58

Name of Deceased Lawrence Henneche Sr. M

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

Residence: 1637 Preston St (19) ☐Husband ☐Wife ☐Widow or ..... of } Alice Mc Manus

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

Charge to: Estate of Lawrence Henneche

Address: Ernest R. Nassar - Atty

Order given by Charles C. Henneche (or informant)

How Secured: 1714 Watson St

If Veteran, Name of War .....

Occupation Retired Plumber Foreman 171-18-3643 (Social Security Number)

Employer and Address .....

Date of Death Dec 8 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 9 1888 Age 70-10-29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. John Haser (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 Pulmonary Embolism

Contributory Causes .....

.....

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

His Address: Mercy Hospital

Name of Father John Henneche

His Birthplace .....

Maiden Name of Mother Amelia Culman

Her Birthplace: .....

Date of Funeral Dec 12 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery

Div 1

Lot No. .....

Grave No. 9

Section No. 27

Range 8

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	1724 00
Casket + Professional Services		1295 00
Burial Vault or Box (State Kind)		155 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		6 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)		
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 + Stone		224 00
Cremation		
Flowers, $ 70 Palms, $ ..... Matting, $		70 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		
10 line Death Notices in 2 Papers (Names of Newspapers)		24 00
ck McMANUS FUNERAL HOME		
Sales Tax		
Total Footing of Bill Dec 15 1958	$	1794 25
Less	$	
PER JFM 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

For Single Grave - - $150.00

THE HOMEWOOD CEMETERY

Inscription for Marker - 39.00

SINGLE INTERMENT TICKET

Name LAWRENCE WERNECKE, SR.

Grave No. 9 *Range* 8

Division 1 *Section* 27

Date DECEMBER 12, 1958

Over

In the purchase of this Interment Rights burial space it is to be understood that upon the removal of body from the grave, the grave and marker revert to the cemetery and, that no planting of the grave will be permitted; it being the object of the cemetery to keep all graves, in this plot, perfectly level. Cut flowers only may be placed in a container approved by the cemetery.

300-4-58

RECORD OF FUNERAL

Total No. 3009 Yearly No. 58 Date of Entry Dec 20 19 58

Name of Deceased Harry Toney

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

Residence 2023 Tustin St 19

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

Charge to Mrs Mary Monroe

Address 2025 Tustin St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Huckster (Social Security Number)

Employer and Address Self

Date of Death Dec 20 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 19 1895 Age 63-4-1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaylord Church

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 2023 Tustin St

Cause of Death Acute Coronary Occlusion

Contributory Causes

Certifying Physician Dr Norman Cohen (or Coroner)

His Address 1405 Sepulveda Ave

Name of Father Yannous Nakid

His Birthplace Lebanon

Maiden Name of Mother Anna Abdulla

Her Birthplace Lebanon

Date of Funeral Dec 23 1958 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 5

Grave No. 51

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 700	00
Casket	95	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	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, $ 5 ... 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		
13 line Death Notices in 3 Papers (Names of Newspapers) McAVOY FUNERAL HOME	15	60
Sales Tax		
Total Footing of Bill	$ 902	60
Less PER	$	
Balance	$	

PAID July 18, 1958

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
12/23/58	To Above Balance	200 40	$ 700 00
1/9/59	By Payment	$ 455 29	$ 175 00
3/27/59	" "	$ 50 00	$ 125 00
	" "	$	$
	" "	$	$
	" "	$	$

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

Insurance $ ... Names of Lodges ... Insurance Companies Pandenland

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6 % per annum.

Signed Philip Monroe

Address 2025 Tustin St

Witness

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

RECORD OF FUNERAL

Total No. 3010 Yearly No. 59 Date of Entry Dec 22 19 58

Name of Deceased Jacob A. Corey Sr. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Anna Mary

Residence: 1710 Fifth Ave - 19 Age of Husband or Wife (if living) ..... Years

Charge to: Mrs Anna Corey

Address: 1710 Fifth Ave

Order given by Dr 18369 (or informant)

How Secured Att. Gutstock - Gr 12611

If Veteran, Name of War .....

Occupation Store Keeper (Social Security Number)

Employer and Address .....

Date of Death Dec 22, 1958 (Mo.) (Day) (Yr.) (Hour)

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

Services at Grayberry 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 1710 Fifth Ave

Cause of Death Acute Coronary Occlusion

Contributory Causes .....

.....

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

His Address: Coroner - Alleg. Co.

Name of Father Slayman Corey

His Birthplace Lebanon

Maiden Name of Mother Barbara

Her Birthplace Lebanon

Date of Funeral Dec 26, 1958 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Row 7

Lot No. 7

Grave No. 6

Section No. 31

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	100
Casket		800 00
Burial Vault or Box (State Kind)		95 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		160 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		
11 line Death Notices in 4 Papers (Names of Newspapers)		17 60
McAVOY FUNERAL HOME		
Bulletin 1/2/59		
Sales Tax		
Total Footing of Bill June 4, 1464	$	1090 60
Less	$	
Balance	$	
Entered into Ledger, page ..... or below. PER		

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

LAW OFFICES OF
GOLDSTOCK, SCHWARTZ, TEITELBAUM & SCHWARTZ
SUITE 801 LAW AND FINANCE BUILDING
PITTSBURGH 19, PA.
TELEPHONE GRANT 1-2611

SAMUEL GOLDSTOCK
NATHAN SCHWARTZ
LOUIS I. SCHWARTZ
ROBERT A. COHEN

January 27, 1959

McAvoy Funeral Home
1700 Forbes Avenue
Pittsburgh 19, Pennsylvania

In re: Estate of Jacob S. Corey, Deceased

Gentlemen:

This will acknowledge receipt of your funeral bill in the sum of $1,090.60 due from the above estate.

As I advised you during our recent telephone conversation, I will see that your bill is protected when the real estate of the decedent is sold, and converted into cash so that the debts of the estate may be paid.

Very truly yours,

Samuel Goldstock

SAMUEL GOLDSTOCK

SG:mg

F. H. HILL COMPANY, INC. Form 147

Funeral Director MR McALOY Date 12-23-58

The following selection was made in Our Showroom for the funeral of:

MR. COREY

Casket C SERVICES	800	00
Vault or Box	95	00
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 895 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3011 Yearly No. 60 Date of Entry Dec 22 19 58

Name of Deceased Sr. M. Placida - Cecelia A. McCoy (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 3333 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Sister Religious (Social Security Number)

Employer and Address .....

Date of Death Dec 22, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 25, 1889 Age 69 - 0 - 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Chest Spring Pa

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

Place of Death St Francis Hospital

Cause of Death Congenital Heart Disease

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician M. L. Snodes (or Coroner)

His Address 604 Petticoat Place

Name of Father Francis J. McCoy

His Birthplace CHEST SPRINGS PA

Maiden Name of Mother Mary Agnes Condon

Her Birthplace Lilly Pa

Date of Funeral Dec 24, 1958 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Dec 24, 1958

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $	300	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, $ ..... 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 ..... $	300	00
Less Jan. 29, 1959 $		
Balance $		

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

RECORD OF FUNERAL

Total No. 3012 Yearly No. 61 Date of Entry Dec 26 19 58

Name of Deceased Julia A. Hurney

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

Residence 131 S. Bagley Ave (6) ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Owen P. Hurney

Address 1734 Duffield St (6)

Order given by Mr. 1.4327 (or informant)

How Secured Mrs Henry Schumann Ex 12345

If Veteran, Name of War ..... Ex. 4198

Occupation Clerical Work 167-03-4056 (Social Security Number)

Employer and Address U. S. Steel Corp.

Date of Death Dec. 25, 1958 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 13 1905 Age 53-2-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev Z.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 Shadyside Hospital

Cause of Death Myocardial Infarction

Contributory Causes Coronary Occlusion Arteriosclerosis Left Bundle

Certifying Physician Dr. Jean C. Kaiser (or Coroner)

His Address 6311 Meadow St (6)

Name of Father Andrew Hurney

His Birthplace .....

Maiden Name of Mother Catharine T. Driscoll

Her Birthplace .....

Date of Funeral Dec. 29, 1958 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

HURNEY ... Julia A., 53, on Thursday, Dec. 25, 1958, daughter of the late Andrew and Catherine Driscoll Hurney; sister of Owen P. Hurney; aunt of Suzanne Hurney. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Monday morning at 9:30, Requiem Mass at the Church. Please omit flowers at the request ...

Diagram of Lot or Vault

Lot No. 27

Grave No. 4

Section No. 5

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1232 00
Casket	995 00
Burial Vault or Box (State Kind)	95 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)	
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	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	
10 line Death Notices in 6 Papers (Names of Newspapers)	24 00
Sales Tax	
Total Footing of Bill	$ 1282 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID Dec. 26, 1958

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. Peineman, Long Beach, California

Burial of

Julia A. Hurney

Date of Death

Dec. 25,1958

Date of Burial

Dec. 29,1958

Place of Burial

Calvary Cemetery

Addressed to

Estate of Julia A. Hurney

Statement
of
Professional Service Rendered

Casket & Professional Services	995.00	
Cave-proof Case	95.00	
		1090.00

CASH DISBURSEMENTS

Cemetery Charges	110.00	
Clothing	35.00	
Religious Service	15.00	
Death Notices	24.00	
Death Certificates	8.00	
		192.00
Total.....		$1282.00

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Funeral Home Date 11/15/58

The following selection was made in Our Showroom for the funeral of:

J Hurney

Casket	1 Service	995 00
Vault or Box		
Garment	Flesh Sheer Nylon	35 00
Slippers	Undergarments	6 00
Blanket		
Miscel.		
Miscel.		
	TOTAL	1036.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3013 Yearly No. 1 Date of Entry Jan 18 1959

Name of Deceased Mary M. Cullen (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2025 Herand St (19) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by Mrs John Berger (or informant)

How Secured 5829 Interboro Ave Ph. Pa

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death Jan 18 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 10 1872 Age 86 - 2 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Tucker (Address)

Religion of the Deceased Protestant

Birthplace Cadiz Ohio

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

Place of Death 2025 Herand St.

Cause of Death Cardio - Renal disease

Contributory Causes uremia failures

.....

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

His Address 2004 Fifth Ave

Name of Father George Bell

His Birthplace .....

Maiden Name of Mother Drusilla Mattern

Her Birthplace .....

Date of Funeral Jan 21 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } South Side

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket Professional Grade	475	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (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		
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	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, $ 10 ... 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		
.....line Death Notices in ..... Papers		
McAVOY FUNERAL HOME		
(Names of Newspapers)		
Filed Jan 21 59		
Sales Tax 3.19.59		
Total Footing of Bill	$	698 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

212

RECORD OF FUNERAL

Total No. 3014 Yearly No. 2 Date of Entry Jan 26 19 59

Name of Deceased Mary Loughlin Sr. M. Francis Borgia
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5222 Campbell Blvd 36 St Elizabeth ☐Husband ☐Wife ☐Widow of Edward 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

Date of Death Jan 26, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13 1896 Age 62 6 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mount Mercy

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 Mercy Hospital

Cause of Death Acute Myocardial

Contributory Causes Infarction

Certifying Physician Dr. C. Wagner Hunt (or Coroner)

His Address Mercy Hospital

Name of Father James Loughlin

His Birthplace

Maiden Name of Mother Elizabeth Richards

Her Birthplace

Date of Funeral Jan 29 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory St Vincents Latrobe Pa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Bronze	300	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	$	300 00
Less PER Mem.	$	
Balance	$	

McAVOY FUNERAL HOME

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

RECORD OF FUNERAL

Total No. 3015 Yearly No. 3 Date of Entry Jan 31 1959

Name of Deceased Henry A. Hein

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

Residence 1310 Arch Street

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

Charge to Mrs. Emma Spinelli

Address 1026 Ivanhoe St (19)

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 716-14-7742 (Social Security Number)

Employer and Address .....

Date of Death Jan 31 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 27 1874 Age 74-9-4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary of Mercy Church

Clergyman Monsignor Lawless (Address)

Religion of the Deceased Catholic

Birthplace Penna.

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

Place of Death Divine Providence Hospital

Cause of Death Bronchopneumonia

Contributory Causes following fractures of left tibia due to being struck by automobile

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

His Address Coroner - Alleg. Co.

Name of Father Peter Hein

His Birthplace .....

Maiden Name of Mother Catherine Zorn

Her Birthplace .....

Date of Funeral Feb 4 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Complete Funeral (except outlays) ..... $	
Casket 2 Professional Service	795 00
Burial Vault or Box (State Kind)	95 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, $	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	
4 line Death Notices in 2 Papers (Names of Newspapers)	19 20
35 OK	
Sales Tax	
Total Footing of Bill McAVOY FUNERAL HOME	1046 20
Less	$
Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous	

Lot No. .....

Grave No. .....

Section No. 40

Block No. .....

Owner .....

Miscellaneous .....

Diagram of Lot or Vault

KELLY—On Saturday, Jan. 31, 1959, Henry W. Hein, father of Mrs. Louise Cessna, Mrs. Emma Spinelli, Mrs. Helen Sharp, Raymond and Clarence Hein; brother of Mrs. Mary Haswell and Peter A. Hein; also 3 grandchildren. Funeral from the McAvoy Funeral Home, 1700 Market St., on Wednesday morning at 8:30 Solemn requiem High Mass at St. Mary of Mercy Church at 9 o'clock.

PAID Feb 4 1959 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J. McAvoy Date 2/1/59

The following selection was made in Our Showroom for the funeral of:

"Hein"

Casket	8' Service w/Blkt Cross on Top & Cross Nested	795 00
Vault or Box		
Garment	Tie	N/C
Slippers		
Blanket		
Miscel.		
Miscel.		
	TOTAL	795 00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

214

RECORD OF FUNERAL

Total No. 3016 Yearly No. 4 Date of Entry Feb. 1 19 59

Name of Deceased J. Vincent Kelly 71
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 423 Le Roy Ave. Arcadia Cal. ☐Husband ☐Wife ☐Widow } Marie E. Flynn
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Marie E. Kelly

Address 423 Le Roy Ave - Arcadia Cal

Order given by Rev. James V. - Eileen M. Kelly
(or informant)

How Secured

If Veteran, Name of War

Occupation Retired

Employer and Address Pullman Standard Car Co (Social Security Number)

Date of Death Feb 1 1959
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 19 1876 Age 82 - 11 - 14
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev. James V. Kelly - Adm -
(Address)

Religion of the Deceased Catholic

Birthplace Penna

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

Place of Death 423 Le Roy Ave - Arcadia Cal

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 Feb 6, 1959 M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

KELLY
Vincent, on Sunday, Feb. 1, 1959, at Arcadia, Cal., formerly of Butler, Pa.; husband of Marie E. Flynn; father of Eileen M. and Rev. James V. Kelly. Funeral from the Hadley Funeral Home, 1700 Santa Anita Ave., on Friday morning at 10. Solemn requiem high mass at the Church of the Epiphany at 11 o'clock.

Diagram of Lot or Vault

Lot No. 17
Grave No. 11
Section No. 40
Block No. 1
Owner

Miscellaneous

Complete Funeral (except outlays)	$ 334	82
Casket		
Burial Vault or Box (State Kind)	185	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, $ Hearse Ambulance, $	26	78
Limousines to Cemetery 1 @ $	18	54
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Station	13	90
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	136	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	4	20
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 6 Papers	26	40
(Names of Newspapers)		
Sales Tax		
Medical Footing of Bill	$ 409	82
Less	$	
Balance	$	

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

Miscellaneous

PER

HANDY FUNERAL HOME
March 10, 1959

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 3017 Yearly No. 5 Date of Entry Feb 2 1959

Name of Deceased Oma Anna Arnold (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2014 Forbes Ave

Charge to Mrs Eva Appleton

Address 2014 Forbes Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Clerk (Social Security Number)

Employer and Address

Date of Death Feb 2 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 16 1878 Age 80-2-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Poling & Clark Funeral Home

Clergyman Buckhannon W. Va. (Address)

Religion of the Deceased Protestant

Birthplace Buckhannon W. Va

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

Place of Death John J. Kane Hospital

Cause of Death Coronary Occlusion

Contributory Causes Generalized Arterio-sclerosis

Certifying Physician Dr Chas R. Pruit (or Coroner)

His Address

Name of Father William Arnold

His Birthplace

Maiden Name of Mother Margette Gum

Her Birthplace

Date of Funeral Feb 4 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by Buckhannon W. Va.

Cemetery / Crematory Pleasant View Cem

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	400	00
Burial Vault or Box (State Kind)	22	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
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		
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, $	24	98
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	$	467 98
Less ... PER	$	
Balance	$	

McAVOY FUNERAL HOME

PAID Mar 21, 1959

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Feb 2 1959	By Payment	$ 200 00	$
Mar 21 59	" "	$ 250 00	$
	" "	$ 450 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. 30.18 Yearly No. 6 Date of Entry Feb. 9 19 59

Name of Deceased Mary M. Holland Sr.

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

Residence 336 Burrows St Apt 13 ☐Husband ☐Wife ☐Widow of ..... } Thomas Holland Age of Husband or Wife (if living) ..... Years

Charge to Edward Holland

Address 275 Burrows St 13

Order given by Mrs Delores Bilinski (or informant)

How Secured 625 Donaldson Dr 26

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 9 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 5 1895 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes Church

Clergyman Msgr. Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death Mercy Hospital

Cause of Death Anterisepta + pneumonia

Contributory Causes myocardial infarction, Coronary occlusion + thrombosis

Certifying Physician Dr. Geo. F. Kowalski (or Coroner)

His Address Mercy Hospital

Name of Father James Carney

His Birthplace .....

Maiden Name of Mother Agnes McShane

Her Birthplace .....

Date of Funeral Feb 13 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. 84

Grave No. 6

Section No. 0

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1112	00
Casket 7 Professional Service	910	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	5	00
Dressing Body, $ ..... Underwear, $	35	00
Suit or Dress (State Kind and Color)	35	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	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, $		
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 (Names of Newspapers)	36	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Feb 12, 1959	$ 1162	00
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. 3019 Yearly No. 7 Date of Entry Feb. 15 1959

Name of Deceased Annie M. Robertson (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 235 Jamaica Ave. (29) ☐Husband ☐Wife ☐Widow of Benjamin L. Age of Husband or Wife (if living) Years

Charge to Mr. J. C. Robertson

Address 235 Jamaica Ave. (West View)

Order given by We 11290 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Feb. 15 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 19 1881 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Townsend (Address)

Religion of the Deceased Protestant

Birthplace Boston, Maryland

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

Place of Death 235 Jamaica Ave

Cause of Death Carcinamatosis abdomen

Contributory Causes Thorax, Pelvic

neoplasm

Certifying Physician Dr. J. B. Lowe (or Coroner)

His Address 1020 Center Ave. Pgh. 29 Pa.

Name of Father John L. Carr

His Birthplace

Maiden Name of Mother Elizabeth Matthews

Her Birthplace

Date of Funeral Feb. 18 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Restland Mem.

ROBERTSON—On Sunday, Feb. 15, 1959, Annie M. Carr, wife of the late Benjamin L. Robertson; mother of Mrs. Dixie Turner, Mrs. Doris Schmidt and Joseph Clifton Robertson; sister of Mrs. Della Davis, Mrs. Lola Miller, Mrs. Nina Sapp, Mrs. Margaret Goldson, Mrs. Ada Atkinson, Noonan and Mrs. Jean Carr. Funeral services at the Meaney Funeral Home, 7940 Parkis Ave., on Wednesday at 2 P. M.

Diagram of Lot or Grave

Lot No. 267

Grave No. 2

Section No. D

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1078	00
Casket 7 Professional Service	825	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)	31	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.	4	00
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
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 / Aero-plane Tickets, $ ... 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
Billed 3/5/59		
Sales Tax . McAVOY FUNERAL HOME		
Total Footing of Bill	1119	20
Less		
Balance		

Entered into Ledger, page ... or below.

Miscellaneous PER JRM

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Feb. 16, 1959	By Payment	$150 00	$ 964 20		By Payment	$	$
	" "	$ 1 Days	$ 41 25		" "	$	$
	" "	$	$ 923 05		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I 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. 3020 Yearly No. 8 Date of Entry Feb 28 19 59

Name of Deceased Marie C. Jones (What Race) W

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: 1102 Ivanhoe St (19) ☐Husband ☐Wife ☐Widow of Thomas P.

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

Charge to: Thomas P. Jones

Address 1102 Ivanhoe St

Order given by Ep. 13045 (or informant)

How Secured:

If Veteran, Name of War

Occupation Waitress 208-03-1781 (Social Security Number)

Employer and Address

Date of Death Feb 28 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 22 1918 Age 40-6-6 (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 1102 Ivanhoe St

Cause of Death

Contributory Causes

Certifying Physician Dr L J Barnett (or Coroner)

His Address: 2004 Lyell Ave

Name of Father Theobold Mark

His Birthplace

Maiden Name of Mother Julia Maron

Her Birthplace

Date of Funeral Mar 3 1959 (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.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 220 00
Casket	1825 00
Burial Vault or Box (State Kind)	175 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	48 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	145 00
Cremation	
Flowers, $ .... Palms, $ ..... Matting, $	70 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 / Aeroplane 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	16 00
McAVOY FUNERAL HOME (Name of Papers)	
Sales Tax	
Total Footing of Bill	$ 2298 00
Less	$
PER WMM 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

Burial of

Marie C. Jones

Date of Death

Feb. 28,1959

Date of Burial

Mar. 3,1958

Place of Burial

Calvary Cemetery

Addressed to

Estate of Marie C. Jones

Statement
of
Professional Service Rendered

Casket & Professional Services	1825.00	
Burial Vault	175.00	
		2000.00

CASH DISBURSEMENTS

Clothing	48.00	
Cemetery Charges	145.00	
Flowers	70.00	
Religious Service	15.00	
Death Notices	16.00	
Death Certificates	4.00	
		298.00
Total.....		$2298.00

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

31

Form 147

F. H. HILL COMPANY, INC.

Funeral Director McKay Funeral Home Date 7/28/55

The following selection was made in Our Showroom for the funeral of:

Marie Jones

Casket Y Service	1500 00
Vault or Box Caulbert.	175 00
Garment Blue Short Dress.	48 00
Slippers Blue	N/C
Blanket Undergarments	N/C
Miscel.	
Miscel.	
TOTAL	2048.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3021 Yearly No. 9 Date of Entry Feb 28 19 59

Name of Deceased Gaspar (Joseph) Buco
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 125 River Ave (Rear) Natrona
☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of Gaspar Buco
Address Thomas P. Mulvaney - Esq -
Order given by Mrs Catherine M. Chenot (or informant)
How Secured 1620 Clara Ave - St Louis Mo
If Veteran, Name of War
Occupation Laborer (Social Security Number)
Employer and Address
Date of Death Feb 28 1959 (Mo.) (Day) (Yr.) (Hour)
Date of Birth Unknown Age Abt 70 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Services at St Edwards Church - St Louis Mo
Clergyman
Religion of the Deceased Catholic (Address)
Birthplace Austria
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 A. S. H. D.

Certifying Physician Dr Ernest A. Tobot (or Coroner)
His Address Mercy Hospital
Name of Father Unknown
His Birthplace Austria
Maiden Name of Mother Katherine Bucek
Her Birthplace Austria
Date of Funeral Mar 3 1959 (Date) (Day of Week) (Hour) M.
Motor / Ship } Remains to Herman Funeral Home
Size of Casket St Louis Mo (State Color and Number)
Manufactured by
Cemetery / Crematory } Mt Calvary Cem - St Louis Mo

Diagram of Lot or Vault

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

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Services	580	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)	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)		
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, $	40	34
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	655	34
Less PER		
Balance		

MEMORY FUNERAL HOME
PAID
MAY 21 1959

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	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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 .....

Witness .....

Address .....

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

F. H. HILL COMPANY, INC. Form 147

Funeral Director M Heap Fun Home Date 2/28/19

The following selection was made in Our Showroom for the funeral of:

Mr Buco

Casket	7 Bronze	780 00
Vault or Box		
Garment	Blue Suit	35 00
Slippers		
Blanket		
Miscel.		
Miscel.		
	TOTAL	615 00

The undersigned accept and approved the foregoing purchases.

Signed ~~J. J. Buco~~ 53

Signed 40 34

Signed

220

RECORD OF FUNERAL

Total No. 3022 Yearly No. 10 Date of Entry Mar 3 1959

Name of Deceased Clara J. Metz (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: 1317 Fifth Ave

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

Charge to: Mrs Frances Bracalielle

Address: 344 Baldwin Rd Rt. 7

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife 209-03-1218 (Social Security Number)

Employer and Address .....

Date of Death Mar 3, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 5 1876 Age 82 - 2 - 28 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Emphany Church

Clergyman Fa James V. Kelly - Adm (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 Extension of Cerebral

Contributory Causes Thrombosis - Arteria sclerosis

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

His Address: Mercy Hospital

Name of Father Thomas Farrell

His Birthplace .....

Maiden Name of Mother Margaret Fox

Her Birthplace .....

Date of Funeral Mar 7 1959 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St Marys Cem

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1080 00
Casket Professional Bronze		840 00
Burial Vault or Box A Case (State Kind)		95 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)		
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, $		
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 9 Papers		46 80
McAVOY FUNERAL HOME (Name of Newspaper)		
$5 ok		
Sales Tax		
Total Footing of Bill	$	1124 80
Less	$	
PER Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

MAR 4 Clara J. Farrell, on Tuesday, March 3, 1959 wife of the late Leonard J. Metz; mother of Mrs. Leonard Spicuzza, Mrs. Frances DeGaetano, Mrs. Anna Guillaro, Thomas, Gerard and Raymond Metz; also eight grandchildren and two great grandchildren. Funeral from McAvoy Funeral Home, 1317 Fifth Ave on Saturday morning at 9:30. Solemn requiem high mass at the Church of the Epiphany at 10:00.

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 S Hvoy Funeral Home Date 3-3-59

The following selection was made in Our Showroom for the funeral of:

MRS METZ

Casket © SERVICES	840	00
Vault or Box		
Garment	35	00
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 875 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3023 Yearly No. 11 Date of Entry Mar 7 1959

Name of Deceased Irene C. Scanlon - Sr. M. Norberta

☐ 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 3333 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death Mar 7 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 2 1902 Age 56 - 11 - 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at 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 Shock

Contributory Causes Pulmonary Adeno-Carcinomas

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

His Address Mercy Hospital

Name of Father Patrick J. Scanlon

His Birthplace .....

Maiden Name of Mother Mary Nash

Her Birthplace .....

Date of Funeral Mar 10 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Xaviers Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket ... 7 Professional Service	300	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		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Mar 3, 1959 ..... $	300	00
Less ..... $		
PER JM 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

222

RECORD OF FUNERAL

Total No. 3024 Yearly No. 12 Date of Entry Mar. 10 1959

Name of Deceased William Mc Guiness H. (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 119 First Ave

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

Charge to: Estate of

Address: Commonwealth Trust Co

Order given by: Mr. Robert Smith (or informant)

How Secured:

If Veteran, Name of War

Occupation Elevator Operator 206-05-4304 (Social Security Number)

Employer and Address

Date of Death Mar 10 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 81 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Brigids 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 Mercy Hospital

Cause of Death Arteriosclerosis +

Contributory Causes hypertensive heart disease

Certifying Physician H. H. G. Mackbachan (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick Mc Guiness

His Birthplace

Maiden Name of Mother Mary Mc Gavill

Her Birthplace:

Date of Funeral Mar. 13 1959 ..... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Lot No. 411

Grave No.

Section No. N

Block No.

Owner

Miscellaneous

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	585	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	47	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, $	30	40
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		
4 line Death Notices in 4 Papers (Names of Newspapers)	14	40
Sales Tax		
Total Footing of Bill	$	849 50
Less	$	
Balance	$	

Entered in Ledger, page ..... as below.

Miscellaneous

LAVOY FUNERAL HOME

PAID April 17, 1959

PER Mrs. [illegible]

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and 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. 3025 Yearly No. 13 Date of Entry Mar 10 19 59

Name of Deceased Kenneth T. Moran (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 538 Osceola St (24) ☐Husband ☐Wife ☐Widow or ..... of Mary Agnes Shradle Age of Husband or Wife (if living) ..... Years

Charge to Mrs Mary Agnes Shradle

Address 538 Osceola St

Order given by Ma 1 4769 (or informant)

How Secured

If Veteran, Name of War W W #2

Occupation Clerk 211-03-3005 (Social Security Number)

Employer and Address P.R.C.B.

Date of Death Mar 10 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13 1905 Age 53 - 5 - 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman James F Kelly (Address)

Religion of the Deceased Catholic

Birthplace Uniontown, Pa.

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

Place of Death 538 Osceola St.

Cause of Death Broncho - pneumonia

Contributory Causes Cirrhosis of Liver

Certifying Physician Dr J. R. Davis (or Coroner)

His Address 4731 Liberty Ave

Name of Father Patrick Moran

His Birthplace

Maiden Name of Mother Margaret M. Walker

Her Birthplace

Date of Funeral Mar 14 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem (Soldiers Plot)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Alleys to Mr. Moran

	Amount	
Complete Funeral (except outlays)	$	
Casket 4 Repossessed Bronze	585	00
Burial Vault or Box (State Kind)	95	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		
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		
11 line Death Notices in 6 Papers (Names of Newspapers) McAVOY FUNERAL HOME	26	40
SS. TK.		
Sales Tax		
Total Footing of Bill	$	725 40
Less PER	$	
Balance	$	

Billed - 4-11-59

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
4/16/59	By Payment	$ 250 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

95.00 Vault
26.78 Heave
32.44 Lima
35.00 Emb
31.02 Inc
100.00 Proj Serv.

320.24

325.00

725.40
320.24

405.16.

224

RECORD OF FUNERAL

Total No. 3026 Yearly No. 14 Date of Entry Mar. 13 19 59

Name of Deceased Mary E. Casey - Sr. M. Gabriella St
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 3333 Lloyd Ave ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address 3333 Lloyd Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death Mar. 13, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 5, 1888 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary's Convent

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 Artery Disease

Contributory Causes Myocardial Infarction

.....

Certifying Physician Dr. Geo. E. Cannon (or Coroner)

His Address Mercy Hospital

Name of Father Michael Casey

His Birthplace .....

Maiden Name of Mother Hannah McCarthy

Her Birthplace .....

Date of Funeral Mar. 16, 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. Mary's Cem.

Diagram of Lot or Vault

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

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket ... Professional Services	300	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 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, $ 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		
....line Death Notices in P. O. Papers		
(Names of Newspapers)		
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	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 30.27 Yearly No. 15 Date of Entry Mar 19 1959

Name of Deceased Sandare Lynch 74
☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence 78 Van Beuren St ☐Husband ☐Wife ☐Widow of Nora McDonough
Age of Husband or Wife (if living) Years

Charge to Nora Lynch

Address 78 Van Beuren St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer 163-14-8993 (Social Security Number)

Employer and Address

Date of Death Mar 19 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 69 (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 D.O.A. Mary Hitchcock

Cause of Death Coronary Thrombosis

Contributory Causes

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

His Address Coroner - Alby Co.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Mar 23 1959 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. 9

Grave No. 5

Section No. 31

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Service	585	00
Burial Vault or Box (State Kind)	95	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	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, $ 4 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		
9 line Death Notices in 4 Papers (Names of Newspapers)	14	40
Sales Tax		
Total Footing of Bill	$ 883	40
Less	$	
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Apr 4 1959	By Payment	$ 331 00	$ 552 40
Apr 27 59	" "	$ 150 00	$ 402 40
May 8 59	" "	$ 115 00	$ 287 40
	" "	$	$
	" "	$	$

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

226

RECORD OF FUNERAL

Total No. 3028 Yearly No. 16 Date of Entry Apr. 2 1959

Name of Deceased Moses Joseph (What Race) N

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 738 - 46th St. Brooklyn 20 N.Y. ☐ Husband ☐ Wife ☐ Widow } Catherine Gyar

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

Charge to Mrs. Catherine Gyar

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Watchman (Social Security Number)

Employer and Address .....

Date of Death Apr. 2, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 71 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

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 738-46th St. Bklyn 20 N.Y.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John Joseph

His Birthplace Syria

Maiden Name of Mother Tamar Khoury

Her Birthplace Syria

Date of Funeral Apr. 2 1959 (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)	175. 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, $ Hense Ambulance, $	26 78
Limousines to Cemetery ..... @ $	
Extra Limousines 1 @ $	18 54
Autos to R. R. Station ..... @ $	
Getting Remains from Station	13 90
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. * Chapel Rental	125 00
11 line Death Notices in 2 Papers (Names of Newspapers)	8 80
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill May 22, 1959	$ 368 02
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.

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 3029 Yearly No. 17 Date of Entry Apr 6 1959

Name of Deceased Rev. Lawrence A. O'Connell

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

Residence 1018 Epiphany Av ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate

Address .....

Order given by Mr Lawler - Fr Bracnpierre (or informant)

How Secured T. Lowes P. Mulvoney, Esq.

If Veteran, Name of War .....

Occupation Clergyman (Social Security Number)

Employer and Address .....

Date of Death Apr. 6. 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 22 1873 Age 85-10-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Bishop John Wright (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 Respiratory Renal Disease

Contributory Causes Arteriosclerosis

Heart Disease

Certifying Physician Dr. E. W. Jr. Hood (or Coroner)

His Address Mercy Hospital

Name of Father Lawrence O'Connell

His Birthplace .....

Maiden Name of Mother Joanna McAuliff

Her Birthplace .....

Date of Funeral Apr. 9. 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Marys Cemetery

O'CONNELL
Rev. Lawrence A. Pastor Emeritus of the Epiphany R.C. Church, on Monday, April 6, 1959 son of the late Lawrence and Joanna McAuliff; brother of the late Rev. John A. O'Connell. Friends received at the church rectory until 9 a.m. Wednesday. Translation of remains to church at 9 p.m. Office of the Dead Thursday at 10:30 a.m. Solemn pontifical requiem high mass at 11 o'clock. Interment St. Mary's Cemetery.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 2 Professional Services	1050	00
Burial Vault or Box (State Kind)	185	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 8 @ $	166	86
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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		
13 line Death Notices in 6 Papers (Names of Newspapers)	31	20
Burial McAVOY FUNERAL HOME	40	00
Sales Tax		
Total Footing of Bill	$	1558 06
Less	$	
Balance	$	

PAID May 9, 1959

Billed 4/16/59 JPM

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. McAvoy Date 4/6/59

The following selection was made in Our Showroom for the funeral of:

Father Lawrence A. O'Connell

Casket & Service	$1050	00
Vault or Box Vault	185	00
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	$1235	.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

228

RECORD OF FUNERAL

Total No. 3030 Yearly No. 18 Date of Entry Apr. 13 19 59

Name of Deceased Josephine Saula (Orck) 4

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

Residence 1021 Locust St ☐Husband ☐Wife ☐Widow of Milos Saula

Charge to Mrs. Ann Lipiak Age of Husband or Wife (if living) Years

Address 525 S Dyke St Phila 17 Pa

Order given by J. C. Knopsak (or informant)

How Secured 1502 Wallace St

If Veteran, Name of War Phila 14 Pa

Occupation Housedutties 173-16-1163 (Social Security Number)

Employer and Address

Date of Death Apr. 13 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 25 1894 Age 65 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Austria Hungary

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

Place of Death Passavant Hospital

Cause of Death Uremia

Contributory Causes

Certifying Physician Dr Alexander Lowry Jr. (or Coroner)

His Address Passavant Hospital

Name of Father Charles Waglick

His Birthplace Austria Hungary

Maiden Name of Mother Doris Kusic

Her Birthplace Austria Hungary

Date of Funeral Apr. 17 1959 (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. 102

Section No. 14

Row Block No. 4

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Service		825 00
Burial Vault or Box (State Kind)		90 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		39 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		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 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 6 Papers (Names of Newspapers)		28 80
Sales Tax		
Total Footing of Bill	$	1086 80
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
May 5 59	By Payment	$ 600 00	$ 286 86
July 20 59	" "	$ 286 86	$ 00 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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Funeral Home Date 4/15/49

The following selection was made in Our Showroom for the funeral of:

Paula

Casket 7 Seven	$87.00
Vault or Box	
Garment Flesh Sheer	39.00
Slippers	
Blanket	
Miscel.	
Miscel.	
TOTAL	$126.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3031 Yearly No. 19 Date of Entry Apr 27 1957

Name of Deceased Mary C. Ennis (What Race) A

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1507 Locust St (19) ☐Husband ☐Wife ☐Widow } Lawrence

Charge to John D. Ennis - Co 1-1378 or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1507 Locust 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 27 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 28 1880 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Fr. James V. Kelly (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 Terminal Bronchopneumonia due to fracture of left femur due to fall

Contributory Causes None

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

His Address Coroner - Allig Co.

Name of Father Michael Clair

His Birthplace Pittsburgh

Maiden Name of Mother Minnie Downey

Her Birthplace Kentucky

Date of Funeral May 1 1957 (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	00
Casket # Professional Service	825	00
Burial Vault or Box (State Kind)	185	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)		
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	80	00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $	51	52
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		
12 line Death Notices in 2 Papers (Names of Newspapers)	38	40
McAVOY FUNERAL HOME		
Sales Tax 5/21/57		
Total Footing of Bill June 2, 1957	$ 1245	92
Less	$	
Balance	$	

PAID

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 738 84	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 Fudy Date 5/22/59

The following selection was made in Our Showroom for the funeral of:

_____

Casket	825	00
Vault or Box	185	00
Garment	40	00
Slippers		
Blanket included		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1050.00

Signed _____

Signed _____

Signed _____

RECORD OF FUNERAL

Total No. 3032 Yearly No. 20 Date of Entry May 5 19 59

Name of Deceased Alfred D. Hudson (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1712 Forbes Ave ☐Husband ☐Wife ☐Widow or ..... of } Mary E. Age of Husband or Wife (if living) ..... Years

Charge to Mary E. Hudson

Address 1712 Forbes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Order Man 187-01-2500 (Social Security Number)

Employer and Address .....

Date of Death May 5 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 26 1903 Age 55 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev. James V. Kelly (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 D.O.A. Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes .....

.....

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

His Address Coroner - City C

Name of Father Alfred Hudson

His Birthplace .....

Maiden Name of Mother Bridget Dillon

Her Birthplace .....

Date of Funeral May 8 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cemetery

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	
Casket Professional Service	485	00
Burial Vault or Box (State Kind)	90	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	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, $	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 6 Papers	26	40
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax June 4, 1959		
Total Footing of Bill	$	739 40
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. 3033 Yearly No. 21 Date of Entry May 5 19 59

Name of Deceased William R. Thomas 71
☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2024 Forbes Ave ☐Husband ☐Wife ☐Widow } Mary C
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mary C. Thomas

Address 2024 Forbes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Millwright 169-03-8238 (Social Security Number)

Employer and Address J & L Steel Corp.

Date of Death May 5 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 23 1895 Age 63-6-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. John Ammon (Address)

Religion of the Deceased Protestant

Birthplace Greensburg Pa.

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

Place of Death Montefiore Hospital

Cause of Death Acute Myocardial Infarction - Arteriosclerotic

Contributory Causes Heart disease, Lobar Pneumonia

Certifying Physician Dr. A Rosenbloom (or Coroner)

His Address Montefiore Hospital

Name of Father Joseph P. Thomas

His Birthplace .....

Maiden Name of Mother Jennie C. Wilson

Her Birthplace .....

Date of Funeral May 8 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Jefferson Memorial

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	1420 00
Casket "Professional Bronze"	1265 00
Burial Vault or Box (State Kind)	185 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	
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 6 Papers	24 00
(Name of) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill May 9, 1959 $	1484 00
Less PAID	
Balance $	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
5-11-59	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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc ALOY FUNERAL HOME Date 5-5-59

The following selection was made in Our Showroom for the funeral of:

MR. THOMAS

Casket C SERVICES	1265	00
Vault or Box X	185	00
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3024 Yearly No. 22 Date of Entry May 15 1959

Name of Deceased Anne M. Bauer (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 130 Cohasset St (11) ☐Husband ☐Wife ☐Widow of } John C. Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Catherine Elliott

Address 130 Cohasset St

Order given by W. I. 3826 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 15 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 0 11 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary of the Mount

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 130 Cohasset St

Cause of Death Congestive Heart Failure

Contributory Causes

Certifying Physician Dr. Thomas Purpura (or Coroner)

His Address 312 Cohasset St

Name of Father Patrick Feeney

His Birthplace Ireland

Maiden Name of Mother Bridget Walsh

Her Birthplace Ireland

Date of Funeral May 18 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

BAUER
On Friday, May 15, 1959, Anne (Fessen), wife of the late John C. Bauer, mother of Mrs. James (Ellen) and Andrew Bauer, sister of Mrs. Mary Walsh, survived by two grandchildren. Funeral from the McAvoy Funeral Home, 1760 Pacific Ave. on Monday morning at 9:30. Solemn requiem high mass at St. Mary of the Mount Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 5

Grave No. 19

Section No. M a

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	887 00
Casket		750 00
Burial Vault or Box (State Kind)		95 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		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		
9 line Death Notices in 3 Papers (Names of Newspapers)		10 80
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	936 00
Less	$	
Balance	$	

PAID Aug 10, 1959

Entered in P&R ledger, page 1 or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
May	Andrew Bauer By Payment	$ 957 00	$ 684	630	By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 W. S. Lacy Date 5/15/59

The following selection was made in Our Showroom for the funeral of:

Ina Bauer

Casket ✓	750	00
Vault or Box		
Garment ✓	35	00
Slippers ✓ [redacted]	2	
Blanket ✓		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 785.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3035 Yearly No. 23 Date of Entry May 18 1959

Name of Deceased John J. Mobrey (What Race) X

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 436 Marion St (19)

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

Charge to Mrs Anna Mobrey (Co 16842)

Address 436 Marion St

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

How Secured .....

If Veteran, Name of War .....

Occupation Material Cutter 161-18-9242 (Social Security Number)

Employer and Address .....

Date of Death May 18 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 8 1903 Age 56 2 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gospel Lovy 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 Carcinoma of Lung

Contributory Causes .....

.....

Certifying Physician Dr. John D. McAllister (or Coroner)

His Address Mercy Hospital

Name of Father John Mobrey

His Birthplace .....

Maiden Name of Mother Catherine Berry

Her Birthplace .....

Date of Funeral May 21 1959 M (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

MOBREY—In St. Mercy City, May 18, 1959, beloved husband of Anna Degenes; father of Mrs. Regina Buell and Robert Mobrey; brother of Mrs. Jerry Cyrus, and Mrs. William Hasson; also survived by two grandchildren. Funeral from the McAvoy Funeral Home, 3103 Pacific Ave., Thursday, 10:00 A.M. Solemn Requiem high mass at the church of the Epiphany at 10:30 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	1010	00
Casket 7' Professional Bronze	775	00
Burial Vault or Box Auf Family Care (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ~ ..... Hose, $	4	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)	3	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		
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		
12 line Death Notices in 4 Papers (Name of Newspapers)	28	80
McAVOY FUNERAL HOME		
PAID June 2, 1959		
Sales Tax		
Total Footing of Bill	1051	30
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

234

RECORD OF FUNERAL

Total No. 3036 Yearly No. 24 Date of Entry May 22 19 59

Name of Deceased Salem Tannous Jr.

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

Residence: 174 Robinson St Pgh 13 ☐Husband ☐Wife ☐Widow or ..... of } Catherine Simon

Charge to: Warden Tannous Age of Husband or Wife (if living) ..... Years

Address: 174 Robinson St

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired Maintence Man 168-09-1549 (Social Security Number)

Employer and Address .....

Date of Death May 22 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt. 78 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Monsignor C.J. Moriarty (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 174 Robinson St

Cause of Death Coronary Thrombosis

Contributory Causes Coronary Arteriosclerosis

.....

Certifying Physician Dr. Albert Goldblum (or Coroner)

His Address: 1700 Bedford Ave

Name of Father Thomas Tannous

His Birthplace Lebanon

Maiden Name of Mother Marie Ashmore

Her Birthplace Lebanon

Date of Funeral May 26 1959 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

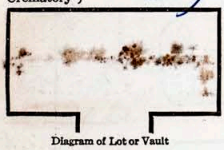


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1600 00
Casket Professional Items		1375 00
Burial Vault or Box (State Kind)		95 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		50 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		120 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		25 00
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		
16 line Death Notices in 2 Papers (Names of Newspapers)		12 80
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1705 80
Less	$	
PER ..... Balance	$	

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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McHugh Funeral Home Date 1/23/19

The following selection was made in Our Showroom for the funeral of:

Tamara

Casket	1375	00
Vault or Box		
Garment	Blue-Grey Suit	100	00
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	1475	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3037 Yearly No. 25 Date of Entry May 26 1959

Name of Deceased Catherine D. O'Leary 71

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

Residence 108 Gist St (19) ☐Husband ☐Wife ☐Widow or ..... of Daniel O'Leary

Charge to Mrs. Jane F. Eckels Age of Husband or Wife (if living) ..... Years

Address 23 Miltenberger 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 26 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 71 yrs 90 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greenbay 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 John J. Kane Hospital

Cause of Death Arteriosclerotic heart disease

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Dr. John R. Soyka (or Coroner)

His Address John J. Kane Hospital

Name of Father Martin Dillon

His Birthplace Ireland

Maiden Name of Mother Ellen Unknown

Her Birthplace Ireland

Date of Funeral May 29 1959 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. 40

Grave No. 6

Section No. B

Block No. .....

Owner Daniel O'Leary

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 7 Professional Bronze	585	00
Burial Vault or Box (State Kind)	95	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)		
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, $	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		
8 line Death Notices in 2 Papers (Name of Newspapers)	6	40
McAVOY FUNERAL HOME		
Sales Tax June 15, 1959		
Total Footing of Bill	$	807 40
Less PER J PM	$	
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 McAvoy Funeral Home Date 12/27/59

The following selection was made in Our Showroom for the funeral of:

Casket	Service	795 00
Vault or Box		
Garment	Wms. Flush Type	26 00
Slippers	Slippers	N/C
Blanket		
Miscel.		
Miscel.		
	TOTAL	611 00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3038 Yearly No. 26 Date of Entry June 3 19 59

Name of Deceased Samuel A. Berardi Jr.

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

Residence: 40 Gist Street (19) ☐Husband ☐Wife ☐Widow of } Verna Brittenger Age of Husband or Wife (if living) Years

Charge to: Mrs. Verna Berardi

Address: 40 Gist St. Co 14221

Order given by: Dept. Vincent Berardi (or informant)

How Secured: 2202 Haviland St. 19

If Veteran, Name of War: Tec 4 20 96

Occupation: Candy Maker 192-10-2721 (Social Security Number)

Employer and Address: D.L. Clark Candy Co.

Date of Death: June 4 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: May 19 1909 Age 50 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Chapel

Clergyman: Jas. Gerard (St Peters) (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: Undetermined Natural

Contributory Causes: Coronary

Certifying Physician: Dr. Wm. D. McClelland (or Coroner)

His Address: Grogan-Ally Co.

Name of Father: Gabriel Berardi

His Birthplace: Italy

Maiden Name of Mother: Aurora ?

Her Birthplace: Italy

Date of Funeral: June 6 1959 (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. 2

Section No. 5

Plot Block No. 3

Owner

Miscellaneous

Flowers —
2 Stretcher 50.00
1 Pearl 10.00

Complete Funeral (except outlays)	$	
Casket	700	00
Burial Vault or Box (State Kind)	95	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	130	00
Cremation		
Flowers, $ 4 ... Palms, $ ... Matting, $	62	10
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		
3 line Death Notices in 4 Papers	12	80
J.A. OK (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1028	90
Less	$	
Billed 7-1-59 Balance	$	
Entered into Ledger, page ... or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Aug 19 1959	By Payment Gen'l	$ 201 00	$	9-26-60	By Payment	$ 20 00	$ 205 00
	" " V.A.	$ 250 00	$ 577 90		" "		$
12/22/59	" " Cash	$ 271 90	$ 306 00		" "		$
1/18/60	" " "	$ 45 00	$ 261 00		" "		$
5/16/60	" "	$ 30 00	$ 225 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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Date 6/4/59

The following selection was made in Our Showroom for the funeral of:

Berardi

Casket ✓	700	00
Vault or Box	95	00
Garment		
Slippers		
Blanket ✓ included		
Miscel. Suit & underwear	25	00
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL $820.00

Signed

Signed

Signed

Thursday, December 19

St Pius Church

Samuel A

Berardi

June 4-1959

NOVEMBER							DECEMBER • 1963							JANUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7				1	2	3	4
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31	

352 Days Past THURSDAY, DECEMBER 19 12 Days to Come

CALVARY CEMETERY

June 6, 1959

SINGLE INTERMENT

—NAME OF DECEASED—

Samuel Berardi

Grave 2 Row 3 Sec. 5

Paid $130.00 James A. Devlin Supt. H W

chge McAvoy

(over)

RECORD OF FUNERAL

Total No. 3039 Yearly No. 27 Date of Entry June 16 1959

Name of Deceased Hubert A. Bunting Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1233 Arkansas Ave (16) ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Hubert A. Bunting

Address 1233 Arkansas 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 16 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 5 1959 Age (Yrs.) 11 (Mos.) (Days)

Services at St. John Baptist Ukranian Church

Clergyman ..... (Address)

Religion of the Deceased Byzantine 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 Intestinal Obstruction

Contributory Causes ..... Perforation

Certifying Physician Dr. A. P. Sakowanty (or Coroner)

His Address West Penn Hospital

Name of Father Hubert A. Bunting

His Birthplace .....

Maiden Name of Mother Rose Kurchek

Her Birthplace .....

Date of Funeral June 19 1959 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. John Baptist Cemetery

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous ..... Ballet - 7413

Complete Funeral (except outlays)	$	
Casket 2 Services	195	00
Burial Vault or Box	85	00
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		
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 Newspaper) McAVOY FUNERAL HOME		
	PAID	
Sales Tax		
Total Footing of Bill	$ 287	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		$
Aug 31 59	By Payment	$ 150 00	$		By Payment	$	$
Sept 26 59	" "	$ 10 00	$ 127 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director W. S. Avery Date 6/16/59

The following selection was made in Our Showroom for the funeral of:

_____

Casket Y of Seniors	195	00
Vault or Box 2"6 Vault		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
	TOTAL 195.	00

The undersigned accept and approved the foregoing purchases.

Signed _____

Signed _____

Signed _____

238

RECORD OF FUNERAL

Total No. 3040 Yearly No. 28 Date of Entry June 16 19 59

Name of Deceased Frank M. Blakeley Jr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1628 Tustin St (19) ☐Husband ☐Wife ☐Widow of Alice Parmigiani (What Race)

Charge to: Mrs. Alice Blakeley

Address 1628 Tustin St

Order given by Co. 1. 2074 (or informant)

How Secured:

If Veteran, Name of War

Occupation Laborer 206-01-2593 (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death June 16 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 3 1889 Age 70-0-13 (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 Uremia

Contributory Causes Chronic Pyelonephritis

Certifying Physician Dr. H. W. L. Mackbarkow (or Coroner)

His Address: Mercy Hospital

Name of Father Joseph Blakeley

His Birthplace

Maiden Name of Mother Mary Hunt

Her Birthplace

Date of Funeral June 20 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

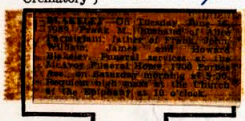


Diagram of Lot or Vault

Lot No. 10

Grave No. 5

Section No. 40

Block No. 11

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1625	00
Casket. Professional Service	725	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)	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)		
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	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, $ 4 ... 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		
12 line Death Notices in 3 Papers	14	40
SS-OK (Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax July 9 1959 PAID		
Total Footing of Bill	$ 1064	40
Less	$	
Paid 7-1-59 PER Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 3 1959	By Payment	$ 718 00	$ 346 40	326	By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 McHugh Funeral Home Date 6/17/59

The following selection was made in Our Showroom for the funeral of:

Casket & Service	725	00
Vault or Box	150	00
Garment Gray Suit	30	00
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	925	.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3041 Yearly No. 29 Date of Entry June 27 1959

Name of Deceased Paul G. Bender Sr.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 39 Grant St 19 ☐Husband ☐Wife ☐Widow of ____ (What Race) Loretta Dilschneider

Charge to Lawrence P. Bender Age of Husband or Wife (if living) ____ Years

Address 39 Grant St

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Shipper 192-10-5615 (Social Security Number)

Employer and Address ____

Date of Death June (Mo.) 27 (Day) 1959 (Yr.) ____ (Hour)

Date of Birth Unknown (Mo.) ____ (Day) ____ (Yr.) Age Abt 62 yrs (Yrs.) ____ (Mos.) ____ (Days)

Services at Epiphany Church

Clergyman Msg. Geary (Address)

Religion of the Deceased Catholic

Birthplace Akron, Ohio

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

Place of Death 39 Grant St.

Cause of Death Undetermined Natural

Contributory Causes ____

Certifying Physician Wm. A. McClelland (or Coroner)

His Address Coroner Akron Co.

Name of Father Wilhelm Bender

His Birthplace ____

Maiden Name of Mother Anna Schifler

Her Birthplace ____

Date of Funeral June (Date) 30 (Day of Week) 1959 (Hour) M.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St. Michaels Cem

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Note Bill Paid 7/6/59

XC 7.00 2.73

Complete Funeral (except outlays)	1231	15
Casket	995	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Shirt (State Kind and Color)	3	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	13	50
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	60	00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____	51	75
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 ____		
9 line Death Notices in 4 Papers	14	40
MEMORY FUNERAL HOME Akron, Ohio		
SS-CK		
Sales Tax ____		
Total Footing of Bill July 7, 1959	1256	15
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

2240

RECORD OF FUNERAL

Total No. 3042 Yearly No. 30 Date of Entry July 6 19 59

Name of Deceased Minnie E. Wilhelm H.

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

Residence: 1713 Locust St (19) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Edward F. Wilhelm

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death July 6 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 4 1914 Age 45 - 0 - 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Pittsburgh Pa.

Clergyman Rev. John Weiser (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 State Hospital

Cause of Death Septicemia

Contributory Causes Perianal Abscess Schizophrenia

Certifying Physician Dr. F. C. Wagenseller (or Coroner)

His Address: Mayview Pa.

Name of Father Edward F. Wilhelm

His Birthplace .....

Maiden Name of Mother Sadie McFadden

Her Birthplace .....

Date of Funeral July 9, 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny Cemetery

WILHELM
Funeral services for Minnie E. Wilhelm, 44, of 1713 Locust St., daughter of Edward F. and Sadie McFadden Wilhelm, sister of Mrs. Anna Mary, Mrs. Edna Higgins, Edward, William and Walter Wilhelm, Funeral services at the McEvoy Funeral Home, 1700 Forbes Ave., on Thursday morning at 11 a. m.

Diagram of Lot or Vault

Lot No. 340
Grave No. 3
Section No. 28
Block No. .....
Owner .....

Miscellaneous .....

Complete Funeral (except outlays)		1267 00
Casket Professional Bronze		995 00
Burial Vault or Box C.P. Case (State Kind)		95 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		6 50
Suit or Dress (State Kind and Color)		40 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		6 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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, $		51 75
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		
10 line Death Notice in 4 Papers (Names of Newspapers) McAVOY FUNERAL HOME		16 00
PAID Aug. 7, 1959		
Sales Tax		
Total Footing of Bill	$	1316 75
Less PER J.M.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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McCarty Date 7/7/59

The following selection was made in Our Showroom for the funeral of:

Wilhelm

Casket	995	00
Vault or Box	40	00
Garment	6	50
Slippers	6	50
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

Statement on
Minnie C Wilhelm

Mr. David Stahl
Attorney Generals Office
1405 State Bldg-
Pgh 22 Pa.

July 6, 1959

RECORD OF FUNERAL

Total No. 3043 Yearly No. 31 Date of Entry July 9 1959

Name of Deceased Patricia Ann Blakeley 24 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1627 Fustin St

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

Charge to Wilbur Blakeley

Address 1627 Fustin 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 9 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 24 1950 Age 9 - 15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. James V. Kelly (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 Cardiac Arrest

Contributory Causes Cardiac Fibrilations

.....

Certifying Physician Dr (or Coroner)

His Address Mercy Hospital

Name of Father Wilbur Blakeley

His Birthplace .....

Maiden Name of Mother Margaret Jones

Her Birthplace .....

Date of Funeral July 11 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cem Row 4

Lot No. 9

Grave No. 18

Section No.

Block No.

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket F. Professional Bronze	210	00
Burial Vault or Box	115	00
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)		
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	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, $	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		
.... line Death Notices in McAVOY FUNERAL HOME		
(Names of Newspapers)		
7.13.59		
Sales Tax		
Total Footing of Bill	$	367 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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Funeral Home Date 7/10/59

The following selection was made in Our Showroom for the funeral of:

Infant Blakely.

Casket Service	210	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

CALVARY CEMETERY

July 11, 19 59

SINGLE INTERMENT

—NAME OF DECEASED—

Patricia Blakeley

Grave 9 Row 4 Sec 18

Paid $ 30 00 James A. Devlin Supt.

Chge McAvoy

(over)

RECORD OF FUNERAL

Total No. 3044 Yearly No. 32 Date of Entry July 17 1959

Name of Deceased George Borack Jr

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

Residence 815 Bluff St (19) ☐Husband ☐Wife ☐Widow of Milka Besuch

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

Charge to Mrs Milka Borack

Address 815 Bluff St

Order given by Mr 12609 (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death July 17 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 13 1893 Age 66 - 4 - 4 (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 815 Bluff St

Cause of Death Hypertensive Arteriosclerotic Heart Disease

Contributory Causes

Certifying Physician Dr R. Levy (or Coroner)

His Address 3500 Fifth Ave

Name of Father Joseph Borack

His Birthplace

Maiden Name of Mother Ann Butchkovic

Her Birthplace

Date of Funeral July 22 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery


BORICK
George, on Friday, July 17, aged husband of Milka Besuch; father of Mrs. Mary Sivesson, Mrs. Anna Bonura and Nicholas G. Borick; brother of Mrs. Mary Kovacevich. Funeral from the McAvoy Funeral Home, Pine Ave. at Ninth, Monday at 10 a.m. Solemn requiem mass at Epiphany Church at 10:30 a.m. Interment Calvary Cemetery.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket a Professional Service	750	00
Burial Vault or Box (State Kind)	95	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	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, $	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 4 Papers (Names of Newspapers)	16	00
Sales Tax		
Total Footing of Bill	$	957 00
Less	$	
PER Balance	$	
Entered into Ledger, page ..... or below.		917 00

Miscellaneous

McAVOY FUNERAL HOME

PAID

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Aug 6 1959	By Payment	$ 700 00	$		By Payment	$	$
Sept 3 59	" "	$ 117 00	$ 100 00		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. Avery Date 7/12/59

The following selection was made in Our Showroom for the funeral of:

Boricf

Casket ✓	750	00
Vault or Box		
Garment		
Slippers		
Blanket ✓ included		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 750.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3045. Yearly No. 33 Date of Entry July 24 1959

Name of Deceased Frank A. Quinlan (What Race) N

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 43 Cedriston St Pgh 10 ☐Husband ☐Wife ☐Widow of Rose Gastgeb Age of Husband or Wife (if living) Years

Charge to Rose Quinlan

Address 43 Cedriston St Pgh 10

Order given by Nw 2-5608 (or informant)

How Secured

If Veteran, Name of War

Occupation Sheetmetal Worker 196-20-0472 (Social Security Number)

Employer and Address

Date of Death July 24 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 2 1901 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Feeney (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 D.C.H. Emerg. Sec. Hospital

Cause of Death Coronary Occlusion

Contributory Causes

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

His Address Coroner - Allg. Co.

Name of Father Harold J. Quinlan

His Birthplace

Maiden Name of Mother Mary A. Barry

Her Birthplace

Date of Funeral July 28 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

QUINLAN Frank A., suddenly on Friday, July 24, 1959, of 43 Cedriston St., Dutch Hollow, husband of Rose Gastgeb; father of Edna Mae Quinlan; brother of Mrs. Roberta Mahoney, William, David, Regina, Lawrence, Elizabeth and James Quinlan. Funeral from the McAvoy Funeral Home, 7700 Hamilton Ave. on Tuesday morning at 9:30. Solemn requiem High mass at the Church of the Epiphany at 10 o'clock. Sheet Metal Local No. 12 and friends invited.

Miscellaneous

Lot No. 241

Grave No. 2

Section No. 31(17)

Block No.

Owner

Complete Funeral (except outlays) $	
Casket	865 00
Burial Vault or Box (State Kind)	185 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $ etc.	8 75
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)	
12 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	12 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, $	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	
13 line Death Notices in 15 Papers	26 00
McAVOY FUNERAL HOME (Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	1241 75
Less $	1156 00
PER John Balance $	
Entered into Ledger, page or below.	

PAID July 24 1959

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 E21R 12-56 A

No 89265

MEMORANDUM OF SELECTION

Payable to McAvoy Funeral Home Funeral Director

Casket 1 metal	$ 865.00
Interior Lining	
Outside Enclosure	
Garment	
Slippers and Stockings	
Misc. Items	
Total	
Sales Tax	
Grand Total	

Inscription .....

.....

Outside Enclosure to ..... Cemetery

Location .....

Date and Time of Interment .....

The items listed and priced above accord with my understanding and I / we hereby agree to make payment for same to

Funeral Director McAvoy Funeral Home

Address .....

Signed .....

Witness .....

Date 7-25 19 59

Merchandise manufactured by National Casket Company, Inc. is sold only to licensed Funeral Directors. Prices listed are the Funeral Director's quotations.

RECORD OF FUNERAL

Total No. 3046 Yearly No. 34 Date of Entry July 26 1959

Name of Deceased Sr. M. Athanasius - Gertrude A. Ryan (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Mercy Hospital ☐Husband ☐Wife ☐Widow } 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. Religious (Social Security Number)

Employer and Address .....

Date of Death July 24, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 12, 1874 Age 85 - 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary's Convent - Mt. Mercy

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Athens, Tex.

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

Place of Death Mercy Hospital

Cause of Death Arteriosclerotic heart disease

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Michael Ryan

His Birthplace .....

Maiden Name of Mother Margaret Powers

Her Birthplace .....

Date of Funeral Sun. July 26, 1959 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	300	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		
..... McAVOY FUNERAL HOME (Names of Newspapers)		
Added 8-21-59		
Sales Tax 9 - 59		
Total Footing of Bill	$	301 12
Less	$	
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.

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 3047 Yearly No. 35 Date of Entry Aug. 1 19 59

Name of Deceased Alex A. Washburn (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 114 Nobles Lane, Ogh 10

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

Charge to Mrs. Margaret Kobus

Address 114 Nobles Lane

Order given by Mrs. Margaret Kobus (or informant)

How Secured

If Veteran, Name of War

Occupation Registered Nurse 206-03-7458 (Social Security Number)

Employer and Address

Date of Death Aug. 1 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 13 1891 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gymbony 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. Joseph Hospital

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician Dr. Frank E. Accolino (or Coroner)

His Address St. Joseph Hospital

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Aug. 5 1959 (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	895	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	72	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	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, $	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 ..... Papers		
McAVOY FUNERAL HOME (Name of Funeral Director)		
$5-OK.		
Sales Tax Aug 20, 1959		
Total Footing of Bill $	1151	00
Less $	1100	00
PER JM 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 Director.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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

246

RECORD OF FUNERAL

Total No. 3048 Yearly No. 36 Date of Entry Aug. 8 1959

Name of Deceased Elias R. Gabriel (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2515 Hedgemere Ave (26) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Yemen

Address 2515 Hedgemere Ave

Order given by Fr. 3.5.660 (or informant)

How Secured

If Veteran, Name of War

Occupation Salesman

Employer and Address Homeland Dairies (Social Security Number)

Date of Death Aug. 8, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 4, 1899 Age 60 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Fr. Coleman (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 U. C. Oakland # 5243

Cause of Death Arteriosclerosis

Contributory Causes Heart disease

Certifying Physician Dr. Arthur S. Glushien (or Coroner)

His Address Vets Admn. Univ. Drive

Name of Father John Gabriel

His Birthplace Lebanon

Maiden Name of Mother Catherine

Her Birthplace Lebanon

Date of Funeral Aug. 11 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

GABRIEL Elias R. on Saturday, August 8, 1959, brother of Mrs. Rose Mooreons, Mrs. Mary Yemen, Anna and Charles Gabriel. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Tuesday morning at 9:45. Requiem high mass at Our Lady of Victory Church, Brookline, at 9:30.

Diagram of Lot or Vault

Lot No. 168

Grave No. 6

Section No. T

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1360
Casket		1080 00
Burial Vault or Box (State Kind)		185 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		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, $		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 4 Papers (Names of Newspapers)		16 00
OK SS		
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$	1425 00
Less Oct. 14, 1959 PAID	$	
Balance	$	

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

PER

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Aug. 14, 59	By Payment	$ 495 00	$
Aug. 21, 59	" " Community Trust	$ 307 72	$
	" " V.A.	$ 250 00	$ 372 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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3049 Yearly No. 37 Date of Entry Aug 15 19 59

Name of Deceased Sarah L. Schwartz (What Race) 26

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1626 Locust St (19)

☐ Husband ☐ Wife ☐ Widow } of Carl

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

Charge to Mr. Carl Schwartz

Address 1626 Locust St

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

How Secured .....

If Veteran, Name of War .....

Occupation Packard Candy Maker 167-01-7535 (Social Security Number)

Employer and Address Raymer Candy Co.

Date of Death Aug 15 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 29 1889 Age 69-8-16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hearey (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 1626 Locust St

Cause of Death Coronary Thrombosis

Contributory Causes .....

.....

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

His Address Coroner - Allg. Co.

Name of Father John Rice

His Birthplace .....

Maiden Name of Mother Mary James

Her Birthplace .....

Date of Funeral Aug 19 1959 (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. 85

Grave No. 20

Section No. M A

Block No. .....

Owner Carl Schwartz

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	1280	00
Casket. Professional Bearer	910	00
Burial Vault or Box (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	35	00
Slippers, $ ✓ ..... Hose, $ (State Kind and Color)	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)		
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 charge	120	00
Cremation ✓		
Flowers, $ ✓ ... Palms, $ ..... Matting, $	25	88
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		
8 line Death Notices in 6 Papers (Names of Newspapers) McAVOY FUNERAL HOME	19	20
55-OK Sept 8 1959		
Sales Tax		
Total Footing of Bill ..... $	1320	08
Less PER JKM $		
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. 3050 Yearly No. 31 Date of Entry Aug. 22, 19 59

Name of Deceased Marie Lydon (What Race) N

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2003 Woodward Ave. 26 ☐Husband ☐Wife ☐Widow or ..... of } Patrick J. Lydon

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

Charge to Richard P. Lydon

Address 1329 Methyl St (16)

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 196-30-3182 (Social Security Number)

Employer and Address .....

Date of Death Aug. 22 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 16, 1907 Age 51-8-6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Dan T. Hearing (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 2003 Woodward Ave

Cause of Death Carcinoma of Breast

Contributory Causes .....

.....

Certifying Physician Dr. Sorrell (or Coroner)

His Address 1240 Liberty Ave

Name of Father Anthony Cambert

His Birthplace .....

Maiden Name of Mother Elizabeth Devine

Her Birthplace .....

Date of Funeral Aug. 26, 1959 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

Lot No. 285

Grave No. 3

Section No. 30

Block No. .....

Owner .....

Miscellaneous .....

.....

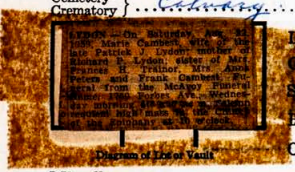
Complete Funeral (except outlays)	$ 1375	00
Casket 7 Postponed Bronze	925	00
Burial Vault or Box (State Kind)	175	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	35	00
Slippers, $ ✓ ..... Hose, $	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 ✓	50	00
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 175 00	180	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		
11 line Death Notices in 6 Papers	26	40
(Name) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1425	40
Less		
PER Balance	$	

PAID Oct 17, 1959

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. Tooy Date 5/23/59

The following selection was made in Our Showroom for the funeral of:

Lydon

Casket ✓	925	00
Vault or Box ✓		
Garment ✓	35	00
Slippers ✓	6	00
Blanket ✓ included		
Miscel.		
Miscel.		
TOTAL	966.	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3051 Yearly No. 39 Date of Entry Aug 25 19 57

Name of Deceased Mary A Doyle (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1309 Barr Ave (5) ☐Husband ☐Wife ☐Widow of Philip Doyle

Charge to John F Doyle Age of Husband or Wife (if living) ..... Years

Address 1309 Barr Ave (5)

Order given by Mrs 11282 (or informant)

How Secured

If Veteran, Name of War

Occupation Janitress 167-10-3984 (Social Security Number)

Employer and Address

Date of Death Aug 25 1957 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 11 1883 Age 73 - 9 - 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr Daniel Gearing (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 1309 Barr Ave

Cause of Death Acute Coronary Thrombosis - Coronary arteriosclerosis

Contributory Causes

Certifying Physician Dr Robert Longhlow (or Coroner)

His Address 20 Redondo Blvd - Mt Lebanon

Name of Father William Robinson

His Birthplace

Maiden Name of Mother Caroline Hurd

Her Birthplace

Date of Funeral Aug 28 1957 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

DOYLE—On Sunday P. August 25, 1957, Mary A., Robinson, wife of the late Philip J. Doyle, beloved Patrolman John F. Doyle, mother-in-law of Martha Doyle, grandmother of Mrs. Rose Marie Kozlowski, Judy and Mary C. Doyle, great-grandmother of Kathleen, John and Susan Kozlowski, sister of Raymond Robinson. Relatives, friends and the Nevada Funeral Home, 1100 Forbes Ave., on Friday morning at 9:30, where services will be held at the Church of Epiphany at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1720	00
Casket 7 Professional Bronze	1250	00
Burial Vault or Box (State Kind)	175	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	45	00
Slippers, $ 6 ..... 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)		
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 Cemetery Charge	120	00
Cremation		
Flowers, $ 6 .... Palms, $ ..... Matting, $	109	20
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 6 .... 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		
15 line Death Notices in 2 Papers (Names of Newspapers)	48	00
McAVOY FUNERAL HOME	4	50
Sales Tax		
Total Footing of Bill	$ 1799	70
Less PAID Sept 24 1957	$	
Balance	$	

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

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mr. Hall Date 8/25/59

The following selection was made in Our Showroom for the funeral of:

Doyle

Casket ✓ Service	1250	00
Vault or Box ✓		
Garment ✓	45	00
Slippers ✓	6	00
Blanket ✓ included ✓ Embalming		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1301.00

Vault - 175.00

1476.00

Signed

Signed

Signed

250

RECORD OF FUNERAL

Total No. 3052 Yearly No. 40 Date of Entry Aug. 31 19 59

Name of Deceased Christopher Ebensberger Jr.

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

Residence: 3338 Parkview Ave (13) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Ruth E. Richards

Address 3338 Parkview Ave (13)

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

How Secured: Mw 2 3440

If Veteran, Name of War .....

Occupation Retired Clerk 160-12-6492 (Social Security Number)

Employer and Address Colonial Yeast Co.

Date of Death Aug. 31, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13 1873 Age 75-11-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Earl H. Morey (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 St. Francis Hospital

Cause of Death Bronchopneumonia

Contributory Causes .....

.....

Certifying Physician Dr. Wm. Shapera (or Coroner)

His Address: St. Francis Hospital

Name of Father Henry Ebensberger

His Birthplace .....

Maiden Name of Mother Anna Baty

Her Birthplace .....

Date of Funeral Sept 3, 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery

EBENSBERGER—On Monday, Aug. 31, 1959, Christopher, brother of Charles F. Ebensberger, uncle of Ruth W. Richards. Friends received at the McAvoy Funeral Home, 1700 Forbes Ave. Funeral services Thursday morning at 10:30 o'clock.

Diagram of Lot or Vault

Lot No. 20

Grave No. 8

Section No. 2

~~Block~~ No. 2

Owner Emma Ebensberger

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	2080 00
Casket 4 Compartment Bronze		1835 00
Burial Vault or Box (State Kind)		185 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		60 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)		
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 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, $		
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 4 Papers (Names of Newspapers)		12 80
Sales Tax		
Total Footing of Bill	$	2187 80
Less ..... PER	$	
Balance	$	

McAVOY FUNERAL HOME PAID Oct 7, 1959

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 McHugh Funeral Home Date 8/31/59

The following selection was made in Our Showroom for the funeral of:

Eisenberger

Casket Serenity	1875	00
Vault or ~~Box~~	175.	00
Garment Gray Suit	70	00
Slippers		
Blanket		
Miscel Tie	2	00
Miscel Undergarments	3	00
	TOTAL 1065.	00

The undersigned accept and approved the foregoing purchases.

Signed Shirt 5.00 + tax

Signed

Signed

RECORD OF FUNERAL

Total No. 3053 Yearly No. 41 Date of Entry Sept. 6 19 59

Name of Deceased Peter R. Corry (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4002 Windsor St (7)

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

Charge to Mrs. Helen Carry

Address 4002 Windsor St (7)

Order given by Mrs. Helen Carry
(or informant)

How Secured

If Veteran, Name of War

Occupation Salesman 209-07-8606
(Social Security Number)

Employer and Address Meyer Dairy Co.

Date of Death Sept. 6 1959
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 12 1910 Age 48-10-24
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Rosalia Church

Clergyman Rev. Doherty
(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 Coronary Thrombosis

Contributory Causes

Certifying Physician Dr. H. Temple
(or Coroner)

His Address Mayview Pa.

Name of Father Rizko Koury

His Birthplace Lebanon

Maiden Name of Mother Mary Zeter

Her Birthplace Lebanon

Date of Funeral Sept. 8 1959 M.
(Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

SORRY
On Sunday, Sept 6, 1959, Peter R. husband of Helen Corry, father of Cecelia, Alfred and Edward Corry, brother of Lee, Raymond, Anthony and John Corry. Funeral from the Midway Funeral Home, 4100 Penn Ave., on Tuesday morning at 8:30. Requiem High mass in St. Rosalia's Church at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1030	00
Casket Professional Service	820	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ Clothing ..... 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)		
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 charge	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, $ ..... 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 3 Papers	10	80
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	1079	80
Less		
Balance		

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Oct 59	By Payment	$ 950 00	$ 50 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.)

I 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. McAvoy Date 9/6/59

The following selection was made in Our Showroom for the funeral of:

Corry

Casket 9' Service w Blkt + top + nested	$20	00
Vault or Box		
Garment Suit	30	00
Slippers Undergarments	N/C	
Blanket		
Miscel.		
Miscel.		
TOTAL	$50	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

252

RECORD OF FUNERAL

Total No. 3054 Yearly No. 42 Date of Entry Sept. 9 19 59

Name of Deceased Mary A. O'Connell (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 3722 Dawson St (13) ☐Husband ☐Wife ☐Widow of Edward L. O'Connell Age of Husband or Wife (if living) Years

Charge to: Mr. Edward L. O'Connell

Address 3722 Dawson St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Sept. 9 1959 (Mo.) (Day) (Yr.) (Hour)

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

Services at St. Agnes Church

Clergyman Msgr. 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 Montefiore Hospital

Cause of Death Heart Failure

Contributory Causes

Certifying Physician Dr. H. Polen (or Coroner)

His Address: Montefiore Hospital

Name of Father Patrick Conlay

His Birthplace

Maiden Name of Mother Mary Malia

Her Birthplace:

Date of Funeral Sept. 12, 1959 (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. 16

Grave No. 9

Section No. 40

Block No. 16

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1490 00
Casket 4 Peppermint Bronze		1150 00
Burial Vault or Box (State Kind)		185 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		40 00
Slippers, $ Hose, $		7 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 charge		130 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		
14 lines Notices, Papers (Names of Newspapers)		33 60
Sales Tax		
Total Footing of Bill	$	1551 60
Less PER	$	
Balance	$	
Entered into Ledger, page ..... or below.		

MEMORY FUNERAL HOME

PAID Oct. 14, 1959

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 McAvoy Date 9/9/59

The following selection was made in Our Showroom for the funeral of:

O'Connell

Casket ✓ A Series	1150	00
Vault or Box		
Garment ✓	40	00
Slippers ✓	7	00
Blanket included		
Miscel.		
Miscel.		
TOTAL	1197	.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3055 Yearly No. 43 Date of Entry Aug 31 19 59

Name of Deceased Marie A. Kennedy

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

Residence 209 Van Braam St 19 ☐ Husband ☒ Wife ☐ Widow or ____ of } James P. Age of Husband or Wife (if living) ____ Years

Charge to James P. Kennedy

Address 209 Van Braam St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Aug. 31, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 26 1897 Age 61 8 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epis. Rectory Parish

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 John Kane Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension, heart disease

Certifying Physician R. T. Tuffley (or Coroner)

His Address John Kane Hosp.

Name of Father James A. McCaffrey

His Birthplace ____

Maiden Name of Mother Nellie O'Connor

Her Birthplace ____

Date of Funeral Sept 3 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

KENNEDY—On Monday, Aug. 31, 1959, Marie A. McAffrey, wife of James P. Kennedy, mother of Mrs. Marie Trimble and James P. Kennedy, sister of Mrs. Margaret Riedl and Howard McAffrey, also 3 grandchildren. Funeral from the Mowry Funeral Home, 1508 Forbes St., Wednesday morning, Sept. 2, at 9:30, thence to St. Paul's Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	$	1375 00
Casket 8 Professional Bronze		1075 00
Burial Vault or Box (State Kind)		185 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		5 00
Dressing Body, $ ____ Underwear, $		36 00
Suit or Dress (State Kind and Color)		6 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. Opening Charge		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, $		25 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 4 Papers (Name of Newspaper)		19 20
M. AVOY FUNERAL HOME		
Sales Tax 3% of 474.00	$	14.24 70
Total Footing of Bill		
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 McAfee Date 8/31/59

The following selection was made in Our Showroom for the funeral of:

Kennedy

Casket ✓	1025 00
Vault or Box	
Garment ✓	36 00
Slippers ✓	6 50
Blanket included	
Miscel. undergarments	5 00
Miscel.	

The undersigned accept and approved the foregoing purchases. TOTAL 1072.50

185.00

Signed Vault

1257.50

Signed

Signed

RECORD OF FUNERAL

Total No. 3056 Yearly No. 44 Date of Entry Sept. 1 19 59

Name of Deceased Stallbrown Maklauf (Mrs.) 41
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 833 Bellaire Ave (36) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: John Mowad

Address 833 Bellaire

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

How Secured: .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept 1, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 1, 1918 (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Services at .....

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 Premature Labor

Contributory Causes Instability of Uterus

.....

Certifying Physician Dr. J. T. Mitchell (or Coroner)

His Address: Mercy Hospital

Name of Father Joseph Maklauf

His Birthplace .....

Maiden Name of Mother Madeline B. Mowad

Her Birthplace: .....

Date of Funeral Sept 3 1959 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 Service	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)		
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	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 Notice in HOME Papers		
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax Sept 17, 1959		
Total Footing of Bill	$	20 00
Less PER John P. McElroy	$	
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. 3057 Yearly No. 45 Date of Entry Sept. 12 19 59

Name of Deceased Charles Cherkes Jr.

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

Residence 1625 Watson St 19 ☐Husband ☐Wife ☐Widow of Mary Kwiatkowski Age of Husband or Wife (if living) Years

Charge to Mrs. Mary Cherkes

Address 1625 Watson St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 169-10-8074 (Social Security Number)

Employer and Address

Date of Death Sept. 12 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 22 1896 Age 63-6-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Russian Orthodox

Birthplace Russia

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

Place of Death Mercy Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father John Cherkes

His Birthplace Russia

Maiden Name of Mother Eve Sedorovich

Her Birthplace Russia

Date of Funeral Sept. 16 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Russian Orth. Cemetery

CHERKES ... Sept. 12 1959 ... Johnston ... Watson ... Mary ... Mrs. ... Mercy ... Mrs. ... Mrs. ... McAVOY ... Sept. 16 ... Russian Orth. Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	866 00
Casket Professional Service		595 00
Burial Vault or Box (State Kind)		95 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)		
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 / 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 (Name of Newspapers)		19 20
McAVOY FUNERAL HOME		
PAID Sept 24, 1959		
Sales Tax		
Total Footing of Bill	$	841 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 McHaney Funeral Home Date 9/12/69

The following selection was made in Our Showroom for the funeral of:

Cherkes

Casket Y Series	VR	00
Vault or Box		
Garment Blue Suit	33	00
Slippers		
Blanket		
Miscel.		
Miscel.		
	625	00

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3058 Yearly No. 46 Date of Entry Sept. 13 1959

Name of Deceased John J. George

☒ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 6 Robert Street 19 (What Race) W.

☐ Husband ☐ Wife ☐ Widow of Rose S. George

Age of Husband or Wife (if living) Years

Charge to: Mrs. Rose George

Address 6 Robert St.

Order given by (or informant)

How Secured: Pol Note - Insured to Heart

If Veteran, Name of War

Occupation Clerk 175-18-1746 (Social Security Number)

Employer and Address Alleg Co.

Date of Death Sept 13 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 25 1905 Age 54-1-18 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Geoney

Religion of the Deceased Moravian 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 Mesenteritis

Contributory Causes

Certifying Physician Dr. R. J. Kleinschmidt (or Coroner)

His Address: Mercy Hospital

Name of Father Anthony George

His Birthplace Lebanon

Maiden Name of Mother Lucy Smith

Her Birthplace Lebanon

Date of Funeral Sept 16 1959 (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. 43

Grave No. 1

Section No. 4

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1516 00
Casket Professional Bronze		1350 00
Burial Vault or Box (State Kind)		95 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 Charge		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 / 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
McAVOY Funeral HOME		
55.0K		
Sales Tax		
Total Footing of Bill Oct 5 1959	$	1590 20
Less	$	
PER Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	256.00	To Balance Forward		$
9-15-59	By Payment	$ 1266 00	$ 324 20		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 McHugh Funeral Home Date 9/13/59

The following selection was made in Our Showroom for the funeral of:

Mr George

Casket Spruce	1350	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3059 Yearly No. 47 Date of Entry Sept. 15 1959

Name of Deceased Stillborn Dugan (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 33 Cedricton St (110) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Richard T. Dugan

Address 33 Cedricton St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept. 15, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 15, 1959 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa. (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death, South Side Hospital

Cause of Death Hydro. Fetalis

Contributory Causes R. H. Incompatability

.....

Certifying Physician Dr. Rocco Varrasso (or Coroner)

His Address South Side Hospital

Name of Father Richard T. Dugan

His Birthplace .....

Maiden Name of Mother Mary Ann McMunn

Her Birthplace .....

Date of Funeral Sept. 16, 1959 (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. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket + 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 Charge	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
	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. 3060 Yearly No. 48 Date of Entry Sept. 15 19 59

Name of Deceased George H. Bayerlein Jr. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 88 Van Brunt St. 19 ☐Husband ☐Wife ☐Widow } Florence Jenkins

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

Charge to Mrs. Florence Jenkins

Address 88 Van Brunt St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Custodian 161-18-6078 (Social Security Number)

Employer and Address Community Church

Date of Death Sept. 15 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 1, 1901 Age 58 (Mo.) (Day) (Yr.) (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 88 Van Brunt St.

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

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

His Address Corona - Alley Co.

Name of Father Heinrich Bayerlein

His Birthplace .....

Maiden Name of Mother Margaret Lindner

Her Birthplace .....

Date of Funeral Sept. 19 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cemetery

BAYERLEIN — On Tuesday, Sept. 15, 1959, George H., husband of Florence Jenkins; father of Mrs. Lyvonne Sanfilippo, George Jr., William, Donald and John Bayerlein; also six grandchildren; brother of Mrs. Emma Pfeifer. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Saturday morning at 8:30. Requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$
Casket 3 Professional Service	550 00
Burial Vault or Box C.P. Case (State Kind)	95 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.	3 00
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)	
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, $ 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	
12 line Death Notices in ... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 783 00
Less	$
Balance	$

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

Miscellaneous (6-1-60) 9-18-60

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
9/28/59	By Payment	$ 400 00	$ 383 —		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 C. AVOY FUNERAL HOME Date 9-15-57

The following selection was made in Our Showroom for the funeral of:

MR Buyenlain

Casket C SERVICES	550	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3061 Yearly No. 49 Date of Entry Sept 14 19 59

Name of Deceased Margaret Irene Feeney 74
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2495 Winchester Dr. - Marian Manor ☐Husband ☐Wife ☐Widow of John A. Age of Husband or Wife (if living) Years

Charge to Estate of

Address Cyril Braun - Att. at Law

Order given by Frank Bldg. (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 176-24-2754-7 (Social Security Number)

Employer and Address

Date of Death Sept. 14 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 74 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 Marian Manor

Cause of Death Generalized Carcinoma

Contributory Causes

Certifying Physician Dr. Ford A. Brandt (or Coroner)

His Address 4780 Liberty Ave.

Name of Father Andrew Smith

His Birthplace

Maiden Name of Mother Josephine Zumbon

Her Birthplace

Date of Funeral Sept. 18 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

FEENEY — On Monday, Sept. 14, 1959, Margaret Irene Smith, wife of the late John A. Feeney, mother of Mrs. Mary M. Long. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Friday morning at 9:30. Requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	882	40
Casket 1 Professional Bronze	710	00
Burial Vault or Box 1 U.P. Case (State Kind)	95	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, $		
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 N.Y. Papers MCAVOY FUNERAL HOME	14	40
(Names of Newspapers)		
PAID OCT 1 2 1959		
Sales Tax		
Total Footing of Bill	917	40
Less PER		
Balance		

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Aug 25 59	By Payment	$ 841 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

Address

Witness

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

RECORD OF FUNERAL

Total No. 3062 Yearly No. 50 Date of Entry Sept. 16 1959

Name of Deceased James J. Devlin W.
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5443 Penn Ave (6) ☐Husband ☐Wife ☐Widow or ..... of Mary A. Gamble
Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary A. Devlin

Address 5443 Penn Ave 6

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 192-63-9544 (Social Security Number)

Employer and Address .....

Date of Death Sept 16 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 14 1903 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Fleming (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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 Dr. Wm. O. McClelland (or Coroner)

His Address Coroner - Allegheny Co.

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Sept. 21. 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

DEVLIN—Suddenly on Wednesday, Sept. 16, 1959, James J. Devlin, beloved husband of Mary Ann Gamble; father of Mrs. Alice Ann Hosier, Mrs. Mary Kathleen Scanlon, James J. and Brian J. Devlin; brother of Patrick J. Devlin. Funeral from the McAvoy Funeral Home, 5709 Penn Ave., on Monday morning, Sept. 21, at 9 o'clock. Requiem mass in St. Mary's Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. 1

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 7' Professional Bronze	775	00
Burial Vault or Box 4 S. Case (State Kind)	95	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 charge	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, $	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		
12 line Death Notices in 6 Papers (Names of Newspapers)	22	80
Sales Tax		
Total Footing of Bill	$	1047 50
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Oct. 10. 1959	By Payment	$ 900 00	$ 147 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

Burial of

James J. Devlin

Date of Death

Sept. 16,1959

Date of Burial

Sept. 21,1959

Place of Burial

Calvary Cemetery

Addressed to

Mrs. Mary A. Devlin

5443 Penn Avenue

Pittsburgh 6,Pa

Statement
of
Professional Service Rendered

Casket & Professional Services	775.00	
Cave-proof Case	95.00	
		870.00
CASH DISBURSEMENTS		
Cemetery Charges	120.00	
Death Notices	28.80	
Religious Services	25.00	
Death Certificates	4.00	
		177.80
Total.....		$1047.80

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

31

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Date 9/17/59

The following selection was made in Our Showroom for the funeral of:

— Devlin —

Casket ✓ Services	775	00
Vault or Box ✓	95	00
Garment		
Slippers		
Blanket included		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 870.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3063 Yearly No. 51 Date of Entry Sept. 22 1959

Name of Deceased John Kuston (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1728 Fifth Ave 19

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

Charge to Joseph Kuston

Address 1728 Fifth Ave 19

Order given by Co. 1.7.5.14 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Coal Miner — None (Social Security Number)

Employer and Address

Date of Death Sept 22 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 27 1865 Age 93 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Hyacinth Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death 1728 Fifth ave

Cause of Death Chronic Nephritis

Contributory Causes Senility

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

His Address 2004 Fifth Ave

Name of Father Unknown

His Birthplace Poland

Maiden Name of Mother Unknown

Her Birthplace Poland

Date of Funeral Sept 25 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Mary Cem. — Latrobe Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1060	00
Casket Professional Grade	925	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		
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 / 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 6 Papers	28	80
SAVOY FUNERAL HOME		
Sales Tax Oct 23, 1959		
Total Footing of Bill $	1164	80
Less $		
PER JJ 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 Director.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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 Avery Date 9/22/59

The following selection was made in Our Showroom for the funeral of:

Kustrow

Casket Sawcox	925	00
Vault or Box	150	00
Garment		
Slippers		
Blanket included		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1075.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3064 Yearly No. 52 Date of Entry Sept. 29 1959

Name of Deceased Daniel J. Martin (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2009 Fifth Ave. 19 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Johanna Reilly Martin

Address 19 Mayer St. 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 173-16-4744A (Social Security Number)

Employer and Address J. & L. Steel Corp.

Date of Death Sept. 29, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 24, 1895 Age 64 - 3 - 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman. Rev. Hilger (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 2009 Fifth Ave.

Cause of Death. Cardiac Renal Disease

Contributory Causes. with Edema

.....

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

His Address. 2004 Fifth Ave.

Name of Father. Edward Martin

His Birthplace .....

Maiden Name of Mother Johanna Reilly

Her Birthplace .....

Date of Funeral. Oct. 2, 1959 (Date) (Day of Week) 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)	$	
Casket		
Burial Vault or Box C.P. Case (State Kind)	95	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	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, $	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		
Total Footing of Bill	$	226 00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

McAVOY FUNERAL HOME

PAID

May 15, 1960

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. 3065 Yearly No. 53 Date of Entry Oct 5 19 59

Name of Deceased Sebastiano Petrocco 76 (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1315 Locust St 19

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

Charge to Mrs Millie Petrocco

Address 1315 Locust St 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 205-01-9216A (Social Security Number)

Employer and Address .....

Date of Death Oct 5 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 15 1882 Age 76-9-20 (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 1315 Locust St

Cause of Death Coronary Thrombosis

Contributory Causes Dr Richard Levy

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Pasquale Petrocco

His Birthplace Italy

Maiden Name of Mother Mary Ruch

Her Birthplace Italy

Date of Funeral Oct 8 1959 (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 .....

XC 583-405

Complete Funeral (except outlays)	$ 1460	00
Casket 7 Professional Bronze	1295	00
Burial Vault or Box (State Kind)	175	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 Charge N.C.		
Cremation .... Soldiers Plot		
Flowers, $ ..... 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		
11 line Death Notices in 6 Papers (Names of Newspapers)	26	40
.....		
.....		
Sales Tax		
Total Footing of Bill	$ 1526	40
Less	$	
Balance	$	

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

Miscellaneous .....

Date 1959		Amount Paid	Balance
	To Above Balance		$
Nov 13	59 By Payment	$ 947 60	$ 578 40
Nov 11	59 " " V.A.	$ 250 00	$ 328 40
	" "	$ 237 40	$ 91 00
	" "	$	$ 91 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 10/5/19

The following selection was made in Our Showroom for the funeral of:

Mr. Petrocco

Casket Y Bronze	1295	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3066 Yearly No. 54 Date of Entry Oct 6 19 59

Name of Deceased Lawrence St. Deasey (What Race) 24

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 306 Bakewell Bldg 19 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to J. A. Deasey

Address 3937 Oakwood Ave 27

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

How Secured At 13720

If Veteran, Name of War .....

Occupation Real Estate Broker 185-12-1659 (Social Security Number)

Employer and Address .....

Date of Death Oct. 6, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 7, 1895 Age 63 (Yrs.) 11 (Mos.) 29 (Days)

Services at Epiphany Church

Clergyman Msgr. Dan Deasey (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 Ua. Oakland

Cause of Death Hemorrhage: right side

Contributory Causes Severe arteriosclerosis - right lung - severe

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father William Deasey

His Birthplace .....

Maiden Name of Mother Hannah Barry

Her Birthplace .....

Date of Funeral Oct. 10, 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

DEASEY — On Tuesday, Oct. 6, 1959, Lawrence St., beloved son of John P. Deasey. Funeral from the Vann & Sons Funeral Home, 3200 Piedmont Ave., on Saturday morning at 9:00. Requiem high mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 325

Grave No. 3

Section No. 8

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1613 40
Casket Professional Model		1340 00
Burial Vault or Box (State Kind)		185 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 Lot		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, $		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		
7 line Death Notices in 2 Papers (Names of Newspapers)		8 40
$5.04 McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill 10-25-1961	$	1683 40
Less	$	70 00
Balance	$	

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

Miscellaneous .....

Date		1363.40	Amount Paid		Balance		Date		Amount Paid		Balance	
		To Above Balance			$			To Balance Forward			$	
12/26/59		By Payment	$250	00	$			By Payment	$		$	
4/20/60		" "	$500	00	$			" "	$		$	
11/1/60		" "	$600	00	$333	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

VETERANS ADMINISTRATION

REGIONAL OFFICE
FULTON BUILDING, 107 SIXTH STREET
PITTSBURGH 22, PENNSYLVANIA

December 9, 1959

McAvoy Funeral Home
1700 Forbes Street
Pittsburgh 19, Pennsylvania

IN REPLY REFER TO: 3011-211A
XC-1 368 232
DEASEY, Lawrence W.

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 $ 250.00
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

Very truly yours,

A. VALORE
Adjudication Officer

cc: Mr. F. W. Deasey
3937 Dalewood Ave.,
Pittsburgh 27, Pa.

FL VB8-143
Jan 1956(R)

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-230894

(Fee for this certificate, $1.00)

This is to certify that this is a true copy of the original record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

10-13-59 — Date

757738 — No.

C. L. Wilbar Jr.

C. L. Wilbar, Jr., M.D.

Local Reg. No. 7360

Primary Dist. No. 700

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

1. PLACE OF DEATH
a. County: Alleg.
b. City, Borough or Township: Pgh. 40
c. Length of stay in 1b.: since 7-20-59
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION: V.A. Hospital, Univ. Dr.
e. Is Place of Death Inside Municipality Limits? Yes ☑ No ☐

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: Penna. b. County: Alleg.
c. City, Borough or Township: Pgh.
d. Street Address or Location: 212 Blvd of Allies.
e. Is Residence Inside Municipality Limits? Yes ☑ No ☐ f. Is Residence on a Farm? Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): a. (First) Lawrence b. (Middle) e. (Last) Deasey

4. DATE OF DEATH (Month) (Day) (Year): 10-6-59

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-2-1896

9. AGE (In years last birthday): 63 — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10. FULL NAME OF SPOUSE: Does not apply

11. BIRTHPLACE (Also give state or foreign country): Rathmel, Penna.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Deasey

14. MOTHER'S MAIDEN NAME: Hannah Barry

15. USUAL OCCUPATION (even if retired): Real Estate & Ins. Broker

16. Social Security No.: 185-12-6659

17. INFORMANT — ADDRESS: V.A. Hospital Edward A Chendrt - Pgh 40 Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART I. Death was caused by:
IMMEDIATE CAUSE (a): Hemothorax right side, severe
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Atelectasis, right lung, severe
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]: # Cirrhosis of Liver (Laennec's Type) 2) Ascites

19. WAS AUTOPSY PERFORMED? Yes ☑ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED:

20c. Time of Injury — Hour, m. E.S.T. — Month, Day, Year

20d. INJURY OCCURRED While at work ☐ Not while at work ☑

20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)

20f. CITY, BOROUGH, TOWNSHIP — COUNTY — STATE

21. *I hereby certify that I attended the above named deceased and that death occurred at 4:55 P.m. E.S.T., from the causes and on the date state above.*

22a. SIGNATURE, M.D. or D.O.: H. Richard Hellstrom M.D.

22b. ADDRESS: V.A. Hosp. Univ. Dr. Pgh Pa.

22c. DATE SIGNED: 10-6-59

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐

23b. DATE: 10-10-59

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, Boro., Twp. & County) (State): Pgh Alleg. Pa.

24. DATE REC'D BY REG.: 10-6-59

25. REGISTRAR'S SIGNATURE: G.O.E. Greenwood

26. SIGNATURE OF FUNERAL DIRECTOR — ADDRESS: E.J. McGroary, 1709 Forbes St. Pgh. Pa.

xc 1368 232

Branch of service, ARMY XXX NAVY ..... MARINE CORPS ..... NURSE CORPS .....

Name of War W. W. #1. Serial Number on Discharge 2470 593

Organization and rank at discharge Pvt. U. S. Infantry

Date Enlisted 4-3-1918 Date Discharged 6-11-1919

Serial Number on adjusted compensation certificate Unknown

Character of Discharge Honorable Wounded in action? YES Unknown NO.....

Number of months overseas Unknown

Name of person furnishing above information Edward A. Chrnart

Address V. A. Hospital 2, Univ. Dr. Pgh. 40, Pa.

Honorable Discharge from The United States Army

TO ALL WHOM IT MAY CONCERN:

This is to Certify, That* Laureate Treacy

†2402052 Pvt Hq. Co. 320 Infantry

THE UNITED STATES ARMY, as a TESTIMONIAL OF HONEST AND FAITHFUL SERVICE, is hereby HONORABLY DISCHARGED from the military service of the UNITED STATES by reason of ‡ Circular 106 W.D. 1918

Said Laureate Treacy was born in Bellevue, in the State of Penna.

When enlisted he was 21 years of age and by occupation a Clerk. He had Blue eyes, Brown hair, Fair complexion, and was 6 feet 0 inches in height.

Given under my hand at Camp Lee Va. this 11 day of June, one thousand nine hundred and eighteen

John H. Foote

Major Inf.

Commanding.

Form No. 525, A. G. O. Oct. 9-18.

3—8184

*Insert name, Christian name first; e. g., "John Doe."

†Insert Army serial number, grade, company and regiment or arm or corps or department, e. g., "1,620,302"; "Corporal, Company A, 1st Infantry"; "Sergeant, Quartermaster Corps"; "Sergeant, First Class, Medical Department."

‡If discharged prior to expiration of service, give number, date, and source of order or full description of authority therefor.

F. H. HILL COMPANY, INC.

Form 147

Funeral Director M Avey Funeral Home Date 10/7/19

The following selection was made in Our Showroom for the funeral of:

Mr. Deasey

Casket Y Service	1340	00
Vault ~~or Box~~	185	00
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	1525	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3067 Yearly No. 55 Date of Entry Oct 11 1959

Name of Deceased John Chiappetta

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1510 Locust St 19 ☐Husband ☐Wife ☐Widow of Elizabeth Toomey (What Race) Age of Husband or Wife (if living) Years

Charge to Mrs. Elizabeth Chiappetta

Address 1510 Locust St. Pyk. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Steamfitter 177-17-0618 (Social Security Number)

Employer and Address

Date of Death Oct 11 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 19 1888 (Mo.) (Day) (Yr.) Age 70-8-22 (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Don Hearey (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 1510 Locust St.

Cause of Death Coronary Thrombosis

Contributory Causes Diabetes Mellitus

Arteriosclerosis

Certifying Physician Dr. A. Arello (or Coroner)

His Address 312 Pine Ave Long Beach

Name of Father Anthony Chiappetta

His Birthplace Italy

Maiden Name of Mother Anna Barone

Her Birthplace Italy

Date of Funeral Oct 15 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

CHIAPPETTA—On Sunday, Oct. 11, 1959, John, beloved of Elizabeth H. Toomey, father of Mrs. Elizabeth J. Hawkins, Mrs. Anna Rose Mayer, Mrs. Louise Roberts Odem and Anthony D. Chiappetta; also 10 grandchildren and 1 great-grandchild. Friends, relatives and fraternity brothers of the family, also members of Epiphany Church, are invited to attend the funeral mass at the Church of the Epiphany, Saturday, Oct. 17, at 9:30 o'clock. Interment Calvary Cemetery. Vault.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1150 00
Casket Improved Grade	895 00
Burial Vault or Box (State Kind)	175 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	4 25
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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	80 00
Cremation Cemetery charge	
Flowers, $ 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	
12 line Death Notices in 6 Papers (Name of Newspapers)	27 80
57.05 McAVOY FUNERAL HOME PAID Oct 28 1959	
Sales Tax	
Total Footing of Bill	$ 1200 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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McGuay Funeral Home Date 10/12/59

The following selection was made in Our Showroom for the funeral of:

Mr. Chiappetti

Casket 8/ Bronze	895	00
Vault or Box	175	00
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	1070	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3062 Yearly No. 56 Date of Entry Oct. 12 19 59

Name of Deceased Sr. M. Edith - Catherine A. Long (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Mercy Hospital 1400 Locust St. ☑ 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 Teacher (Social Security Number)

Employer and Address .....

Date of Death Oct. 12 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 6 1879 Age 80-1-11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital Chapel

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 Mercy Hospital

Cause of Death Cerebro Vascular

Contributory Causes accident Generalized arteriosclerosis

Certifying Physician John C. Shuner (or Coroner)

His Address: Mercy Hospital

Name of Father Magnus Long

His Birthplace .....

Maiden Name of Mother Agnes Yahn

Her Birthplace .....

Date of Funeral Oct. 15 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Thomas Cemetery

LONG (Sr. M. Edith) On Monday, October 12, at Mercy Hospital, of the Order of Mercy, Sister M. Edith, formerly Catherine A. Long. Beloved daughter of the late Magnus and Agnes Yahn Long. Funeral Mass will be offered in the Hospital Chapel on Thursday morning with high mass of requiem at 9 o'clock. Interment St. Mary's Cemetery, Latrobe, Pa.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	300	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		
..... McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Oct 23, 1959		
Total Footing of Bill	$	300 00
Less	$	
PE. 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 .....

RECORD OF FUNERAL

Total No. 3069 Yearly No. 57 Date of Entry Oct 13 19 59

Name of Deceased Herbert C Mc Elfresh Jr. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 17 Welsford St 13- ☐Husband ☐Wife ☐Widow of Mary White

Charge to Mrs Mary Mc Elfresh Age of Husband or Wife (if living) Years

Address 17 Welsford St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Crane Hook up man 194-03-6278 (Social Security Number)

Employer and Address J & L Steel Corp.

Date of Death Oct 13 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 20 1890 Age 69-7-23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Jerry McConnell

Birthplace Ohio

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

Place of Death John J Kane Hospital

Cause of Death Carcinoma of Bladder

Contributory Causes

Certifying Physician Dr John Ward (or Coroner)

His Address John J Kane Hospital

Name of Father Elijah Mc Elfresh

His Birthplace

Maiden Name of Mother Lillie Belle -

Her Birthplace

Date of Funeral Oct 17 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Homewood Cem

Diagram of Lot or Vault

Lot No. Range 1

Grave No. 16

Section No. 27

Block No. 2

Owner

Miscellaneous

Complete Funeral (except outlays)	1035	00
Casket 7 Professional Bearer	750	00
Burial Vault or Box (State Kind)	95	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)		
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	178	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, $	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 4 ... Papers (Names of Newspapers)	12	80
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Oct 20 1959	1076	30
Less $		
Balance $		

Entered into Ledger, page PFB 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 John McAvoy Date 10/14/59

The following selection was made in Our Showroom for the funeral of:

Mc E L Fresh

Casket	8 Service w/ Blkt	750 00
Vault or Box		
Garment	Suit	25 00
Slippers	Undergarments	N/C
Blanket		
Miscel.		
Miscel.		
TOTAL		775 00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3070 Yearly No. 58 Date of Entry Nov 15 19 59

Name of Deceased Elizabeth A. Amado Sr.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 301 E Harrington Ave 10 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Edward Amado

Address .....

Order given by Hy. I (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Janitress 175-12-7045 (Social Security Number)

Employer and Address .....

Date of Death Nov. 15. 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 6M 7D (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 301 E. Harrington Ave

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

Generalized

Certifying Physician Dr. Jos. F. Hokas (or Coroner)

His Address 401 Bigham St.

Name of Father Anthony Khalil

His Birthplace Lebanon

Maiden Name of Mother Sadie Elias

Her Birthplace Lebanon

Date of Funeral Nov. 19. 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cem.

AMADO. Elizabeth Anthony on Sunday, Nov. 15, 1959, mother of Mrs. Edward Kovacic, Fred Joseph Kourie, Edward F., stepmother of Mitchell Amado, Harvey and James Amado, Mrs. Genevieve Thomas and Mrs. Cecelia Abbate, sister of Marmon Anthony. Also 19 grandchildren. Friends may call at the Schmitt Funeral Home, 3301 Atlantic Ave., on Tuesday morning at 9:30. Services will be held at the Church of the Epiphany at 10 o'clock.

Lot No. 497

Grave No. 2

Section No. R.

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket Professional Service	1075 00
Burial Vault or Box (State Kind)	185 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
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)	
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	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, $	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	
13 line Death Notices in 8 Papers (Names of Newspapers)	41 60
$5-OK McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill Nov 19, 1959	$ 1477 60
Less	$ 554 60
Balance	$ 923 00

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Nov 15 59	By Payment	$ 500 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director John McAvoy Date 11/16/59

The following selection was made in Our Showroom for the funeral of:

"AMADO"

Casket	Service w/ Bklt + Top + nested	1075 00
Vault or Box		185 00
Garment	Orchid Sheer Dress	25 00
Slippers	Orchid Crepe	5 00
Blanket	Tea Rose Underpinnings	N/C
Miscel.		
Miscel.		
	TOTAL	1290 00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3076 Yearly No. 59 Date of Entry Nov 16 1959

Name of Deceased Clara Mc Vay (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1634 Fowler Ave 19 ☐Husband ☐Wife ☐Widow or ..... of } Alonzo Age of Husband or Wife (if living) ..... Years

Charge to Estate

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 265-34-6927 (Social Security Number)

Employer and Address .....

Date of Death Nov 16 1959 - 8.40 PM E.S.T. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 25 1884 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

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 Mercy Hospital

Cause of Death Broncho pneumonia

Contributory Causes Bilateral -

Carcinoma of Lungs - Bilateral

Certifying Physician James V. Scott (or Coroner)

His Address Mercy Hospital

Name of Father George Sandman

His Birthplace .....

Maiden Name of Mother Anna Froelich

Her Birthplace .....

Date of Funeral Nov 24 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Lot No. Sec 12

Grave No. 4

Section No. 31

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	605	00
Burial Vault or Box (State Kind)	90	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	$	
Outlay for Lot Cemetery Charge	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, $	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 ..... Papers		
SS-OK (Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing on Entry May 14 1960	$	868 00
Less	$	
Balance	$	

PAID

PER JRM

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

CALVARY CEMETERY

November 21, 1959

SINGLE INTERMENT

—NAME OF DECEASED—

Clara McVay

Grave 4 Row 12 Sec 31

Amt ~~Paid~~ $ 130.00 James A. Dewlen
Supt.

(over)

McAvay

RULES FOR SINGLE GRAVES

1. No raised monuments are permitted. Markers on single graves must be flush with the ground.

2. Planting of trees, shrubs, evergreens, bushes, or any perennial plants is not permitted.

3. Annual plants may be planted in front of the grave marker in a space 18 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, as well as any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND THE MOUNDING OF GRAVES, are not permitted.

6. Flush markers only permitted.

RECORD OF FUNERAL

Total No. 3072 Yearly No. 60 Date of Entry Nov. 19 19 59

Name of Deceased Javon Rudan H. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 5 Marion St 19 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Estate of Javon Rudan

Address .....

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

How Secured: .....

If Veteran, Name of War .....

Occupation Mill Laborer 206-22-2435 (Social Security Number)

Employer and Address .....

Date of Death Nov. 19 1959 5 PM EST (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 27 1884 Age 75-4-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Gearing (Address)

Religion of the Deceased Catholic

Birthplace Jugoslavia

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

Place of Death Possavant Hospital

Cause of Death Diabetes Mellitus

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Dr. A. L. Hargel (or Coroner)

His Address: 717 Liberty Ave

Name of Father Unknown

His Birthplace Jugoslavia

Maiden Name of Mother Unknown

Her Birthplace: Jugoslavia

Date of Funeral Nov. 23 1959 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Row 12 Lot No. 6 Grave No. 31 Section No. ..... Block No. ..... Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket F. Professional Bronze	1750	00
Burial Vault or Box (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 4	2	50
Suit or Dress (State Kind and Color)	50	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		
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, $ 4 ..... Palms, $ ..... Matting, $	31	20
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		
8 line Death Notices in 2 Papers	6	40
McAVOY (Name of Newspaper) FUNERAL HOME		
SS-OK		
Sales Tax Dec 8 1959		
Total Footing of Bill $	2177	10
Less $		
PER J/G 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

CALVARY CEMETERY

November 23, 1959

SINGLE INTERMENT

—NAME OF DECEASED—

Jovan Rudan

Grave 6 Row 12 Sec. 31

~~Paid~~ $ 130.00 James A. Devlin

Supt.
SW.

Olga McAvoy

(over)

RULES FOR SINGLE GRAVES

1. No raised monuments are permitted. Markers on single graves must be flush with the ground.

2. Planting of trees, shrubs, evergreens, bushes, or any perennial plants is not permitted.

3. Annual plants may be planted in front of the grave marker in a space 18 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, as well as any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND THE MOUNDING OF GRAVES, are not permitted.

6. Flush markers only permitted.

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E J McCAUGHEY Date 12-22-54

The following selection was made in Our Showroom for the funeral of:

MR RUDAN

Casket & SERVICES	1750	00
Vault or Box	185	00
Garment Suit	50	00
Slippers Undergarments	2	50
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1982 50

1982.50

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3073 Yearly No. 61 Date of Entry Nov. 21 19 59

Name of Deceased Michael Simon (What Race)

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

Residence 2010 1/2 Forbes Ave 19

Charge to Estate Simon

Address 2010 1/2 Forbes Ave

Order given by Col. 1938 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Coal Miner (Social Security Number)

Employer and Address

Date of Death Nov. 21 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 25 1875 Age 84 - 7 - 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas R.C. Church

Clergyman Monsignor Pa. (Address)

Religion of the Deceased Russian Orthodox

Birthplace Poland

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

Place of Death West Penn Hospital

Cause of Death Chronic Renal Disease

Contributory Causes

Certifying Physician Dr. P. Gubay (or Coroner)

His Address West Penn Hospital

Name of Father Austrek Simon

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Nov. 24. 1959 (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 * Professional Home		700 00
Burial Vault or Box (State Kind)		185 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, $ None Ambulance, $		54 20
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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		9.39 8.2.
Total Footing of Bill	$	835 00
Less	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
1959	To Above Balance	$	$
Nov 24	By Payment	$ 600 00	$ 339 80
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

Names of Lodges

Insurance Companies

Insurance $

(Firm Name of Funeral Directors.)

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within

Signed

Address

Witness

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E J McEAVOY Date 11-22-59

The following selection was made in Our Showroom for the funeral of:

MR SIMON

Casket C SERVICES	700	00
Vault or Box	185	00
Garment Nurse	54	80
Slippers		
Blanket		
Miscel.	934	80
Miscel.		
TOTAL	~~885 00~~	

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3074 Yearly No. 62 Date of Entry Nov. 24 1959

Name of Deceased Anthony T. Davis (What Race) W

☐ Married ☐ Single ☑ Widowed ☒ Divorced

Residence: 130 N. 11th. Ave. Homestead ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Estate of Anthony Davis

Address .....

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

How Secured: .....

If Veteran, Name of War .....

Occupation Laborer (Mill) (Social Security Number)

Employer and Address Mesta Machine Co.

Date of Death Nov. 24 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 17, 1893 Age 66 - 10 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory

Clergyman F.R. Erkens (Address)

Religion of the Deceased Catholic Embalmed

Birthplace Lebanon

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

Place of Death Presbyterian Hosp.

Cause of Death Carcinoma of Bladder

Contributory Causes .....

.....

Certifying Physician P.R. Geo. (or Coroner)

His Address: Presbyterian Hosp.

Name of Father David Zaber

His Birthplace Lebanon

Maiden Name of Mother Zenobia George

Her Birthplace Lebanon

Date of Funeral Nov. 27 1959 (Date) (Day of Week) (Hour) M.

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)	$	
Casket Professional Grade	985.	00
Burial Vault or Box (State Kind)	95.	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	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, $ 5. 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	19	20
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Dec. 14 1959		
Total Footing of Bill	$ 1208.	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.

Witness .....

Signed .....

Address .....

F. H. HILL COMPANY, INC.

Form 147

Funeral Director E. J McAvoy Date 11-24-59

The following selection was made in Our Showroom for the funeral of:

MR DAVIS

Casket & SERVICES	985	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3075 Yearly No. 43 Date of Entry Nov. 28 19 59

Name of Deceased John M. Monroe (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 119 Summerville St (1191) ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Eleanor Summers

Address 2202 Wiley St -

Order given by Hollywood, Florida (or informant)

How Secured Mrs Ted Flora

Bill To

If Veteran, Name of War 1st Regular Cavalry Dr. - Pvt. 35. Pa.

Occupation Retired Laborer (Social Security Number)

Employer and Address .....

Date of Death Nov. 28 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 19 1882 Age 77 - 5 - 10 (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 119 Summerville St.

Cause of Death Cardiac renal disease

Contributory Causes Fracture - Artero sclerotic heart disease

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

His Address 2001 N. 7th Ave. Apt.

Name of Father John Monroe

His Birthplace .....

Maiden Name of Mother Catherine Moran

Her Birthplace .....

Date of Funeral Dec. 2, 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Arlington

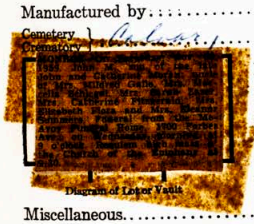


Diagram of Lower Vaults

Lot No. 11 Row .....

Grave No. .....

Section No. 14

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 8 Professional Bronze	550	00
Burial Vault or Box (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Funeral Car, $ ..... Ambulance, $		
Suit or Dress Shirt + Tie (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	80	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, $	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	15	00
McALVOY FUNERAL HOME (Name of Funeral Home)		
Sales Tax		
Total Footing of Bill Jan 12, 1960	$ 784	00
Less	$ 34	00
PER Balance	$ 750	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

Form 147

F. H. HILL COMPANY, INC.

Funeral Director Mr. McAvoy Date 11/28/59.

The following selection was made in Our Showroom for the funeral of:

Mr. John Munroe

Casket & Service	$550	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel. Shirt & Tie	5	00
Miscel.		
TOTAL	555	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

274

RECORD OF FUNERAL

Total No. 3076 Yearly No. 64 Date of Entry Nov 30 19 59

Name of Deceased Matt Ozanich 71

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

Residence 1250 Foster Ave Wil ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Catherine Ozanich

Address 1250 Foster Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Miner 170-03-5457 (Social Security Number)

Employer and Address .....

Date of Death Nov 30/959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 26/1887 Age 72-8-4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Evangelical 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 Mercy Hospital

Cause of Death Bilateral Bronchopneumonia

Contributory Causes Adeno Carcinoma

of prostate gland

Certifying Physician Dr. Ernest A. Salvo (or Coroner)

His Address Mercy Hospital

Name of Father Matt Ozanich

His Birthplace .....

Maiden Name of Mother Anna Mihelic

Her Birthplace .....

Date of Funeral Dec. 3, 1959 (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. Row 12

Grave No. 13

Section No. 31

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 7 Polynesian Bronze	565	00
Burial Vault or Box O.V. Cure (State Kind)	95	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	172	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	10	20
SS-OK McAVOY FUNERAL HOME PAID Dec 22, 1959		
Sales Tax		
Total Footing of Bill	$	857 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 McAvoy Funeral Home Date 12/1/59

The following selection was made in Our Showroom for the funeral of:

Ozanich

Casket Veteran	V	00
Vault or Box		
Garment		
Slippers Add'l 10.00 to Discount on Ozanich		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3077 Yearly No. 65 Date of Entry Dec 9 1959

Name of Deceased Joseph V. Gartland (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3 S. Cowan Rd. Carnegie, Pa. ☑ Husband ☐ Wife ☐ Widow or ..... of Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Helen McGrath

Address 3 S Cowan Rd

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

How Secured .....

If Veteran, Name of War .....

Occupation Teamster 168-03-6360 (Social Security Number)

Employer and Address .....

Date of Death Dec 9, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 80 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Searry (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 3 S. Cowan Rd. Carnegie, Pa.

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease -

.....

Certifying Physician Dr. Eugene Hodgson (or Coroner)

His Address Ostdale, Pa.

Name of Father Joseph Gartland

His Birthplace .....

Maiden Name of Mother Catherine Shaw

Her Birthplace .....

Date of Funeral Dec. 13, 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

GARTLAND — On Wednesday, Dec. 9, 1959, Joseph A. Gartland, husband of Mrs. Catherine C. Gartland, brother of Mrs. Helen McGrath. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Saturday morning at 9:30. Requiem Mass at 10 in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 199

Grave No. 2

Section No. K

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	400	00
Burial Vault or Box (State Kind)	95	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	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 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	14	40
McAVOY FUNERAL HOME (Name of Newspapers)		
SS-ok		
Sales Tax 3% 6/15/1960		
Total Footing of Bill	$	606 40
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

Burial of

Joseph V. Gartland

Date of Death

Dec. 9,1959

Date of Burial

Dec. 12,1959

Place of Burial

Calvary Cemetery

Addressed to

Mrs. Helen M. Mc Grath

3 South Cowan Road

Carnegie 1,Pa

Statement
of
Professional Service Rendered

Casket & Professional Services	400.00	
Cave-proof Case	95.00	
		495.00
CASH DISBURSEMENTS		
Cemetery Charges	80.00	
Religious Service	15.00	
Death Notices	14.40	
Death Certificates	2.00	
		111.40
Total.....		$606.40

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

31

RECORD OF FUNERAL

Total No. 307.6 Yearly No. 66 Date of Entry Dec. 10 19 59

Name of Deceased Ivar M. Magerl (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1913 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of } John L. Magerl Age of Husband or Wife (if living) Years

Charge to John L. Magerl

Address 1913 Forbes Ave

Order given by Mrs. Frank G. Sankey (or informant)

How Secured 2129 Brownsville Rd. Pgh. 10 Pa.

If Veteran, Name of War

Occupation Housedutties (Social Security Number)

Employer and Address

Date of Death Dec 10 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 16 1877 Age 82-9-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geareng (Address)

Religion of the Deceased Catholic

Birthplace Wellsburg W Va

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

Place of Death St. Margarets Hospital

Cause of Death Pulmonary Edema

Contributory Causes Intractable Cough

Fracture

Certifying Physician Dr. M A Garrity (or Coroner)

His Address 2016 Fifth Ave

Name of Father Daniel Magerl

His Birthplace

Maiden Name of Mother Wilhemina Hall

Her Birthplace

Date of Funeral Dec 12 1959 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Carmel



Diagram of Lot or Vault

Lot No. 21 B

Grave No. 1

Section No. 10

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket * Professional Service	815	00
Burial Vault or Box (State Kind)	175	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)		
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	105	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 4 Papers (Names of Newspapers)	16	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1163 00
Less PER	$	43 00
Balance	$	1120 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.

Witness Signed

Address

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

Form 147

F. H. HILL COMPANY, INC.

Funeral Director M. C. AVOY FUNERAL HOME Date 12-10-59

The following selection was made in Our Showroom for the funeral of:

MRS MAGEE

Casket & SERVICES	815	00
Vault or Box		
Garment	35	00
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 850 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3079 Yearly No. 67 Date of Entry Dec 13 1959

Name of Deceased Nora Lynch (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 78 Van Braam St 19 ☐Husband ☐Wife ☐Widow of Isadore Lynch

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

Charge to Thomas Lynch

Address 78 Van Braam St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutes (Social Security Number)

Employer and Address .....

Date of Death Dec 13 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 70 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Grayshay 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 78 Van Braam St

Cause of Death Cerebral Vascular Accident

Contributory Causes Generalyed Arteriosclerosis

.....

Certifying Physician Dr. Reinhardt Levy (or Coroner)

His Address 2500 Fifth Ave

Name of Father Michael McGlough

His Birthplace Ireland

Maiden Name of Mother Mary Gaffney

Her Birthplace Ireland

Date of Funeral Dec 16 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } On Ivory Cemetery

Row 9

Lot No. 5

Grave No. 31

Section No. .....

Block No. .....

Owner .....

LYNCH—On Sunday, Dec. 13, 1959 Nora McDonough, wife of the late Isadore Lynch, mother of Thomas, Isadore Lynch, John, Maurice and Peter Lynch. Funeral from the McAvoy Funeral Home, 1701 Forbes Ave., on Wednesday morning at 9:30. Requiem Mass at The Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	330	00
Burial Vault or Box A Plain (State Kind)	95	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothes (State Kind and Color)	20	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 @ $	25	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)		
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, $ 1 ..... 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
Sales Tax	5 93	00
Total Footing of Bill $		
Less $		
Balance $		

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

Miscellaneous .....

Date		Amount Paid	Balance
.....	To Above Balance	.....	$ .....
2/17/60	By Payment	$ 323 50	$ 369 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

278

RECORD OF FUNERAL

Total No. 3080 Yearly No. 68 Date of Entry Dec. 14 19 59

Name of Deceased Mary Knee - Sr. M. Luke (What Race) 21

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence St. Vincents Academy ☐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 In Religion (Social Security Number)

Employer and Address .....

Date of Death Dec 14 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 15 1873 Age 86 3 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

Clergyman 3333 Fifth Ave (Address)

Religion of the Deceased Catholic

Birthplace Greensburg, Pa.

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

Place of Death Mercy Hospital

Cause of Death Arteriosclerosis

Contributory Causes Heart disease C failures

Certifying Physician Dr. C. Yates (or Coroner)

His Address Mercy Hospital

Name of Father Thomas Knee

His Birthplace .....

Maiden Name of Mother Catherine Brennan

Her Birthplace .....

Date of Funeral Dec. 17 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket .....

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

Cemetery Crematory } St. Vincents Cem. Latrobe Pa.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket Complete Funeral	300 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 McAVOY FUNERAL HOME	
....line Death Notices in ..A.. Papers (Names of Newspapers)	
Bill Paid 12-24-1959	
Sales Tax	
Total Footing of Bill	$ 300 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. Brigman, Long Beach, California

RECORD OF FUNERAL

Total No. 3081 Yearly No. 69 Date of Entry Dec 14 19 59

Name of Deceased Angelos Tsitsanelis M. (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1102 24th Ave (19) ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mike Galis

Address 1122 Evanthia St 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Restaurant Proprietor 174-18-8248 (Social Security Number)

Employer and Address Self

Date of Death Dec 14 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 44 7 9 (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 Arteriosclerotic heart

Contributory Causes disease of Coronary

Occlusion - Diabetes Mellitus

Certifying Physician Dr. Geo. P. Koumbis (or Coroner)

His Address Mercy Hospital

Name of Father Georgios Tsitsanelis

His Birthplace .....

Maiden Name of Mother Evanthia -

Her Birthplace .....

Date of Funeral Dec 17 1959 ..... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Nicholas G.O. Church

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	600	00
Casket Professional Service	535	00
Burial Vault or Box (State Kind)	25	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 2 @ $ 22.50	45	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		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $	10	00
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		
McAVOY FUNERAL HOME (Name of Newspaper)		
55.00		
Sales Tax May 7, 1960		
Total Footing of Bill	629	50
Less		
PER JP 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. Feinemas, Long Beach, California

280

RECORD OF FUNERAL

Total No. 3082 Yearly No. 70 Date of Entry Dec 18 19 59

Name of Deceased Alta E. Teal (What Race) A.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 4822 Liberty Ave 24 ☐Husband ☐Wife ☐Widow or ____ of } Herman H. Age of Husband or Wife (if living) ____ Years

Charge to Mrs Helen Hellmann

Address 4822 Liberty Ave 24

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housedutics (Social Security Number)

Employer and Address ____

Date of Death Dec 18, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 5 1875 Age 84 - 3 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Hellmann (Address)

Religion of the Deceased Protestant

Birthplace Roseville, Ohio

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

Place of Death 4822 Liberty Ave

Cause of Death Cerebral Arteria sclerosis

Contributory Causes Generalized Arteria sclerosis

Certifying Physician Dr. M. E. Rongstoff (or Coroner)

His Address 4807 Liberty Ave

Name of Father John Mc Donnell

His Birthplace ____

Maiden Name of Mother Nettie

Her Birthplace ____

Date of Funeral Dec 21 1959 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Mt. Lebanon Cem

Diagram of Lot or Vault

Lot No. 232

Grave No. 2

Section No. 2

Block No. ____

Owner ____

Miscellaneous ____

	1000	00
Complete Funeral (except outlays) $		
Casket "Professional Service"	775	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)	19	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 / Motor } Tickets, $ ____ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
McMAHON FUNERAL HOME		
____ line Death Notices in 2 Papers	7	20
(Names of Newspapers)		
Feb 6, 1960		
Sales Tax		
Total Footing of Bill $	1031	20
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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director

Date 12/18/59

The following selection was made in Our Showroom for the funeral of:

Teal

Casket ~~/~~ Seniar	375	00
Vault or Box		
Garment ✓	19	00
~~Slippers~~ Underwear	NC	00
Blanket ~~-~~ included		
Miscel.		
Miscel.		
TOTAL	394	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3083 Yearly No. 71 Date of Entry Dec 21 19 59

Name of Deceased Stillborn Herrnecker (Girl) 2d (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1102 Creswell St. Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Charge to John A. Herrnecker

Address 1501 Saw Mill Run Blvd.

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation None (Social Security Number)

Employer and Address ...

Date of Death Dec 21 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 21 1959 Age Stillborn (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 South Side Hospital

Cause of Death Premature Separation

Contributory Causes of Placenta

Certifying Physician ... (or Coroner)

His Address ...

Name of Father John A. Herrnecker

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Janet Louise Wallace

Her Birthplace Pittsburgh Pa.

Date of Funeral Dec 23 1959 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to ...

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

Manufactured by ...

Cemetery Crematory } Oak Lawn

Diagram of Lot or Vault

Lot No. ...

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Miscellaneous ...

Complete Funeral (except outlays) ... $		
Casket ... Stillborn	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 charge	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 ...		
Total Footing of Bill ... $	25	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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3084 Yearly No. 72 Date of Entry Dec 22 19 59

Name of Deceased Jean E. Kelly 71
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: 1120 Vickroy St 19 ☐Husband ☐Wife ☐Widow of Leo Kelly Age of Husband or Wife (if living) Years

Charge to: Mary M. Lehman

Address: 1120 Vickroy St

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Janitress 203-12-4198-A (Social Security Number)

Employer and Address

Date of Death Dec 22, 1959 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 6 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 John Nave Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Cerebral Arteriosclerosis

Certifying Physician Dr. H. M. Redmond (or Coroner)

His Address: John Nave Hospital

Name of Father William J. Murray

His Birthplace

Maiden Name of Mother Catherine Murray

Her Birthplace

Date of Funeral Dec. 24, 1959 (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) $	490
Casket	795 00
Burial Vault or Box (State Kind)	90 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	26 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, $	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	10 60
(Name of Newspapers)	
55-015	
Sales Tax	
Total Footing of Bill $	1430 10
Less $	
PER Balance $	

McAVOY FUNERAL HOME PAID Jan 18 1960

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. 3085 Yearly No. 1 Date of Entry Jan 6 1960

Name of Deceased Grace Boyle (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave 13

☐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 Registered Nurse (Social Security Number)

Employer and Address .....

Date of Death Jan 6, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 70 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Graphing Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Derry, Pa

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

Place of Death St. Francis Hospital

Cause of Death Pneumonia, Acute

Contributory Causes .....

.....

Certifying Physician Dr. Robert R. Koosen (or Coroner)

His Address St. Francis Hospital

Name of Father Frank T. Boyle

His Birthplace .....

Maiden Name of Mother Mary M. Myers

Her Birthplace .....

Date of Funeral Jan 8, 1960 (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. Row 13

Grave No. 5

Section No. 31

Block No. 1

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	300	00
Casket	90	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)	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		
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	130	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 ..... Papers		
..... (Names of Newspapers)		
Billed Master		
Sales Tax		
Total Footing of Bill	555	00
Less		
PER Balance		

McAVOY FUNERAL HOME

PAID Jan 14, 1960

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

CALVARY CEMETERY

January 8 19 60

SINGLE INTERMENT

—NAME OF DECEASED—

Grace Bayles

Grave 5 Row 13 Sec 31

Paid $ 130.00 James A. Dunleavy

Supt.

McAvay

(over)

RULES FOR SINGLE GRAVES

1. No raised monuments are permitted. Markers on single graves must be flush with the ground.

2. Planting of trees, shrubs, evergreens, bushes, or any perennial plants is not permitted.

3. Annual plants may be planted in front of the grave marker in a space 18 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, as well as any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND THE MOUNDING OF GRAVES, are not permitted.

6. Flush markers only permitted.

RECORD OF FUNERAL

Total No. 3086 Yearly No. 2 Date of Entry Jan 6 1960

Name of Deceased John M. Campbell (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1611 Edna St. ☐ Husband ☐ Wife ☐ Widow or ..... of } Anna Frances Waters

Charge to: Harry T. Campbell Age of Husband or Wife (if living) ..... Years

Address: 1611 Seaboard Ave

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

How Secured: .....

If Veteran, Name of War .....

Occupation Retired Plumber Laborer 167-07-1562 (Social Security Number)

Employer and Address .....

Date of Death Jan. 6, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 3 1889 Age 70-7-25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hearing (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 D.O.A. Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes .....

.....

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

His Address: Coroner Allg Co

Name of Father Patrick Campbell

His Birthplace .....

Maiden Name of Mother Mary Joyce

Her Birthplace .....

Date of Funeral Jan 9 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cemetery


CAMPBELL ... John M. on Wednesday Jan. 6 ... husband of Frances Waters ... father of William P., Mary T., James F., John M. Campbell also ... brother of Mrs. ... grandchildren, brother and Patrick ... Funeral from ... Calvary ... Mercy Hospital ... Ave. ... Funeral Home ... Forest Ave. on Saturday morning at 8:30 ... Church ... Requiem high mass at the Church ... Interment at Calvary ... kindly omit flowers

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1240
Casket 7 Professional Bronze		995 00
Burial Vault or Box (State Kind)		95 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		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, $ 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		
11 line Death Notices in 4 Papers (Names of Newspapers) McAVOY FUNERAL HOME		17 60
55 OK		
Sales Tax Feb 6, 1960		
Total Footing of Bill	$	1296 60
Less	$	
PER PM Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance		$		To Balance Forward		$
Jan 25 1960	By Payment	$ 750 34	$ 546 26		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

Printed by W. W. Princeton Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McKay Funeral Home Date 1/7/59

The following selection was made in Our Showroom for the funeral of:

Mr. Campbell

Casket A Series	995	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3087 Yearly No. 3 Date of Entry Jan 10 1960

Name of Deceased Charla Borik

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

Residence 815 Bluff St 19

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

Charge to Mr. Nicolaus C. Borik

Address 815 Bluff St 19

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 10 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 10 1960 Age 1 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 Hydrocephalus

Contributory Causes .....

.....

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

His Address Mercy Hospital

Name of Father Nicolaus C.

His Birthplace .....

Maiden Name of Mother Thomas Marie Burke

Her Birthplace .....

Date of Funeral Jan 11 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Queen of Heaven Cem.

Diagram of Lot or Vault

Lot No. 99

Grave No. 29

Section No. 17

Block No. 1

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket 7 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	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		
..... (Names of Newspapers)		
Bible Vase		
Sales Tax		
Total Footing of Bill	$	55 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 Insurance Companies .....

Lodges .....

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

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

Signed .....

Witness .....

Address .....

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

CUSTOMER'S COPY

DIVISION: Queen of Heaven

THE CATHOLIC CEMETERIES ASSOCIATION

OF THE DIOCESE OF PITTSBURGH
718 HAZLEWOOD AVE., PITTSBURGH 17, PA.
HAzel 1-9959

51918

DATE 1/11 1960

ACCOUNT NAME Nicolaus C. Borik

ACCOUNT NUMBER

ADDRESS 815 Bluff St CITY Pgh. 19 Pa

☑ INTERMENT
☐ REMOVAL
☐ RECEIVING VAULT

PLACE OF BIRTH Mercy Hosp. AGE 1 Hour

PLACE OF DEATH " " DATE 1/10/60

25465 A-o

NAME OF DECEASED Charla Borik ADDRESS Above

BURIAL DATE 1/11 1960 TIME 2:00 CHURCH Epiphany PRIEST PERMIT ☐ UNDERTAKER M^c Away

DEED IN NAME OF No Deed cons. RELATIONSHIP TO DECEASED ☐ NON-CATHOLIC ☑ CATHOLIC BURIAL

1.	☑ SINGLE GRAVE	SEC. 17	ROW 29	NO. 99	☐ POOR GROUND ☐ D.P.A.				20	00
	☐ MONUMENT LOT									
2.	☐ NON MONUMENT LOT	SEC.	BLK.	LOT	GRAVES	SQ. FT.				
	OPEN		☑ O.D.	O.T.	☐ ADULT					
3.	☑ GRAVE NO. 99		☐ E.D.	☐	☑ CHILD				10	00
4.	☐ EXTRA SERVICE									
5.	☐ RECONVEYED LOT									
6	TYPE VAULT	☐ OURS ☐ OTHERS	COMPANY No Vault			SIZE.				
7.	☐ DISINTERMENT OF				ORIGINAL INT. MADE	19	TYPE VAULT ☐ O.D. ☐ E.D.			
FROM	SEC.	BLK.	LOT	GR.	TO SEC.	BLK.	LOT	GR.		
8	REASON TO RECEIVING VAULT					TIME ALLOWED				
9	OTHER SERVICES	SEC.	BLK.	LOT	GR.					
	☐ SPECIAL CARE — TYPE				☐ ENDOWMENT					
	☐ FOUNDATION — SIZE				☐ BOUQUET HOLDER — TYPE					
	☐ MARKER — TYPE & SIZE									

NEXT OF KIN Mrs N C Borik ADDRESS Above

MISCELLANEOUS

DRAW PLAT OF LOT IN THIS SPACE

DEED PREPARED / / MAILED / /

TOTAL 30 00

CREDIT
☑ CHG. TO M^c Away Funeral Home 30 00
☐ CASH
PARTIAL PAYMENT
☐ BALANCE DUE

NET AMOUNT DUE 30 00

RECEIVED BY O. Dry(K)

DATE 1/11/60

RECORD OF FUNERAL

Total No. 3088 Yearly No. 4 Date of Entry Jan 13 19 60

Name of Deceased Ida G. Gorsuch (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 326 Melwood St 13 ☐Husband ☐Wife ☐Widow of } Erastus J. Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Mabel Cryphers

Address: 326 Melwood St 13

Order given by Mrs Mildred Gage (or informant)

How Secured: 1003 Cameron Ct.

If Veteran, Name of War: Baltimore Md.

Occupation Housedutties (Social Security Number)

Employer and Address

Date of Death Jan 13 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 44 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Westminster Md

Clergyman

Religion of the Deceased Protestant (Address)

Birthplace Westminster Md.

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

Place of Death Montefiore Hospital

Cause of Death Congestive Heart failure

Contributory Causes Generalized Coronary arteriosclerosis

Certifying Physician Dr. J. Silverberg (or Coroner)

His Address: Montefiore Hospital

Name of Father Rufus Little

His Birthplace

Maiden Name of Mother Sara Ann Warner

Her Birthplace

Date of Funeral Jan 17 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Kreider Am. Westminster Md.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7. Professional Service	925	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)	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		
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, $ 1.- Aero-plane Service, $	26	94
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Incidentals Newspapers (Names of Newspapers)	14	40
1/19/60		
Sales Tax		
Total Footing of Bill	$	1003 34
Less PER	$	35 00
Balance	$	968 34

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 1/13/60

The following selection was made in Our Showroom for the funeral of:

Gorsuch

Casket & Services	925	00
Vault or Box		
Garment ✓	35	00
Slippers		
Blanket included		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 960.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3089 Yearly No. 5 Date of Entry Jan. 14 19 60

Name of Deceased Sarah Abrahamm (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1929 Federal Ave. 19 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. Anthony Joseph

Address 1621 Pioneer Ave. 26

Order given by Jr. 19536 (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutiesi (Social Security Number)

Employer and Address

Date of Death Jan 14, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 5, 1894 Age 65 - 7 - 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Fr. Erbibosa (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 Broncho pneumonia

Contributory Causes Leukemia

Certifying Physician Dr. Geo. F. Kourlis (or Coroner)

His Address Mercy Hospital

Name of Father John Abdallah

His Birthplace Lebanon

Maiden Name of Mother Susan Ayoub

Her Birthplace Lebanon

Date of Funeral Jan. 19 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem.

Lot No. 456

Grave No. 3

Section No. R

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	970 00
Casket		725 00
Burial Vault or Box (State Kind)		95 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (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)		
✓ 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		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, $		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		
1 line Death Notices in 4 Papers		12 80
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Feb. 3 1960		
Total Footing of Bill	$	972 80
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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 1/15/60

The following selection was made in Our Showroom for the funeral of:

Abraham

Casket Bronze	795	00
Vault or Box		
Garment Blue Dress.	34	00
Slippers		
Blanket		
Miscel.		
Miscel.		
TOTAL	829	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

288

RECORD OF FUNERAL

Total No. 3090 Yearly No. 6 Date of Entry Jan. 15 19 60

Name of Deceased Louise M. Eble (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 44 Van Buuren St. 19 ☐Husband ☐Wife ☐Widow or ..... 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 Housedutes (Social Security Number)

Employer and Address

Date of Death Jan. 15, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 9, 1880 Age 79-2-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Henrich Heaney (Address)

Religion of the Deceased Catholic

Birthplace Germany

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

Place of Death 44 Van Buuren St.

Cause of Death Cardio renal disease

Contributory Causes C. Edema

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

His Address: 2004 Fifth Ave

Name of Father Mathias Schartman

His Birthplace Germany

Maiden Name of Mother Marie Fisher

Her Birthplace Germany

Date of Funeral Jan. 19 1960 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. 405

Grave No. 6

Section No. F

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays) $	930
Casket Professional Bronze	735 00
Burial Vault or Box (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	5 00
Suit or Dress (State Kind and Color)	31 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	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 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 (Names of Newspapers)	8 00
Billed 2-27-60	
Sales Tax McAVOY FUNERAL HOME	
Total Footing of Bill $	967 00
Less $	
Balance $	
Entered Ledger, page ..... or below.	
Miscellaneous. PER JFM	

May 27, 1960

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 3091 Yearly No. 7 Date of Entry Jan 16 19 60

Name of Deceased Mary M. Hart (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1100 Overhead St. 19 ☐Husband ☐Wife ☐Widow of John B. Hart Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Molinaro

Address 236 Hays Glen St. (7)

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Janitress 209-07-2888 (Social Security Number)

Employer and Address .....

Date of Death Jan 16, 19 60 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 66 7 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaughey South 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 Arterio Sclerosis

Contributory Causes Liver disease

.....

Certifying Physician Dr. E. H. Frost (or Coroner)

His Address Mercy Hospital

Name of Father Thos. J. McBride

His Birthplace .....

Maiden Name of Mother Mary Pierce

Her Birthplace .....

Date of Funeral Jan 20 19 6 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Marys Cem

Diagram of Lot or Vault

Lot No. 276

Grave No. 7

Section No. H

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	1620	00
Casket 4 Professional Bearer	1295	00
Burial Vault or Box (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	40	00
Slippers, $ 5 ..... 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	105	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, $	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		
13 line Death Notices in 6 Papers (Names of Newspapers)	31	20
5.01 Billed 2/27/60 McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	168	20
Less Mut. 4.1.960 PAID		
Balance		

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

Miscellaneous 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

290

RECORD OF FUNERAL

Total No. 3092 Yearly No. 8 Date of Entry Jan. 16 1960

Name of Deceased Hope Mc Cullough Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 5235 Gerry Drive 36 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Frank J. Mc Cullough

Address 5235 Gerry Drive 36

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan. 16, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age (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 Mercy Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Francis J. Mc Cullough

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Jan. 18, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Marys Cem

Lot No. Row 4

Grave No. 2

Section No. 3

Block No. 1

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket 4 Bronze	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		
Cremation Cemetery Charge	10	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... 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 June 10, 1960 ..... $	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. 3093 Yearly No. 9 Date of Entry Jan 22 1960

Name of Deceased Frank L. Ebbe (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 44 Van Braam St. 19 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Dorothy M. Ebbe

Address 44 Van Braam St

Order given by

How Secured Frank E. Ebbe - Tue 1:53 PM (or informant)

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death Jan. 22, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 22, 1960 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 County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Jan. 25, 1960 (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. 405

Grave No. 5

Section No. F

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	900
Casket 9 Impressions Bronze		725 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ No		9 20
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		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 / 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
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	941 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. 3094 Yearly No. 16 Date of Entry Jan. 27 19 60

Name of Deceased Dr. M. Alonzo (Margaret B.) Kelly (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Sixth Ave.

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

Charge to Andrew J. Mercy

Address 3333 Sixth Ave.

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

How Secured .....

If Veteran, Name of War .....

Occupation Dr. Physician (Social Security Number)

Employer and Address .....

Date of Death Jan. 24. 1960. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 24 1876 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

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 Congestive Heart Failure

Contributory Causes .....

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

His Address Mercy Hospital

Name of Father Thomas Kelly

His Birthplace .....

Maiden Name of Mother Honora Whalen

Her Birthplace .....

Date of Funeral Jan. 26. 1960 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	300	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 Notice in ..... Papers		
McAVOY FUNERAL HOME (Name of Newspapers)		
Billed 2/15/60 PAID May 19, 1960		
Sales Tax		
Total Footing of Bill ..... $	300	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. 3095 Yearly No. 11 Date of Entry Jan 27 1960

Name of Deceased Sister M. Delphina - Ellen Smith

☐ 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 Sisters of Mercy

Address 3333 Sepulveda Blvd

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

How Secured .....

If Veteran, Name of War .....

Occupation Rel Religion (Social Security Number)

Employer and Address .....

Date of Death Jan (Mo.) 27 (Day) 1960 (Yr.) ..... (Hour)

Date of Birth Sept (Mo.) 23 (Day) 1882 (Yr.) Age 77 (Yrs.) - 4 (Mos.) - 4 (Days)

Services at St Xaviers Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Dawson 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 Diabetes Mellitus

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Richard Smith

His Birthplace .....

Maiden Name of Mother Mary Ann Doyle

Her Birthplace .....

Date of Funeral Jan (Date) 29 (Day of Week) 1960 (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	300	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 ..... (Names of Newspapers)		
Backlund 3/1/60 McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	300	00
Less ..... May 18, 1960		
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. Feinemas, Long Beach, California

294

RECORD OF FUNERAL

Total No. 3096 Yearly No. 12 Date of Entry Jan 31 19 60

Name of Deceased Julia A. Bailey (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1934 Fifth Ave 19 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Joseph A. Bailey

Address 617 Kelsford St 13

Order given by .....

How Secured 20c 6/2 Tonkin Inc (or informant)

If Veteran, Name of War .....

Occupation Cranesman 168-01-1342 (Social Security Number)

Employer and Address J & L Steel Corp.

Date of Death Jan 31, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 23, 1894 Age 65 - 9 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

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 1934 Fifth Ave

Cause of Death Congestive Heart

Contributory Causes Failure - Arteria sclerosis - heart disease

Certifying Physician Dr. R. Levy (or Coroner)

His Address 3500 Fifth Ave

Name of Father Valentine Barky

His Birthplace Juba Karmozenske

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Sat 3, 1960 (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)	$	965 00
Casket 7 Professional Bronze		750 00
Burial Vault or Box (State Kind)		95 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 Charge		130 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		
4 line Death Notices in 4 Papers (Names of Newspapers)		16 00
McAVOY FUNERAL HOME		
PAID		
Sales Tax Mar 10, 1960		
Total Footing of Bill	$	1008 00
Less	$	
PER JC 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 1-31-60

The following selection was made in Our Showroom for the funeral of:

MR BAILEY

Casket E SERVICES	750	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3097 Yearly No. 13 Date of Entry Feb 4 1960

Name of Deceased Kate Albert (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1807 Bedford Ave 19 ☐Husband ☐Wife ☐Widow of Michael Albert Age of Husband or Wife (if living) ..... Years

Charge to Samuel Albert

Address 1807 Bedford Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Housedutties (Social Security Number)

Employer and Address .....

Date of Death Feb 4 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 66 Y. 6 M. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George's S. C. Church

Clergyman Rev. Paul Romley (Address)

Religion of the Deceased Syrian Orthodox

Birthplace Syria

Resided in the State 66 Y. 6 M. Bedford Ave (or U. S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death Coronary Occlusion

Contributory Causes Coronary Heart Disease

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

His Address 2904 Fifth Ave

Name of Father John Sarraf

His Birthplace Syria

Maiden Name of Mother Helen Ayoob

Her Birthplace Syria

Date of Funeral Feb 8 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Mt. Lebanon Cem

Complete Funeral (except outlays)	$	5020 00
Casket 7' Professional Bronze		4800 00
Burial Vault or Box (State Kind)		375 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		37 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		150 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)		
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 Cemetery Charge		105 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		
17 line Death Notices in 7 Papers		47 60
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	5521 60
Less	$	
PER Balance	$	

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

Miscellaneous .....

ALBERT—On Thursday, Feb 4, 1960, Kate, Sarraf, wife of the late Michael Albert; mother of Mrs. Matilda Albert, Mrs. Sadie Abraham, Hamlet, George, Philip, Fred, William, John and Richard Albert; sister of Sally Dr. George Wadeh and Samuel Sarraf. Friends received at the McAvoy Funeral Home, 1700 Fourth Ave. (at 17th St.) until Monday morning at 10 o'clock, when services in St. George's Syrian Orthodox Church, Decatur St. at 11 o'clock. In lieu of flowers, family requests offering be made to St. George's Church Building Fund.

Lot No. .....

Grave No. .....

Section No. .....

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.

Witness .....

Signed .....

Address .....

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

296

RECORD OF FUNERAL

Total No. 3098 Yearly No. 14 Date of Entry Feb 9 19 60

Name of Deceased Peter B. Coll (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1112 Forbes Ave 19

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

Charge to: Miss Isabel Coleman

Address 901 S. Negley Ave 32

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

How Secured: .....

If Veteran, Name of War .....

Occupation R.R. Brakeman 705-07a-3744 (Social Security Number)

Employer and Address .....

Date of Death Feb 9 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 5 1898 Age 61 (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 Broncho Pneumonia

Contributory Causes Large ulcerated C.A. of the right tonsil

Certifying Physician Dr. A. Starkey (or Coroner)

His Address: Mayview State Hospital

Name of Father Peter Coll

His Birthplace .....

Maiden Name of Mother Catherine Fitzpatrick

Her Birthplace .....

Date of Funeral Feb 12 1960 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. 13

Grave No. 17

Section No. 31

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	730	
Casket	470	00
Burial Vault or Box (State Kind)	90	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (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		
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	130	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 ..... Papers	7	00
McAVOY FUNERAL HO (Names of Newspapers)		
Sales Tax Feb 12, 1960		
Total Footing of Bill $	750	00
Less $		
PER Balance $		

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.

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3099 Yearly No. 15 Date of Entry Feb. 14 19 60

Name of Deceased Elizabeth Kadair (What Race) W

☐ Married ☑ Single ☒ Widowed ☐ Divorced

Residence 35 Congress Street ☐Husband ☐Wife ☐Widow } of George Kadair Age of Husband or Wife (if living) Years

Charge to Mr. Morris G. Kadair

Address 531 Summerlee St 32

Order given by Mrs. Michael Kodish (or informant)

How Secured 406 Pearce Rd - 34

If Veteran, Name of War W 1 3 1 23

Occupation Housedutties (Social Security Number)

Employer and Address

Date of Death Feb 10 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greyhurst Church

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 John J. Ross Hospital

Cause of Death Bronchio-pneumonia

Contributory Causes Cranitys Generalized Arteriosclerosis

Certifying Physician Dr. Wm. Redmond (or Coroner)

His Address John J. Ross Hospital

Name of Father George Albert

His Birthplace Lebanon

Maiden Name of Mother Rose Elias

Her Birthplace Lebanon

Date of Funeral Feb 13 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

MANAIE—On Wednesday, Feb. 10, 1960, Elizabeth Albert, wife of the late George Kadair, mother of Morris G. Kadair; grandmother of Mrs. Rose Nassif, Mrs. Theresa Dr. Fiori (Corrine, Shirley, Stephen G. Jr., George, Edward and David Fiori); funeral from the Memorial Funeral Home, 1700 Long Beach Ave., on Saturday, Feb. 13, at 9:30 a.m. Requiem Mass at the Epiphany at 10 o'clock. Interment Calvary. Members of Sister Valle Degree of Lotor Valle

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays) $	1140	00
Casket 7 Professional Grade	950	00
Burial Vault or Box (State Kind)	90	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)		
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		
12 line Death Notices in 4 Papers (Names of Newspapers)	19	20
McAVOY FUNERAL HOME		
Billed 2/24/60		
Sales Tax		
Total Footing of Bill Mar. 10, 1960 $	1191	20
Less $		
Balance $		
Entered into Ledger, page or below.		
Miscellaneous		

PAID

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.

Witness Signed

Address

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

Form 147

F. H. HILL COMPANY, INC.

Funeral Director M. E. AVERY FUNERAL HOME Date 2-10-60

The following selection was made in Our Showroom for the funeral of:

MRS ELIZABETH KAHAIR

Casket E SERVICES	950.	00
Vault or Box		
Garment	35.	00
Slippers		
Blanket		
Miscel.		
Miscel.		
	TOTAL 985	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3100 Yearly No. 16 Date of Entry Feb. 14 19 60

Name of Deceased Mary A. Belk (Married ☐ Single ☒ Widowed ☐ Divorced) (What Race) Ct.

Residence: 2008 Durant St 19 (☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years)

Charge to: Frank McCloskey

Address 119 Van Braam St. 19

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

How Secured: .....

If Veteran, Name of War .....

Occupation Laundress 193-22-7814 (Social Security Number)

Employer and Address .....

Date of Death Feb. 14. 19. 60 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 19. 1890 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Msgr. 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 2008 Durant St.

Cause of Death Cerebral Vascular

Contributory Causes Accident

.....

Certifying Physician Joseph B. Hobbs (or Coroner)

His Address: Coroner - Alleg Co.

Name of Father James Welsh

His Birthplace Ireland

Maiden Name of Mother Winifred Welsh

Her Birthplace Ireland

Date of Funeral Feb. 17. 1960 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. 165

Section No. 8

~~Block~~ Row 9

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 275	00
Casket	165	00
Burial Vault or Box (State Kind)	95	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	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 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	15	00
(Name of Newspapers)		
Sales Tax		
Total Footing of Bill Feb. 16. 1960	$ 901	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. 3101 Yearly No. 17 Date of Entry Feb 18 1960

Name of Deceased Julia McSweeney - Sr. M. Emmanuelita

☐ 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 Sisters of Mercy

Address 3333 Bifth Ave. N.Y.

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

How Secured .....

If Veteran, Name of War .....

Occupation In Religion (Social Security Number)

Employer and Address .....

Date of Death Feb. 18. 1960. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 6. 1877 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Xaviers Academy

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Huntsdale, Pa

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

Place of Death Mercy Hospital

Cause of Death Myelogenous Leukemia

Contributory Causes .....

.....

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father Patrick McSweeney

His Birthplace Scotland

Maiden Name of Mother Mary Adams

Her Birthplace England

Date of Funeral Feb 20. 1960. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St Xaviers Cem.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket ... Metropolitan Home	300	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)		
Billed McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	300 00
Less ... May 4 1960	$	
Balance	$	

PAID

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

RECORD OF FUNERAL

Total No. 3102 Yearly No. 18 Date of Entry Feb. 20 19 60

Name of Deceased James A. Wennecke Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1737 Forbes Ave. Pgh. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Edward L. Wennecke

Address: 1737 Forbes 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. 20, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 6, 1959 Age — 8 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa. (or U. S. or City or County) (Years) (Months)

Resided in the State .....

Place of Death D. O. A. Mercy Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

.....

Certifying Physician Joseph B. Rabbit (or Coroner)

His Address: Coroner — Allegheny Co.

Name of Father Edward L. Wennecke

His Birthplace Pittsburgh — Pa.

Maiden Name of Mother Pauline C. Passinger

Her Birthplace Pittsburgh — Pa.

Date of Funeral Feb. 22, 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Style Cremation } Bl Cem.



Lot No. .....

Grave No. .....

Section No. 18

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket ..... Professional Amer.	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. 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, $	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		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	190.	00
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
2/21/60	By Payment Louise Wennecke	$ 50. 00	$ 00. 00		By Payment	$	$
2/21/60	" " Laurence Wennecke	$ 50. 00	$ 100. 00		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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Signed .....

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

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

CALVARY CEMETERY

February 22 1960

SINGLE INTERMENT

—NAME OF DECEASED—

James A. Kennecker

Grave 30 Row 4 Sec 18

~~Paid~~ $ 30.00 James A. Dewhurst
Supt.

chge McAvoy

(over)

RULES FOR SINGLE GRAVES

1. No raised monuments are permitted. Markers on single graves must be flush with the ground.

2. Planting of trees, shrubs, evergreens, bushes, or any perennial plants is not permitted.

3. Annual plants may be planted in front of the grave marker in a space 18 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, as well as any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND THE MOUNDING OF GRAVES, are not permitted.

6. Flush markers only permitted.