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.
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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.

McAVOY FUNERAL HOME

VOLUME 11

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RECORDS OF FUNERALS
1960 - 1964

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RECORD OF FUNERAL

Total No. 3103 Yearly No. 19 Date of Entry Feb 22 19 60

Name of Deceased Robert C. Lawson Sr. M

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

Residence 1512 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of Jane Anderson

Charge to: Mrs Jane Lawson Age of Husband or Wife (if living) Years

Address 1512 Forbes Ave 19

Order given by Gr. 1.6368 (or informant)

How Secured

If Veteran, Name of War

Occupation Mill Carpenter 268-18-9255 (Social Security Number)

Employer and Address

Date of Death Feb 22 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 30 1899 Age 60-7-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Kentucky

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. L. J. Bennett (or Coroner)

His Address: 2004 Fifth Ave.

Name of Father William Lawson

His Birthplace

Maiden Name of Mother Martha Childers

Her Birthplace

Date of Funeral Feb 25 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt Pleasant Cemetery - Mars

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket. Professional Service	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)	42	00
Slippers, $ ... Hose, $ Shirt	3	00
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $ Courtesy	20	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)		
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	50	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb Hours etc		
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
McAVOY FUNERAL HOME		
PAID Feb 27 1960		
Sales Tax		
Total Footing or Bal	$ 1176	60
Less	$ 45	60
PER John P. McAvoy Balance	$ 1131	00

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

RECORD OF FUNERAL

Total No. 3104 Yearly No. 20 Date of Entry Mar. 1 19 60

Name of Deceased Louisa Cottrell (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1929 Tustin St (191) ☐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 Housedutties (Social Security Number)

Employer and Address

Date of Death Mar 4 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 75 yrs (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 Mercy Hospital

Cause of Death Hypertensive Apoplexy

Contributory Causes Diabetis, perforated

Certifying Physician Dr. T. D. O'Donnell (or Coroner)

His Address Mercy Hospital

Name of Father Jacob Clark

His Birthplace

Maiden Name of Mother Mary —

Her Birthplace

Date of Funeral Mar. 4 1960 (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)	975	00
Casket. Professional Service	650	00
Burial Vault or Box (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress .. Clothes (State Kind and Color)	25	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
✓ Certif. Copies of Death Certificates No. 1 (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot	135	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
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
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax Mar 31, 1960		
Total Footing of Bill $	1013	60
Less $	95	00
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. 3105 Yearly No. 21 Date of Entry Mar 2 19 60

Name of Deceased Donald Barner

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

Residence: 1612 Watson St ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: U.P.a

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Mar 2 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13 1959 Age 7 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Tucker (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.P.A. Mercy Hospital

Cause of Death acute Interstitial

Contributory Causes Pneumonitis

Certifying Physician Jos B. Dobbs (or Coroner)

His Address: Coroner Alleg Co

Name of Father John Barner

His Birthplace

Maiden Name of Mother Anna Mae Starks

Her Birthplace

Date of Funeral Mar 4 1960 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)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
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. 3106 Yearly No. 22 Date of Entry Mar 5 19 60

Name of Deceased Stillborn Konesky (male) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3205 Josephine St 3

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

Charge to: Chester T. Konesky

Address 3205 Josephine St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Mar 5, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 5, 1960 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman Catholic (Address)

Religion of the Deceased .....

Birthplace Pittsburgh Pa.

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

Place of Death Magee Hospital

Cause of Death Fetal Anoxia

Contributory Causes .....

.....

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

His Address 3347 Forbes Ave.

Name of Father Chester T. Konesky

His Birthplace .....

Maiden Name of Mother Marie M. O'Donnell

Her Birthplace .....

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

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	$	
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	$	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. 3107 Yearly No. 23 Date of Entry Mar 11 1960

Name of Deceased Mat. Midlay - Marion Mihalevich (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1040 Tefft Ave 19 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to: Estate of

Address W 1 7154

Order given by Mrs. Anna Bilashko (or informant)

How Secured 1040 Tefft Ave 19

If Veteran, Name of War

Occupation Elevator Operator 187-01-4099 (Social Security Number)

Employer and Address Railroad Co.

Date of Death Mar 11 1960 (Mo.) (Day) (Yr.) (Hour)

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

Services at Greek Church

Clergyman

Religion of the Deceased Greek Catholic (Address)

Birthplace Russia

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

Place of Death Mercy Hospital

Cause of Death: Bilateral Broncho-Pneumonia - Adena Carcinoma

Contributory Causes ... T. sigmoid colon

Certifying Physician Dr. Jack M. Ulrich (or Coroner)

His Address: Mercy Hospital

Name of Father Marion Mihalevich

His Birthplace Russia

Maiden Name of Mother Unknown

Her Birthplace: Russia

Date of Funeral Mar 14 1960 A. M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

Raw Lot No. 14

Grave No. 5

Section No. 31

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	1200 00
Casket		1000 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... & Undergarments (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)		
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, $ ... Palms, $ ... Matting, $		41 60
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, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 4 Papers		9 60
(Names of Newspapers)		
S.S. O.K. McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill May 12 1960	$	1345 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

CALVARY CEMETERY

March 14 19 60

SINGLE INTERMENT

—NAME OF DECEASED—

Mark Midlam

Grave 5 Row 14 Sec 31

~~Paid~~ $ 130.00 James A Dunlap

Supt.

S.

Hope 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 perennial plants is not permitted.

3. Annual flowers may be planted in front of the grave marker in a space 12 inches wide.

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

5. Fences, coping, hedges, or other enclosures, AND MOUNDED GRAVES, are not permitted.

RECORD OF FUNERAL

Total No. 2108 Yearly No. 24 Date of Entry Mar. 16 1960

Name of Deceased Nicholas Perry (What Race) It.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5620 Rippey St. 6

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

Charge to Mrs Anna Perry

Address 5620 Rippey St. 6

Order given by Emp. 2 366 9 (or informant)

How Secured

If Veteran, Name of War

Occupation Tailor 201-14-7802 (Social Security Number)

Employer and Address Self

Date of Death Mar. 16 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 4 1892 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Italy

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

Place of Death O. C. H. Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroner Alley Co.

Name of Father Domenick Perry

His Birthplace Italy

Maiden Name of Mother Domenica Perry

Her Birthplace Italy

Date of Funeral Mar. 18 19 6a (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Norman Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	879	00
Casket Professional Services	650	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	75	00
Flowers, $ .... Palms, $ .... Matting, $	41	60
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	67	80
Out of town Funeral Director's Charges		
Personal Service		
Cremation Urn	95	00
....line Death Notices in ..... Papers		
SS-OK		
Sales Tax		
Total Footing of Bill	929	40
Less		
Balance		

McAVOY FUNERAL HOME

PAID Apr 5, 1960

PER

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
3/30/60	By Payment	$342 73	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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-20111—5M—2-55 10

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

RECORD FOR INTERMENT OF CREMATED REMAINS

Full Name of Decedent Nicholas Perry.

Sex Male Color White Age 69 yrs. Date of Death March 16-1960.

Place of Death Pgh (Township, Borough or City) Allegheny (County)

Name and Address of Person to Whom Remains are Given or Sent ..... (Name) ..... (Address)

Name of Crematory Kleman's Crematory.

Address of Crematory 702 E. Ohio St. Pgh-12-Pa.

March 18-1960. (Date of Cremation)

Edward L. Kleman (Signature of Crematory Official)

This record will be completed by a crematory official in all cases where cremated remains are to be interred in a cemetery. It will be attached in an envelope to the outside of the receptacle containing the remains, but inside the shipping wrapper if any, and be retained by the cemetery as part of its records.

RECORD OF FUNERAL

Total No. 3109 Yearly No. 25 Date of Entry Mar. 18 1960

Name of Deceased Margaret L. Diven

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

Residence 1824 Forbes Ave 19 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Wm. J. Diven Jr.

Address 1824 Forbes Ave 19

Order given by Co. 17041 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar. 18, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 14, 1918 Age 41-8-2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Hamel 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 Mercy Hospital

Cause of Death Pulmonary Edema

Contributory Causes Cirrhosis of Liver Hepatic Insufficiency, Alcoholism

Certifying Physician Dr. Geo. J. Kowalski (or Coroner)

His Address Mercy Hospital

Name of Father Harry Baer

His Birthplace Pittsburgh Pa

Maiden Name of Mother Lorette Baerman

Her Birthplace Pittsburgh Pa

Date of Funeral Mar. 22, 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. 26

Grave No. 1

Section No. 40

Block No. 9

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services	965	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 Charges	145	00
Cremation		
Flowers, $ ..... 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 (Names of Newspapers)	19	20
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill May 13, 1960	$ 1380	20
Less	$	
Balance	$	

PAID

PER Mem

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Apr 8 1960	By Payment	$ 1066 95	$ 313 25
	" "	$	$ 246 25
	" "	$	$
	" "	$	$
	" "	$	$

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

8

RECORD OF FUNERAL

Total No. 3110 Yearly No. 26 Date of Entry Mar. 19 19 40

Name of Deceased Stillborn Walker (Female) 2d
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 235 Emerson St 6 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Peter J. Walker

Address 235 Emerson St 6

Order given by Mr. 10364 (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Mar. 19. 1940 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 19. 1940 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 Pittsburgh Hospital

Cause of Death Antepartum Death

Contributory Causes Term Delivery

Certifying Physician Dr. E. A. Conte (or Coroner)

His Address Pittsburgh Hospital

Name of Father Peter J. Walker

His Birthplace Pittsburgh Pa

Maiden Name of Mother Rito Michael

Her Birthplace Pittsburgh Pa

Date of Funeral Mar. 21. 1940 (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. 62

Grave No. 3

Section No. P

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 4 Seamed	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 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)		
McAVOY FUNERAL HOME PAID May 10, 1940		
Sales Tax		
Total Footing of Bill	$	20 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. 311 Yearly No. 27 Date of Entry Mar. 20 19 60

Name of Deceased John M. Barnes (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1712 Forbes Ave 19 ☐Husband ☐Wife ☐Widow or ..... of Catherine F. Sullivan

Charge to: Mrs. Catherine F. Barnes Age of Husband or Wife (if living) ..... Years

Address 1712 Forbes Ave 19

Order given by Dr. 1/16/12 (or informant)

How Secured

If Veteran, Name of War

Occupation Bartender 162-18-4689 (Social Security Number)

Employer and Address

Date of Death Mar. 20. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 16. 1913 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Geary (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 Peritonitis

Contributory Causes Hemaphelia

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

His Address: Mercy Hospital

Name of Father John Barnes

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Margaret Maher

Her Birthplace Pittsburgh Pa.

Date of Funeral Mar. 23. 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Calvary Cemetery
Crematory }

BARNES
John M., on Sunday, March 20, 1960, husband of Catherine F. Sullivan; father of Mrs. Margaret Kenny, Bernice, Carol and John Barnes; brother of William Barnes, Mrs. Anna Dilley and Mrs. John DeMarco; also three grandchildren. Funeral from the McAvoy Funeral Home, 1706 Forbes Ave. on Wednesday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket 7 Professional Bronze	760 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, $ Black	3 50
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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	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, $ 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	
12 line Death Notices in 5 Papers	24 00
SS-OK (Signature) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill Mar. 9 1960	$ 1070 50
Less	$
PER JLM Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 5 00	$ 5 30
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

RECORD OF FUNERAL

Total No. 3112 Yearly No. 28 Date of Entry Mar 19 19 60

Name of Deceased Adam B. Pennington Jr. (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1810 Parker Ave 19 ☐Husband ☐Wife ☐Widow of Eva Pennington Age of Husband or Wife (if living) Years

Charge to Mrs Eva Pennington

Address 1810 Parker Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Carpenter 205-01-3338 (Social Security Number)

Employer and Address

Date of Death Mar 19, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 25, 1878 Age 81-5-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Elkhins W. Va

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

Place of Death Mercy Hospital

Cause of Death Acute Lymphatic

Contributory Causes Leukemia

Certifying Physician Dr. W. W. G. Mackbeath (or Coroner)

His Address Mercy Hospital

Name of Father Marshall Pennington

His Birthplace

Maiden Name of Mother Mary Johnson

Her Birthplace

Date of Funeral Mar 23, 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)	$
Casket Professional Services	1225 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)	46 00
Slippers, $ Hose, $	6 00
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $ Shak-Rite	6 00
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	35 00
Railroad or Motor } Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices (Names of Newspapers)	31 20
55-015	
Sales Tax	
Total Footing of Bill	$ 1683 20
Less PER	$ 1620 00
Balance	$

McAVOY FUNERAL HOME PAID May 23/1960

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Apr. 19, 1960	By Payment	$1000 00	$		By Payment	$	$
	" "	$ 620 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. 3113 Yearly No. 29 Date of Entry Apr 2 19 60

Name of Deceased Edna M. Woods 71

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

Residence: 2516 Wadsworth St 13 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Eileen Walsh

Address: 2516 Wadsworth St 13

Order given by: Mrs 36879 (or informant)

How Secured:

If Veteran, Name of War

Occupation: Housewife (Social Security Number)

Employer and Address

Date of Death: Apr 2 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: June 16 1920 Age 39 9 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: St Agnes Church

Clergyman: Msgr C J Moriarty (Address)

Religion of the Deceased: Catholic

Birthplace: Pittsburgh Pa.

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

Place of Death: Mercy Hospital

Cause of Death: Massive Pulmonary Embolism

Contributory Causes: Generalized Carcinoma Metastasis Carcinoma of Cervix

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

His Address: Mercy Hospital

Name of Father: Edward Walsh

His Birthplace:

Maiden Name of Mother: Mildred Seegal

Her Birthplace:

Date of Funeral: Apr 5 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. 15

Section No. 31

Block No. 14

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket. F.P. Professional Service	950	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)	36	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
✓ 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	170	00
Cremation		
Flowers, $ ✓ .... Palms, $ .... Matting, $	62	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 / 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)	16	00
McAVOY FUNERAL HOME		
PAID May 25, 1960		
Sales Tax		
Total Footing of Bill	$	1435 40
Less	$	1385 00
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 .....

RECORD OF FUNERAL

Total No. 3114 Yearly No. 30 Date of Entry Apr. 6 1960

Name of Deceased John L. Urbanek Jr.

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

Residence 1323 Ingham St ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Sr. Helen Marie

Address 3333 Fifth Ave

Order given by Bernard J. Dempsey (or informant)

How Secured 1408 Truck Delg. 1.9

If Veteran, Name of War

Occupation Electrical Engineer (Social Security Number)

Employer and Address

Date of Death Apr. 6, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 21, 1911 Age 48 - 9 - 15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Msgr. Quigley (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 Decapitation due

Contributory Causes to being struck by train

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroner Allg. Co.

Name of Father Ludwig Urbanek

His Birthplace

Maiden Name of Mother Frances Marek

Her Birthplace

Date of Funeral Apr. 8, 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } N. S. Cochran Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 2 Professional Services	935	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, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery charges	80	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	83	20
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)	7	60
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$ 1308	80
Less	$	
Balance	$	

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

Miscellaneous PER

PAID May 12, 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. 31.15 Yearly No. 31 Date of Entry Apr. 7 1960

Name of Deceased Gloria J. Hagen

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

Residence: 1620 Tustin St 19 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to: Peter Hagen

Address. 1620 Tustin St 19

Order given by ... (or informant)

How Secured: ...

If Veteran, Name of War ...

Occupation Student (Social Security Number)

Employer and Address ...

Date of Death Apr. 7 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 26 1944 Age 15 5 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geary (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: Chronic Glomerulonephritis

Contributory Causes Broncho Pneumonia

Certifying Physician Dr. Frank M. Mateer (or Coroner)

His Address: Shadyside Hospital

Name of Father Peter Hagen

His Birthplace Virginia Joseph

Maiden Name of Mother ...

Her Birthplace: ...

Date of Funeral Apr. 11 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to ...

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

Manufactured by: ...

Cemetery / Crematory } Calvary Cemetery

HAGEN—Gloria J., on Thursday, April 7, 1960, daughter of Peter and Virginia (Joseph) Hagen; sister of Patricia and Anthony Hagen. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Monday morning at 9:30, Solemn Requiem Mass at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 18.6

Grave No. 6

Section No. R

Block No. XDECC

Owner ...

Miscellaneous ...

Complete Funeral (except outlays)	$	145
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)		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)		
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, $		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 6 Papers		21 60
(Names of Newspapers) Rosary Burial		2 00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1477 60
Less May 18, 1960 PAID	$	
Balance Billed 5/4/60	$	

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

Miscellaneous ...

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

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

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

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

Signed ...

Witness ...

Address ...

RECORD OF FUNERAL

Total No. 3116 Yearly No. 32 Date of Entry April 11 1960

Name of Deceased Carrie L. Martin (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 13240 Euclid Ave. Cleve. Ohio ☐Husband ☐Wife ☐Widow of John A. Martin Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Thelma Beaumariage

Address 239 Bolivar Dr. Bedford Pa.

Order given by Forest J. 7-7-91 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Apr. 11. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 1. 1868 Age 92 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace E. Randolph, N. Y.

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

Place of Death Euclid Gen. Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father (Unk.) Harding

His Birthplace (Unk.)

Maiden Name of Mother (Unknown)

Her Birthplace "

Date of Funeral Apr. 14. 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood Cemetery Div

Lot No. 9

Grave No. 24

Section No. 12

Block No. 6 Range

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket "Professional Bronze"	675	00
Burial Vault or Box (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	5	00
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 Cleveland	85	50
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, $	44	20
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	60	00
Personal Service		
7 line Death Notices in 2 Papers	6	40
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1107	10
Less	$	
2nd Bill 9/26/60 Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Dept of Parks	To Above Balance - Cho		$		To Balance Forward		$
Aug 26, 60	By Payment	$ 179 50	$ 927 60		By Payment	$	$
Sept 26 60	" "	$ 200 00	$ 727 60		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

Witness .....

Address .....

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

239 Bolivar Dr.,
Bradford Pa.
2/6-61

Dear Mr. McAvoy,

I am writing you in regards to the balance due on Thelma's mothers funeral service.

We both regret the delay in replying to your statement. However we have had considerable illness and hospital expence in the past few months. I was the first to go to the hospital for an operation and upon my being released. Thelma had a bad fall in our kitchen while mopping the floor and had to be taken to the hospital for a badly injured leg, which developed into a serious blood clot. She was confined to bed for 18 days and although she is home now, she is still doctoring for the injury and will be laid up for quite some time yet.

We both expected the State welfare of Ohio to pay at least $250.00 on mothers funeral expense and also thought we would get a great deal more out of her Old insurance policy However we received less than 200.00 on the policy.

I am enclosing our check for the amount of 200.00 to be credited to our account with you, and will endeavor to send you more in the near future as soon as we can arrange it. We will try to send you the balance due you.

Trusting this will be satisfactory to you and again thanking you for your services and patience in our time of trouble We are

Very truly yours

Mr & Mrs Alex Beaumariage

Statement

Mailed 5/6/64

McAvoy FUNERAL HOME

1700 FORBES STREET
PITTSBURGH 19, PENNSYLVANIA
EXPRESS 1-0667

May 6, 1964

January 20, , 1961

Mr & Mrs A.S.

Mrs. Thelma Beaumariage
239 Bolivar Drive
Bradford, Pa.

Services Rendered:

April 11, 1960 Carrie L. Martin

Complete Funeral Services	$1107.10
Rec'd Dept. of Public Welfare, State of Ohio	179.50
Balance Due.....	$ 927.60
Cash received Feb 8, 1961	200.00
Balance Due	$ 727.60

We haven't heard from you since Feb. 6, 1961
We hope you can pay in periodical payments.

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. _____ Primary Reg. Dist. No. _____ State File No. _____ Registrar's No. _____

1. **PLACE OF DEATH**
a. COUNTY: Cuyahoga
b. CITY, VILLAGE, OR LOCATION: East Cleveland
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Euclid Rest Haven 13240 Euclid Ave.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio
b. COUNTY: Cuyahoga
c. CITY, VILLAGE, OR LOCATION: East Cleveland
d. STREET ADDRESS: 13240 Euclid Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. **NAME OF DECEASED** (TYPE OR PRINT): First CARRIE Middle L. Last MARTIN

4. **DATE OF DEATH**: Month 4 Day 11 Year 60

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 1-1-68

9. AGE (In years last birthday): 92
If Under 1 Year: Months / Days
If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): E.Randolph, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (unk)Harding

14. MOTHER'S MAIDEN NAME: (unk)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE: Thelma Beaumariage Address

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): _____
Conditions, if any which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, VILLAGE, OR LOCATION COUNTY, STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED

23a. BURIAL, CREMATION, (Specify): Burial
23b. DATE: 4-14-60
23c. NAME OF CEMETERY OR CREMATORY: Homewood, Cem.
23d. LOCATION (City, town, or county) (State): Homewood, Pa.

24. NAME OF EMBALMER: Richard A.Tomon (LIC. NO.) 5321A
25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) 3511

26. FUNERAL FIRM AND ADDRESS: A.J.Tomon & Sons (STREET NO.) 4772 Pearl Rd. (CITY) Cleveland, (STATE) Ohio

27. DATE REC'D BY LOCAL REG.
28. REGISTRAR'S SIGNATURE
29. SUB-REGISTRAR'S SIGNATURE

MARGIN RESERVED FOR BINDING

V.S. 11

Mrs Thelma Beaumariage
239 Bolivia Drive
Bradford Penna

Funeral Home Forest 2 7791

RECORD OF FUNERAL

Total No. 31.17 Yearly No. 33 Date of Entry April 17 19.60

Name of Deceased Sr. M. Isabel Andrigetz (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: St. Agatha Convent - Bridgeville Pa ☐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 Ass. Religious (Social Security Number)

Employer and Address .....

Date of Death Apr. 17, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 17, 1901 Age 59-2-29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Mary's Convent

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Latrobe Pa

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

Place of Death St. Agatha Convent - Bridgeville Pa.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John Ondrigetz

His Birthplace Latrobe, Pa.

Maiden Name of Mother Mary Kotch

Her birthplace: Ireland

Date of Funeral Apr. 21, 1960 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. Vincents Cemetery - Latrobe

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)		
___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)		
.....		
Billed 4/21/60		
Sales Tax ... MEMOY FUNERAL HOME		
Total Footing of Bill	$	300 00
Less ..... July 5, 1960	$	
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 .....

RECORD OF FUNERAL

Total No. 3118 Yearly No. 34 Date of Entry Apr 18 1960

Name of Deceased Mary E. Rugg 74 (What Race)

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1714 Forbes Ave ☐Husband ☐Wife ☐Widow or ..... of } Richard Sr. Age of Husband or Wife (if living) ..... Years

Charge to Wm L. Finnegan

Address 1905 Forbes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Apr 18, 1960 (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 Gerrity (Address)

Religion of the Deceased Catholic

Birthplace Massachusetts

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

Place of Death Mercy Hospital

Cause of Death Bilateral Bronchpneumonia

Contributory Causes Fracture of Lt. Hip due to fall when she tripped on step

Certifying Physician Jos B. Hobbs (or Coroner)

His Address Coroner - Alley Co.

Name of Father — Coleman

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Apr 22 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. 87

Grave No. .....

Section No. I

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$ 1040	
Casket	680	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)	29	00
Slippers, $ — Hose, $	6	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) (State Physician's or Coroner's)		
2 Certif. Copies of Death Certificates No.	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	120	00
Cremation		
Flowers, $ — Palms, $ ..... Matting, $	26	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ — Singers, $ .... Organist, $	15	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in 6 Papers	19	20
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill May 28, 1960	$ 1082	70
Less	$	
Balance	$	
Entered into Ledger, page ..... or below. PER JCM		

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. 31.19 Yearly No. 35 Date of Entry Apr 23 1960

Name of Deceased James M. Lydem

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

Residence: 2400 E. Carson St

Charge to: Mrs Emma Richey ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Address: Elite Apts (34)

Order given by: 215 E. 7th Ave - Homestead (or informant)

How Secured:

If Veteran, Name of War

Occupation: Laborer 205-01-7528 (Social Security Number)

Employer and Address: Lutheran Mission Society

Date of Death: Apr. (Mo.) 23 (Day) 1960 (Yr.) (Hour)

Date of Birth: Sept. (Mo.) 3 (Day) 1879 (Yr.) Age 80 (Yrs.) 7 (Mos.) 20 (Days)

Services at: Chapel

Clergyman: Rev. Charles H. Stong (Address)

Religion of the Deceased: Protestant

Birthplace: Cleveland, Ohio

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

Place of Death: United Cemeteries

Cause of Death: Coronary Occlusion

Contributory Causes:

Certifying Physician: Dr. J. H. Williamson (or Coroner)

His Address: South Side Hospital

Name of Father: James Lydem

His Birthplace:

Maiden Name of Mother: Anna Dean

Her Birthplace:

Date of Funeral: Apr. (Date) 26, 1960 (Day of Week) M. (Hour)

Motor Ship } Remains to:

Size of Casket (State Color and Number)

Manufactured by:

Cemetery Crematory } United Cemeteries

LYDEN—On Saturday, April 23, 1960, James M. Lyden, husband of the late Sue L. Phillippi, brother of Mrs. Emma Richey. Funeral services from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 11 a. m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 735	
Casket 7 Professional Bronze	535	00
Burial Vault or Box C.P. Case (State Kind)	100	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	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		
7 line Death Notices in 3 Papers	5	60
(Name of Papers)		
McAVOY FUNERAL HOME PAID May 19, 1960		
Sales Tax		
Total Footing of Bill	$ 768	60
Less Payments	$	
PER		
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 486 21	$ 282 39		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 31.20 Yearly No. 36 Date of Entry Apr. 24 19.60

Name of Deceased Emma Cascianis (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1951 Jacobs St. 26 ☐Husband ☐Wife ☐Widow of Anthony

Charge to Eugene & Orlando Cascianis Age of Husband or Wife (if living) ..... Years

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Apr. 24, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Yrs. 69 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Fr. Theodore (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 Myocardial Infarct

Contributory Causes Coronary Occlusion

.....

Certifying Physician Dr. H. Peters (or Coroner)

His Address Montefiore Hospital

Name of Father Scopaino Michelucci

His Birthplace Italy

Maiden Name of Mother Domenica Danni

Her Birthplace Italy

Date of Funeral Apr. 28 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. 255

Grave No. 5

Section No. 7

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1300
Casket 9 Professional Services		940 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)		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 Flowers Inc		15 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		80 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		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 9 Papers		50 40
Sales Tax		
Total Footing of Bill May 19, 1960	$	1346 40
Less	$	
PER Balance	$	

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

Miscellaneous .....

MCAVOY FUNERAL HOME

PAID

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Above Balance Forward		$
4/21/60	By Payment	$ 4.00 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. 3121 Yearly No. 37 Date of Entry May 8 1960

Name of Deceased Mary Wakim (Mary R. Hakam) W (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 254 Costanzo Lane 2

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

Charge to: Mr. Wm. Raymond

Address 254 Costanzo Lane 2

Order given by Lic. 13850 (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 8 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 13 1881 Age 7 7 - 10 - 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Lebanon

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

Place of Death Washington Gen. Hospital

Cause of Death: Bronchio Pneumonia

Contributory Causes - Cerebro Vascular

Arteriosclerosis - Fracture of femur

Certifying Physician Dr. Emil Sposato (or Coroner)

His Address 156 N. Main St. Washington

Name of Father Unknown

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace Lebanon

Date of Funeral May 11, 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. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays) ..... $	1100
Casket ~~4~~ Professional Services	810 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, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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	87 00
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	
10 line Death Notices in 4 Papers (Names of Newspapers)	16 00
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill ..... $	1156 00
Less ..... $	
Balance ..... $	

PAID June 8, 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 .....

Address .....

RECORD OF FUNERAL

Total No. 31.22 Yearly No. 38 Date of Entry May 13 1960

Name of Deceased Frank L. Giglietta Jr. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 405 Meadowbrook Dr. E. McKeesport ☐Husband ☐Wife ☐Widow of Virginia Robinson

Charge to Mrs. Virginia Giglietta

Address 405 Meadowbrook Dr.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Mail Handler 178-12-1272 (Social Security Number)

Employer and Address

Date of Death May 13 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 9 1923 Age 36 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (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 V.A.H. Leech Farm Hospital

Cause of Death Respiratory Failure

Contributory Causes Astrocytoma Grade 4

Certifying Physician Dr. Victor B. Rizza (or Coroner)

His Address V.A.H. Leech Farm Hospital

Name of Father Frank Giglietta

His Birthplace Italy

Maiden Name of Mother Catherine Vecsi

Her Birthplace Italy

Date of Funeral May 17 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Sable Plot

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Application to V.A. mailed

Stone applied for

Complete Funeral (except outlays)	$	900 00
Casket 9 Professional Service		725 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)		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) (State Physician's or Coroner's)		
8 Certif. Copies of Death Certificates No.		8 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ 4 ... Palms, $ ... Matting, $		21 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		
14 line Death Notices in V.A. Papers (Names of Newspapers)		33 60
Sales Tax		
Total Footing of Bill	$	932 80
Less PER Statement 1/21/61	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
10/28/60	By Payment KA	$250 00	$ 682 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

(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.

5-16-60
Date

880 856
No.

C. L. Wilbar Jr.
C. L. Wilbar, Jr., M.D.
Secretary of Health

Reg. 9882

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

File No.

CERTIFICATE OF DEATH

PLACE OF DEATH
a. County: Allegheny
b. City, Borough or Township: Pittsburgh 6
c. Length of stay in 1b.: 1yr.5mo.8da.
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION: VAH, Leech FarmRd.Pgh.6Pa.
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: Allegheny
c. City, Borough or Township: E. McKeesport
d. Street Address or Location: 405 Meadowbrook Dr.
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)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	L.	GIGLIOTTI	May	13,	1960

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		8/9/23	36				

10. FULL NAME OF SPOUSE: Mrs. Virginia Gigliotti
11. BIRTHPLACE (Also give state or foreign country): Pittsburgh, Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Frank Gigliotti
14. MOTHER'S MAIDEN NAME: Catherine Vescia
15. USUAL OCCUPATION (even if retired): Mail handler
16. Social Security No.: 178 12 1272
17. INFORMANT (ADDRESS): Virginia Gigliotti, 405 Meadowbrook Dr., E. McKeesport

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)	Respiratory failure	1 mo.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)	Astrocytoma grade 4	9 mos.
DUE TO (c)		

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.): NA
20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

21. I hereby certify that I attended the above named deceased and that death occurred at 11:30 a.m. E. S. T., from the causes and on the date stated above.

22a. SIGNATURE: [signature] M.D. or D.O.
22b. ADDRESS: VAH, Leech Farm Rd., Pgh. 6 Pa.
22c. DATE SIGNED: 5/13/60

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE: 5/17/60
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cem
23d. LOCATION (City, Boro., Twp. & County) (State): Pittsburgh Pa

24. DATE REC'D BY REG.: 5/16/60
25. REGISTRAR'S SIGNATURE: [signature]
26. SIGNATURE OF FUNERAL DIRECTOR: E. J. McAvoy 1700 Harbert Pgh. Pa
ADDRESS
per J. P. McAvoy

Q390-10

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
GIGLIOTTI FRANK L	33 440 439	PFC	AF	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
CO D 70TH TK BN 4TH DIV	17 FEB 46	UNIT B SEP CTR 45 IGMR PA

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
77 MAGEE ST PITTSBURGH 19 PA	9 AUG 23	PITTSBURGH PA

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
SEE 9	BROWN	BROWN	5 9	160 LBS.	5

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO	STUDENT TRADE SCHOOL X-02
X			X			X		

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
8 MAR 43		15 MAR 43	FT MEADE MD

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL B.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	ALLEGHENY PA	SEE 9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
CLERK GENERAL 055	M1 RIF SS TSMG 30 CAL CARBINE EXP*

32. BATTLES AND CAMPAIGNS

GO 33 & 40 WD 45 NORMANDY

FOR CONVENIENCE, A CERTIFICATE OF ELIGIBILITY NO. 57714 PAPITTS HAS BEEN ISSUED BY THE VETERANS ADMINISTRATION TO BE USED FOR THE FUTURE REQUEST OF ANY SUBSIDY OR INSURANCE BENEFIT UNDER TITLE III OF THE SERVICEMEN'S [illegible] ACT OF 1944, THAT MAY BE AVAILABLE TO THE PER- SON TO WHOM THIS SEPARATION PAPER WAS ISSUED.

33. DECORATIONS AND CITATIONS

GOOD CONDUCT MEDAL · AMERICAN THR SER MED VICTORY MED
EAME THR SER MED W/1 BRONZE STAR

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES			
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)
70CT43	17SEP45	8MAR44	8 JAN 46 TY

36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN		
DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
8 FEB 44	ETO	26 FEB 44
29 JAN 46	USA	12 FEB 46

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
0	10	28	2	0	5	PFC

APPLICATION FOR READJUSTMENT ALLOWANCE
PUBLIC LAW #346
MADE THROUGH
STATE PENNSYLVANIA
DATE 2/21/46

39. PRIOR SERVICE

NONE

40. REASON AND AUTHORITY FOR SEPARATION

AR 615 -365 LENGTH OF SERVICE

41. SERVICE SCHOOLS ATTENDED

NONE

42. EDUCATION (Years)		
Grammar	High School	College
8	3	0

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
2	11	10	$ 300	$ 100	—	$ 13.25	169.97 J J MAHER JR MAJOR FD

INSURANCE NOTICE

IMPORTANT — IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C.

48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.				Continue	Continue Only	Discontinue
X			X		28 FEB 46	31 MAR 46	$ 6.50	X	$	

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

LAPEL BUTTON ISSUED
ASR SCORE (2 SEP 45) 56
INACTIVE SERV ERC FROM 8 MAR 43 TO 14 MAR 43
*DRIVERS BADGE

APPLIED FOR WORLD WAR II COMPENSATION

56. SIGNATURE OF PERSON BEING SEPARATED

Frank L. Gigliotti

57. PERSONNEL OFFICER (Type name, grade and organization - signature)

W A CHESKI
CAPT INF

W. A. Cheski

WD AGO FORM 53 - 55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

Army of the United States

Honorable Discharge

This is to certify that

FRANK L GIGLIOTTI 33 440 439 PRIVATE FIRST CLASS

COMPANY D 70TH TANK BATTALION 4TH DIVISION

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at UNIT B SEPARATION CENTER #45
INDIANTOWN GAP MIL RES PENNA

Date 17 FEBRUARY 1946

John E Smith

JOHN E SMITH
MAJOR AC

RECORD OF FUNERAL

Total No. 31.23 Yearly No. 39 Date of Entry May 13 19 60

Name of Deceased Elizabeth Thomas

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

Residence 1700 Ringwalt St 16 ☐Husband ☐Wife ☐Widow of Tannous Thomas Age of Husband or Wife (if living) Years

Charge to: Charles N. Samreny

Address 1700 Ringwalt St 16

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 13, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 8 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman (Address)

Religion of the Deceased Maronite Catholic

Birthplace Lebanon

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

Place of Death John J. Kane Hospital

Cause of Death: Broncho Pneumonia

Contributory Causes. Generalized Arteriosclerosis

Cirrosis

Certifying Physician Dr. Wm. Redwanz (or Coroner)

His Address: John J. Kane Hospital

Name of Father Michael Moses

His Birthplace Lebanon

Maiden Name of Mother Hadeh Moses

Her Birthplace Lebanon

Date of Funeral May 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

THOMAS. — On Friday, May 13, 1960, Elizabeth Moses, widow of the late Tannous Thomas, beloved mother of Mrs. Sandra Thomas, Mrs. Lee Beck, Andrew, George, Frank, Samuel and Charles Nassif, sadness, also 15 grandchildren and 18 great-grandchildren. Funeral from the Kalsey Funeral Home, 1700 Ringwalt St., on Tuesday morning at 9:15, requiem high mass at Our Lady of Victory Church at 10 o'clock. (1)

Diagram of Lot or Vault

Lot No. Row 15

Grave No. 10

Section No. 31

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1295
Casket. 1 Professional Bronze		1035 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)		45 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		137 00
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, $		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 2 Papers (Names of Newspapers)		9 60
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1345 60
Less July 12, 1960	$	
Balance	$	

PAID

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

PER

Miscellaneous

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

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

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

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

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 3124 Yearly No. 40 Date of Entry May 13 1960

Name of Deceased Charles E. McCray Jr.

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

Residence 873 Boggs Ave 21 ☐Husband ☐Wife ☐Widow of Edna Riffle

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

Charge to Mrs Elna Riffle McCray

Address 873 Boggs Ave - Apt C 7

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Barber 172-07-7818 (Social Security Number)

Employer and Address .....

Date of Death May 13 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 29 1883 Age 76-5-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Griffith (Address)

Religion of the Deceased Protestant

Birthplace Uniontown, Pa

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

Place of Death South Side Hospital

Cause of Death Carcinamatosis Generalized

Contributory Causes Bronchogenic Carcinoma

Certifying Physician ..... (or Coroner)

His Address South Side Hospital

Name of Father Allen McCray

His Birthplace .....

Maiden Name of Mother Laura Stevens

Her Birthplace .....

Date of Funeral May 17 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Sontag Cemetery

A Death Notice

McCRAY — On Friday, May 13, 1960, Charles E., husband of Edna Riffle. Funeral services at the McAvoy Funeral Home, 1702 Forbes Ave., on Tuesday at 11 noon.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1060 00
Casket Professional Service		795 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 Seattle		
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 .50 Cr. 0 Pow. .45 Tot. Gen. Ret.		
Flowers, $ ..... Palms, $ ..... Matting, $		26 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		
1 line Death Notices in 2 Papers (Names of Newspapers)		4 80
Sales Tax		
Total Footing of Bill	$	1107 80
Less PER	$	
Balance	$	

MCAVOY FUNERAL HOME

PAID June 16, 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. 3125 Yearly No. 41 Date of Entry May 20 19 60

Name of Deceased Nicholas Karavas (What Race) A

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 9 Magee Street ☐Husband ☐Wife ☐Widow of Catherine Kyvridis

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

Address 9 Magee St 19

Order given by Co. 1.5.8.5.0. (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 167-14-1295 (Social Security Number)

Employer and Address

Date of Death May 20 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 15 1893 Age 66 8 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas 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 John J. Kane Hospital

Cause of Death Myocardial Collapse

Contributory Causes Gastro Intestinal Hemorrhage - Bleeding duodenal ulcer

Certifying Physician Dr. H. M. Redmond (or Coroner)

His Address John Kane - Scott Twp.

Name of Father John Karavas

His Birthplace Greece

Maiden Name of Mother Margo Skentis

Her Birthplace Greece

Date of Funeral May 22 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Nicholas G.O. Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket F. Professional Services	510	00
Burial Vault or Box (State Kind)	24	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
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)		
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	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, $		
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	6.76	00
Total Footing of Bill	$	
Less	$	
Statement 1/21/61 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

RECORD OF FUNERAL

Total No. 3126 Yearly No. 42 Date of Entry May 20 1960

Name of Deceased Donald J. Morris W. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2303 Brownsville Rd ☐Husband ☐Wife ☐Widow of Ella Finnegan Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Lillie Esarey

Address 3118 Washington Blvd

Order given by Indianapolis, Ind. (or informant)

How Secured Mrs Bridget Muecke

If Veteran, Name of War T.O. 2-0459

Occupation R.R. Dining Car Steward (Social Security Number)

Employer and Address B. O. R.R.

Date of Death May 20, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 11, 1886 Age 73-8-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Attica, Ind

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

Place of Death Marion State Hospital

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease

Certifying Physician Dr. H. Temple (or Coroner)

His Address Marion State Hospital

Name of Father Joseph F. Morris

His Birthplace

Maiden Name of Mother Mattie Studer

Her Birthplace

Date of Funeral May 24, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Southside Cemetery

MORRIS—On Friday, May 20th, 1960, Donald W., husband of the late Ella F. Finnegan; brother of Mrs. Lillian Esarey; brother-in-law of Mrs. Theresa Guercio, Mrs. Bridget Mueck and Mrs. Catherine Baker. Funeral services at the McAvoy Funeral Home, 3126 Fortes Ave. on Tuesday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

tt. Ralph Hamill 2900 N. Meridian St. Indianapolis, Ind.

Complete Funeral (except outlays)	$	
Casket 8. Professional Services		950.00
Burial Vault or Box Conc. prot. Cas. (State Kind)		95.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		40.00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		165.00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10. Singers, $ .... Organist, $		10.00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10. line Death Notices in 4 Papers (Names of Newspapers)		16.00
Sales Tax		
Total Footing of Bill	$	1278.00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

Date		Amount Paid	Balance
	To Above Balance	$	$
Dec 5 1960	By Payment	$ 500.00	$ 778.00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 3127 Yearly No. 43 Date of Entry May 22 19 60

Name of Deceased Ernest R. Giglotto 71
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4916 Brownsville Rd. 36 ☐Husband ☐Wife ☐Widow of Rose Farino

Charge to: Mrs Rose Giglotto Age of Husband or Wife (if living) Years

Address 4916 Brownsville Rd. 36

Order given by Bernard Giglotto (or informant)

How Secured

If Veteran, Name of War 183-32-1287

Occupation Commission Broker (Social Security Number)

Employer and Address Self

Date of Death May 22 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 29 1905 Age 54-10-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peter the Apostle Church

Clergyman Fr. Theodore (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: Heart Failure, Acute Myocardial Infection, Arteriosclerotic Heart disease

Contributory Causes

Certifying Physician Dr. B. P. Kleinschmidt (or Coroner)

His Address: Mercy Hospital

Name of Father Rocco Giglotto

His Birthplace Italy

Maiden Name of Mother Colomba Alpine

Her Birthplace Italy

Date of Funeral May 27 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory

GIGLIOTTI—On Sunday, May 22, 1960, Ernest R., husband of Rose Farino; father of Mrs. Gloria Pappic; son of Rose and the late Colomba Alpine Giglotti; brother of Eleanor Recchione, Mrs. Edith Germinaro, of Los Angeles, Calif., Stella Bernard and Louis Giglotti. Funeral from the Mc-Avoy Funeral Home, 1700 Forbes Ave., on Friday morning at 9 o'clock. Solemn requiem high mass at St. Peter the Apostle Church, Fernando Street, at 9:30 a. m.

Lot No. 537

Grave No. 8

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 2160	00
Casket 4 Professional Service	2020	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)		
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		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 Singers, $ ... Organist, $	25	00
Railroad / Motor } Tickets, $ ... 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 (Name of Newspaper)	36	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill June 10 1960	$ 2288	00
Less		
Balance	$	
PER MM		
Entered into Ledger, page ... or below.		

Miscellaneous

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

Date		Amount Paid	Balance
	To Above 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. 3128 Yearly No. 44 Date of Entry May 22 1940

Name of Deceased Marie E. Kelly (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 423 Le Roy Ave. Arcadia Cal. ☐Husband ☐Wife ☐Widow of Jr. Vincent Kelly Age of Husband or Wife (if living) ..... Years

Charge to Rev. James V. Kelly

Address Box 141 Bradford Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 22, 1940 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 6, 1884 Age 76-2-16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Victors Church

Clergyman Rev. Jos V. Kelly (Address)

Religion of the Deceased Catholic

Birthplace Shell Lake, Wisc

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

Place of Death 423 Le Roy St Arcadia Calif

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Maurice Flynn

His Birthplace .....

Maiden Name of Mother O Brien

Her Birthplace .....

Date of Funeral May 27, 1940 (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		
Burial Vault or Box ..... (State Kind)		125 00
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing; $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress ..... (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $ ..... Gloves, $.....		
Funeral Car, $ ..... Ambulance, $.....		50 00
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		156 00
Cremation		
Flowers, $..... Palms, $..... 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 5 Papers ..... (Names of Newspapers)		35 00
.....		
.....		
Sales Tax		
Total Footing of Bill	$	425 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

RECORD OF FUNERAL

Total No. 3129 Yearly No. 45 Date of Entry May 24 1960.

Name of Deceased George Abraham

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1710 Cliff St. 19

Charge to: Mrs. Edna Abraham

Address: 1710 Cliff St. 19

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

How Secured: .....

If Veteran, Name of War .....

Occupation Salesman (Social Security Number)

Employer and Address Self employed

Date of Death May 24 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 15 1889 (Mo.) (Day) (Yr.) Age 71 (Yrs.) 3 (Mos.) 9 (Days)

Services at Chapel

Clergyman Rev. Paul Rowley (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 St. Clair Hospital

Cause of Death Coronary Pulmonale

Contributory Causes Bilateral Bronchopneumonia

Certifying Physician Dr. Robt. M. Laughlin (or Coroner)

His Address: 20 Cedar Blvd. 28

Name of Father Unknown

His Birthplace Syria

Maiden Name of Mother Unknown

Her Birthplace: Syria

Date of Funeral May 28 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Mt. Lebanon Cemetery

ABRAHAM—On Tuesday, May 24, 1960, George, husband of Edna Hadad; father of Mrs. Dan Pikras, Joyce, Dan and George Abraham Jr.; also 8 grandchildren. Funeral services at the McAvoy Funeral Home, 1700 Forbes Ave., on Saturday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	160	00
Casket C.P. Brass	795	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, $	4	00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Cemetery Charge	185	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 4 Papers (Names of Newspapers)	12	80
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill $	1123	80
Less ..... June 24, 1960 $		
PAID Balance $		

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

PER .....

Miscellaneous .....

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

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

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

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

Signed .....

Address .....

Witness .....

RECORD OF FUNERAL

Total No. 3130 Yearly No. 46 Date of Entry June 3 1960

Name of Deceased Anastasia Lenartovich (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1641 Forbes Ave 19

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

Charge to John Lenartovich

Address 1641 Forbes Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death June 3 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 19 1894 Age 66 - 0 - 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death 1641 Forbes Ave

Cause of Death Congestive heart failure

Contributory Causes Arteriosclerotic heart disease

Certifying Physician (or Coroner)

His Address Jos B. Dobsa Coroner

Name of Father Michael Lefkan

His Birthplace Austria

Maiden Name of Mother Unknown

Her Birthplace Austria

Date of Funeral June 6 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. 403

Grave No. 2

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1560 —
Casket 4 Professional Services		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)		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)		
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		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, $ 0 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 4 Papers (Names of Newspapers)		19 20
Sales Tax		
Total Footing of Bill	$	1567 20
Less June 22/1960	$	
Balance	$	

Sales Tax HEAVOY FUNERAL HOME

PAID

Entered into Ledger, page or below.

Miscellaneous

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 31.31 Yearly No. 47 Date of Entry June 6 1960

Name of Deceased John P. Fitzgerald (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 101 Smithfield St 19 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Walter B. Joyce

Address. 1608 Ballinger St 19

Order given by T.W. 1-7637 (or informant)

How Secured

If Veteran, Name of War W.W. 2

Occupation Retired Clerk 15-9-22-3538 (Social Security Number)

Employer and Address

Date of Death June 6 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 6 28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany 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 101 Smithfield St.

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Jas. P. Dobbs (or Coroner)

His Address: Coroner - Alleg. Co.

Name of Father Unknown

His Birthplace "

Maiden Name of Mother Unknown

Her Birthplace: "

Date of Funeral June 9, 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

FITZGERALD-(Fitz) — On Monday, June 6, 1960, John P. Fitzgerald of 101 Smithfield St., formerly of 1533 Ballinger St., Overbrook. Funeral from the MOAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday morning at 9:30. Requiem high mass at the Church of the Epiphany at 10 o'clock. Visitation 2 to 4 and 7 to 10.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Alleg Co. O.K. P.J.

Complete Funeral (except outlays)	$	
Casket	455	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)		
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		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 4 Papers (Names of Newspapers) MOAVOY FUNERAL HOME	17	00
Sales Tax		
Total Footing of Bill	$	583 00
Less PE: John Balance	$	
Entered into Ledger, page ..... or below.		

PAID Oct 20, 1960

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
10/20/60	By Payment V.9.	$ 250 00	$ 333 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 .....

RECORD OF FUNERAL

Total No. 3132 Yearly No. 48 Date of Entry June 15 1960

Name of Deceased Salvatore T. Lascola (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 411 S. Craig St. 13

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

Charge to Joseph V. Lascola

Address 411 S. Craig St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Salesmanager None (Social Security Number)

Employer and Address self

Date of Death June 12 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 8 1897 Age 62-7-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters Church

Clergyman Fr. Theodore (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 Undetermined

Contributory Causes Natural Causes

.....

Certifying Physician J.B. Dobbs Coroner (or Coroner)

His Address 542 Fourth Ave.

Name of Father Vincent Lascola

His Birthplace Italy

Maiden Name of Mother Anna Catanzaro

Her Birthplace Italy

Date of Funeral June 18 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

LASCOLA—Suddenly, on Wednesday, June 15 1960, Salvatore Tony, son of Anna and the late Vincent LaScola; brother of Mary, Virginia and Joseph V. LaScola. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Saturday morning at 8 o'clock. Solemn requiem high mass in the church of St. Peter the Apostle, Fernando St., at 9:30.

Diagram of Lot or Vault

Lot No. 315

Grave No. 7

Section No. W.

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Bronze		1250 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)		
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		298 75
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 40 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 4 Papers (Names of Newspapers)		17 60
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Oct 14 1960	$	1794 35
Less	$	
Balance	$	

PAID

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
1960	By Payment	$ 1641 21	$ 153 14
1960	" "	$	$ 51 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

(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.

JUN 20 1960
Date

13268
No.

C. L. Wilbar Jr.
C. L. Wilbar, Jr., M.D.
Secretary of Health

Local Reg. No. 4789

Primary Reg. No. 700

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CORONER'S CERTIFICATE OF DEATH

File No.

1. PLACE OF DEATH, OR PLACE WHERE BODY WAS FOUND
a. County: ALLEGHENY
b. City, Borough or Township: PITTSBURGH
c. Length of stay in 15. if known:
d. Street address or location:
e. Name of hospital or institution, if applicable: MERCY HOSPITAL (D.O.A)

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: PENNSYLVANIA b. County: ALLEGHENY
c. City, Borough or Township: PITTSBURGH (13)
d. Street address or location: 411 SOUTH CRAIG STREET
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) SALVATORE b. (Middle) THOMAS c. (Last) LASCOLA
4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 60
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-8-1897
9. AGE (In years last birthday): 62 If under 1 year: Months 7 Days 7 If under 24 hrs.: Hours Min.
10. FULL NAME OF SPOUSE: NONE
11. BIRTHPLACE (State or foreign country): PITTSBURGH, PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: VINCENT LASCOLA
14. MOTHER'S MAIDEN NAME: ANNA CATANZARO
15. USUAL OCCUPATION (even if retired): SALESMAN
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JOSEPH V. LASCOLA ADDRESS: SAME AS ABOVE.

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): UNDETERMINED NATURAL CAUSES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)]

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☐
20a. ACCIDENT - SUICIDE - HOMICIDE ☐ ☐ ☐
20b. DESCRIBE HOW INJURY OCCURRED
20c. Time of Injury — Hour — Month Day Year — A.M. P.M.
20d. INJURY DESCRIBED (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 investigation of the death of the above named deceased revealed to the findings here stated, and that time of death is estimated as 12:45a.m. E. S. T., on the date stated above.

22a. SIGNATURE OF CORONER: J. B. Dobbs Rep. JAMES L. MCCLELLAND
22b. ADDRESS: 542 FOURTH AVENUE
22c. DATE SIGNED: 6-16-60

23a. BURIAL ☒ CREMATION ☐ RESERVAL ☐
23b. DATE: 6-18-60
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, Boro, Twp. & County) (State): PITTSBURGH, PENNSYLVANIA

24. DATE FILED BY REG.: 6-17-60
25. REGISTRAR (SIGNATURE):
26. SIGNATURE OF FUNERAL DIRECTOR: C. J. McCaffrey & P. McCaffrey
ADDRESS: 1708 Fowler Ave.

BROTHER

RECORD OF FUNERAL

Total No. 3133 Yearly No. 49 Date of Entry June 26 1960

Name of Deceased Mary R. Stasiukanis (Stevenson) 71 (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 153 Crawford St 19 ☐Husband ☐Wife ☐Widow of Adam

Charge to John Stevenson

Address 1320 Halsey Place 12

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housekeeper (Social Security Number)

Employer and Address

Date of Death June 26 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Stanislaus 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 Calhoun Convalescent Home

Cause of Death Arteriosclerotic heart

Contributory Causes disease

Certifying Physician Dr. Frank T. Herron (or Coroner)

His Address Medical Arts Bldg.

Name of Father Unknown

His Birthplace Poland

Maiden Name of Mother Unknown

Her Birthplace Poland

Date of Funeral June 30 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Stanislaus

STASIUKANIS (Stevenson) — On Sunday, June 26, 1960, Mary R. Balewicz, wife of the late Adam Stasiukanis; mother of John and Joseph Stevenson. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Thursday morning at 9 o'clock. Requiem high mass at St. Stanislaus Church at 9:30.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 9 Professional Service	1035	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)		
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 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
Bureau Burial	5	00
Sales Tax		
Total Footing of Bill	$ 1289	00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
8/8/60	By Payment	$ 1000 00	$ 289 —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 3134 Yearly No. 60 Date of Entry June 27 1960

Name of Deceased John M. McClaren

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

Residence 1040 Fifth Ave ☐Husband ☐Wife ☐Widow of Sylvia McClaren

Charge to Estate of John M. McClaren or Sister Age of Husband or Wife (if living) Years

Address Ft. 19195 - At 1.77.82

Order given by Miss Sylvia McClaren (or informant)

How Secured 5519 Wellesley Ave 6

If Veteran, Name of War WW #1

Occupation Driver 206-01-5934 (Social Security Number)

Employer and Address

Date of Death June 27, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 2, 1885 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

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

Resided in the State

Place of Death V.A. Univ. Drive

Cause of Death Bronchopneumonia

Contributory Causes Arteriosclerotic Brain Disease generalized arteriosclerosis

Certifying Physician Dr. Fred Lutrow (or Coroner)

His Address V.A. Univ Drive

Name of Father Samuel McClaren

His Birthplace

Maiden Name of Mother Johanna Fitzpatrick

Her Birthplace

Date of Funeral June 30, 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.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Att. Daubbs

Vets claim # XC 14848268

	1960
Complete Funeral (except outlays)	$
Casket - Professional Bearer	875 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)	40 00
Slippers, $ ... Hose, $ ... Tie	2 50
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5 00
Pall Bearer Service, $ ... Use of Chapel, $	20 00
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	156 00
Cremation	
Flowers, $ - ... Palms, $ ... Matting, $	62 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 / or Motor } Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 4 Papers (Names of Newspapers)	14 40
McAVOY FUNERAL HOME	
2% AK	
Sales Tax	
Total Footing of Bill July 23, 1960	$ 1390 30
Less	$
Balance	$
Entered into Ledger, page ... or below.	
Miscellaneous	

PAID

PER JEM

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3135 Yearly No. 51 Date of Entry June 29 1960

Name of Deceased Stillborn Mc Nie (male)

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

Residence: 633 Bogga Ave 11 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Nick Ramah

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death June (Mo.) 29 (Day) 1960 (Yr.) (Hour)

Date of Birth June (Mo.) 29 (Day) 1960 (Yr.) Age Stillborn (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death South Side Hospital

Cause of Death Erythroblastosis Fetalis

Contributory Causes R.H. Incompatability

Certifying Physician Dr. Parco Veassino (or Coroner)

His Address: South Side Hospital

Name of Father Gilbert C. Mc Nie

His Birthplace .....

Maiden Name of Mother Helen A. Ramah

Her Birthplace .....

Date of Funeral June (Date) 30 1960 (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Mt. Olivet Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Services	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 Cemetery Charge	25	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	1	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		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	35 00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
July 19 60	By Payment	$ 20 00	$ 15 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 .....

RECORD OF FUNERAL

Total No. 3136 Yearly No. 52 Date of Entry July 29 1960

Name of Deceased Joseph J. Daugherty (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1714 Forbes Ave. City

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

Charge to Mrs. Marie Kenders

Address 800 Fort Pitt Blvd

Order given by Pgh. Pa. (or informant)

How Secured

If Veteran, Name of War

Occupation Steam Fitter 200-03-4067 (Social Security Number)

Employer and Address

Date of Death July 29, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 6, 1891 Age 69-0-23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Jack Munyan (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Acute Pulmonary Edema

Contributory Causes

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

His Address Mercy Hospital

Name of Father Joseph Daugherty

His Birthplace

Maiden Name of Mother Catherine Trainor

Her Birthplace

Date of Funeral July 2, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Oakland Cemetery

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	770	00
Casket 4 Professional Bearers	650	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)		
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 Pd		
Cremation		
Flowers, $ ..... 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		
14 line Death Notices in 2 Papers	11	20
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Aug. 24, 1960		
Sales Tax		
Total Footing of Bill	$ 803	20
Less	$	
Balance	$	

Billed 7/11/60 PER

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

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 611 00	$ 159 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. 3137 Yearly No. 53 Date of Entry July 3 1960

Name of Deceased William Murray H.

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

Residence 1532 Oak St N. Braddock ☐Husband ☐Wife ☐Widow of Nora Boyce

Charge to Mrs Mary Riesmeyer

Address 2145 Wexford St (26)

Order given by Wolford (or informant)

How Secured J. I. 12037

If Veteran, Name of War

Occupation Retired Coal Miner (Social Security Number)

Employer and Address

Date of Death July 3 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 87 (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 Columbia Hospital

Cause of Death Advanced Arteriosclerosis

Contributory Causes Chronic

Certifying Physician Dr B M Gerlis (or Coroner)

His Address Columbia Hospital

Name of Father Thomas Murray

His Birthplace

Maiden Name of Mother Mary Rafferty

Her Birthplace

Date of Funeral July 6 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Braddock Catholic Cem.

Lot No. 255

Grave No. 4

Section No. K

Block No. 1

Owner

Miscellaneous

MURRAY — On Sunday, July 3, 1960, William, husband of the late Nora Boyce; father of Mrs. Mary Riesmeyer, Margaret, Thomas and Walter Murray; eight grandchildren and 12 great-grandchildren. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave. on Wednesday morning at 9:30. Requiem high mass at the church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 730	00
Casket F. 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)		
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 Pd.		
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, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 1 Papers	4	80
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Aug 11, 1960		
Sales Tax		
Total Footing of Bill $	866	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		$ 20 00		By Payment		$
	" "		$		" "		$
	" "		$		" "		$
	" "		$		" "		$
	" "		$		" "		$

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3138 Yearly No. 54 Date of Entry July 6 1960

Name of Deceased Edward John (What Race) W

☒ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 1703 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of Marie Condon

Charge to Mrs Marie John Age of Husband or Wife (if living) Years

Address 1703 Forbes Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Sheet Metal Worker 181-12-9852 (Social Security Number)

Employer and Address

Date of Death July 4 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 4 1882 Age 78-6-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Major Gerwig (Address)

Religion of the Deceased Protestant

Birthplace Rochester, Pa.

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

Place of Death John J. Kane Hospital

Cause of Death Cerebro Vascular Accident

Contributory Causes

Certifying Physician Dr. Jeffrey H. Upton (or Coroner)

His Address John J. Kane Hospital

Name of Father John John

His Birthplace

Maiden Name of Mother Mary Vogel

Her Birthplace

Date of Funeral July 9, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem.

ZAHN — On Wednesday, July 6, 1960, Edward, husband of Marie Condon; father of Mrs. Flora Wilhelm, Mrs. Regina Petraglia, Mrs. Catherine, Stephana, Edward, Junior, Joseph and Clement Zahn; also 16 grandchildren and 13 great-grandchildren. Friends received at the McAvoy Funeral Home, 1500 Forbes Ave. Funeral services Saturday morning at 10:30 o'clock.

Lot No.

Grave No.

Section No. M.A.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1200 00
Casket 9 Professional Services		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)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains 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		87 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers (Names of Newspapers)		9 60
55 oak		
Sales Tax		
Total Footing of Bill	$	1248 60
Less	$	
Balance	$	

Entered into Ledger page or below.

Miscellaneous

McAVOY FUNERAL HOME

PAID July 29, 1960

PER C. J. M.

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

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

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

Witness

Signed

Address

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

RECORD OF FUNERAL

Total No. 3139 Yearly No. 55 Date of Entry July 11 1960

Name of Deceased Marianna Fenicato

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1708 Watson St 17 (What Race) W

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

Charge to: Salvatore A Fenicato

Address 1288 Varner Rd 27

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife — (Social Security Number)

Employer and Address

Date of Death July 11, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 27 1896 Age 64-1-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Peters church

Clergyman Fr Theodore (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death St Clair Mem. Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Generalized arterio-sclerosis & hypertension

Certifying Physician Dr. E. M. Heath (or Coroner)

His Address 2423 Spruce Mill Run Blvd

Name of Father Salvatore Vallelunga

His Birthplace Italy

Maiden Name of Mother Marianna DiLeonardo

Her Birthplace Italy

Date of Funeral July 15 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

FENICATO—On Monday, July 11, 1960, Marianna Vallelunga, wife of the late Michael A. Fenicato; mother of Mrs. Anna Serafini, Mrs. Marianna Lauria, Mrs. Rose Morrow, Sam and Vincent Fenicato; sister of Mrs. Catherine La Rocco and Mrs. Phyllis San Filippo of Sacramento, Calif.; also seven grandchildren. Funeral from McAvoy Funeral Home, 1700 Forbes Ave., on Friday morning; 9 o'clock Requiem High mass at St. Peter the Apostle Church, Fernando St. at 30. Cemetery, Lodge ISDA, Unione Fratellanza Siciliana and friends invited.

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	1600	00
Casket		1245	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)		41	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		112	00
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $		25	00
Railroad / Motor Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
17 line Memory Funeral Paper (Name of Newspaper)		40	80
Sales Tax			
Total Footing of Bill	$	1665	80
Less ... PER	$		
Balance	$		

McAVOY FUNERAL HOME

PAID Aug. 14, 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

Address

Witness

Long Beach, California

RECORD OF FUNERAL

Total No. 3140 Yearly No. 56 Date of Entry July 13 1960

Name of Deceased Katherine Burd (What Race) H

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 346 Roberts St 19

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

Charge to Mr. Joseph Burd

Address 363 Highland Rd 35

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death July 13, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 80 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev. Paul Baumpierre (Address)

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death Montefiore Hospital

Cause of Death Massive Pulmonary Embolism

Contributory Causes following fracture of left hip due to fall on floor

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address Coroner - Alley Co.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral July 16, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Carmel Cemetery

BURD—On Wednesday, July 13, 1960, Katherine, wife of the late John Burd, mother of Mrs. Vic Harris Hartman and Joseph Burd. Funeral from the McAvoy Funeral Home, 1700 Forest Ave., on Saturday morning at 9:30. Requiem high mass at Holy Trinity Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 69

Grave No. 5

Section No. 71

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	940 00
Casket Professional Service		725 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)		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)		
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 X		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ X 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 2 Papers HOME		7 20
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	977 20
Less PER Jem	$	
Balance	$	

McAVOY FUNERAL HOME PAID Jun 13, 19 60

Entered in Ledger, page or below.

Miscellaneous

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3141 Yearly No. 57 Date of Entry July 29 1960

Name of Deceased Alice Jacoby (Married ☐ Single ☒ Widowed ☐ Divorced) (What Race) X

Residence: 29 Miltenberger St (Husband ☐ Wife ☐ Widow or ____ of) Walter Jacoby Age of Husband or Wife (if living) ____ Years

Charge to: Miss Josephine Goggins (Cashier)

Address 29 Miltenberger St

Order given by At 1:27 P.M. (or informant)

How Secured Anton & O'Brien - Att at Law

If Veteran, Name of War 507 Jones Law Bldg

Occupation Housekeeper (Social Security Number)

Employer and Address

Date of Death July 29 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 15 1884 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Bronchopneumonia

Contributory Causes

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

His Address: Mercy Hospital

Name of Father Patrick Goggins

His Birthplace

Maiden Name of Mother Bridget McGrath

Her Birthplace

Date of Funeral Aug. 2, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

JACOBY (nee Goggins)—On Friday, July 29, 1960, Alice of 29 Miltenberger St., beloved sister of Josephine Goggins. Friends received at the McAvoy Funeral Home, 1700 Forbes Ave. Funeral Tuesday, 9:30 a. m. Solemn requiem mass in the Church of the Epiphany at 10 a. m.

Diagram of Lot or Vault

Lot No. 58

Grave No.

Section No. E

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	350 00
Casket		1075 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 etc (State Kind and Color)		42 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		87 00
Cremation		
Flowers, $ C ____ Palms, $ ____ Matting, $		72 80
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 2 Papers		7 20
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Sept 27, 1960		
Sales Tax		
Total Footing of Bill	$	1404 00
Less	$	
PER JRM 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

W. W. Reineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3142 Yearly No. 58 Date of Entry Aug. 14 19 60

Name of Deceased William Jr. Duncan (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 811 Locust Street 19 ☐Husband ☐Wife ☐Widow of Marie Hindley

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

Charge to: Mrs Marie Duncan

Address 811 Locust St.

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 174-14-3661 (Social Security Number)

Employer and Address City of Pgh.

Date of Death Aug. 14. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 13. 1891 Age 69 Y. 0 M. 1 D. (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 Sub. Arachnoid Hemorrhage

Contributory Causes Arteria sclerotic & hypertensive heart disease

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

His Address Mercy Hospital

Name of Father William Duncan

His Birthplace .....

Maiden Name of Mother Hannah Harrington

Her Birthplace .....

Date of Funeral Aug. 18, 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. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1330	00
Casket 4. Professional Services	1000	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	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, $ 25 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 5 Papers	22	00
SS-OK (Name of Newspaper)		
Sales Tax		
Total Footing of Bill	$ 1381	00
Less	$	
PER Balance	$	

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

Miscellaneous .....

McCAFFREY FUNERAL HOME PAID Sept 8 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. 31,443 Yearly No. 59 Date of Entry Aug. 24 19 60

Name of Deceased Leo M. Kellington

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) 21

Residence 1107 Vickroy St. 19

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

Charge to: Charles A. Kellington

Address 3359 Jameson Ave. 27

Order given by Co 12833 (or informant)

How Secured

If Veteran, Name of War

Occupation Bldg. Service Employee 200-20-1335 (Social Security Number)

Employer and Address

Date of Death Aug 24 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 12 1928 Age 32-6-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hoaring (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 Hemorrhagic

Contributory Causes Pancreatitis

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

His Address: Mercy Hospital

Name of Father Chester H. Kellington

His Birthplace

Maiden Name of Mother Julia Howard

Her Birthplace:

Date of Funeral Aug. 27 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

KELLINGTON — On Wednesday, Aug. 24, 1960, Leo M. Kellington; son of Julia Howard and the late Charles W. Kellington; brother of Mrs. Frances Grattan, Mrs. Mary Libera, Mrs. Bernadette Fassione, Mrs. Elisabeth Maskala, Charles A., Edward J., William J., Robert E. and Clement J. Kellington. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Saturday morning at 10:30. Solemn requiem high mass at the Church of the Epiphany at 11 o'clock.

Lot No.

Grave No. 53

Section No. 16

Block No. Row 2

Owner

Miscellaneous

Billed 9-28-60

Complete Funeral (except outlays)	$
Casket	1000 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)	
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	190 00
Cremation Quartered 10.00 4.120	
Flowers, $ ..... Palms, $ ..... Matting, $	62 40
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	
14 line Death Notices in 4 Papers	22 40
(Names of Newspapers)	
SS-OK	McAVOY FUNERAL HOME
V.A.-OK	
Sales Tax	
Total Footing of Bill	$ 1404 80
Less	$
Balance	$
Entered into Ledger Page ..... or below. PER JM	
Miscellaneous	

Date		Amount Paid	Balance
	To Above Balance		$
11/15/60	By Payment	$ 100.00	$
11/15/60	" " Mary	$ 1.00	$
	1961 " " V.A.	$ 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 .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3144 Yearly No. 60 Date of Entry Aug. 25 1960

Name of Deceased Vincent S. Yurko (What Race) W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1920 Forbes Ave ☐Husband ☐Wife ☐Widow of Loretta C. Yurko

Charge to Mrs. Loretta S. Yurko Age of Husband or Wife (if living) Years

Address 1920 Forbes Ave

Order given by (or informant)

How Secured

If Veteran, Name of War W. W. I.

Occupation Bartender 305-05-2813 (Social Security Number)

Employer and Address

Date of Death Aug. 25, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 10 1903 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Grayhurst Chapel

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Homestead, Pa.

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

Place of Death Vets Adm. - Oakland

Cause of Death Pulmonary Abscess

Contributory Causes Carcinoma of Pancreas

Certifying Physician (or Coroner)

His Address

Name of Father Andrew Yurko

His Birthplace

Maiden Name of Mother Ann Vanko

Her Birthplace

Date of Funeral Aug. 29 1960 (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)	1186	19
Casket	915	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Blue etc (State Kind and Color)	4	65
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains 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	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, $	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 (Names of Newspapers)	11	85
SS-OK		
Sales Tax		
Total Footing of Bill MAYO MEMORIAL HOME	1329	50
Less		
Balance		
Entered into Ledger, page ... or below.		

PAID Apr 6 1960

Miscellaneous

PER JKM

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
9/6/60	By Payment	$756.19	$473.31		By Payment	$	$
	" "	$	$430.00		" "	$	$
	" "	$ 215.00	$ 215.00		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges 473.31 Insurance Companies

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

Signed

Witness Address

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

43.31
1.36.19
1329.50

RECORD OF FUNERAL

Total No. 3145 Yearly No. 61 Date of Entry Aug. 29 19 60

Name of Deceased John Leroy Magerl
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 1934 Fifth Ave 19
Charge to: Estate - John J. Cohen - Att. Co 1145
Address 911 Bruger Bldg Pitts Pa
Order given by Mrs Vera Sankey (or informant)
How Secured 105 Spartan Rd. Bethel Park
If Veteran, Name of War
Occupation Laborer - 162-16-7018 (Social Security Number)
Employer and Address
Date of Death Aug. 29, 1960 (Mo.) (Day) (Yr.) (Hour)
Date of Birth Dec. 24, 1905 Age 54 - 8 - 5 (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 Vets Adm. Oakland
Cause of Death: Acute Pulmonary
Contributory Causes Tuberculosis

Certifying Physician
His Address (or Coroner) V.A. Hospital - Oakland
Name of Father John J. Magerl
His Birthplace
Maiden Name of Mother Eva Meyer
Her Birthplace
Date of Funeral Sept. 1, 1960 (Date) (Day of Week) (Hour) M.
Motor / Ship } Remains to
Size of Casket (State Color and Number)
Manufactured by
Cemetery / Crematory } Mt. Carmel Cemetery

MAGERL—On Monday, Aug. 29, 1960, at Veterans Hospital, John Leroy, son of the late John J. and Eva Meyer Magerl, brother of Mrs. Vera Sankey. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday, Sept. 1, at 9:30, thence to Church of the Epiphany at 10 o'clock. Visitations 1-4 And 7-10 p.m.

Diagram of Lot or Vault

Lot No. 21 B
Grave No. 6
Section No. 10
Block No.
Owner

Miscellaneous

Complete Funeral (except outlays)	1117	00
Casket Professional Services	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)		
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	87	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	15	00
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers	17	60
(Names of Newspapers)		
McAVOY FUNERAL HOME		
O.K.		
Sales Tax		
Total Footing of Bill Sept. 5, 1960	1159	60
Less		
Balance		

PAID
PER

Entered into Ledger, page ... or below.

Miscellaneous

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

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

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

Signed

Witness

Address

RECORD OF FUNERAL

Total No. 3146 Yearly No. 62 Date of Entry Aug 30 1960

Name of Deceased Margaret Mirin (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 122 Scout Ave. -10-

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

Charge to Mrs. Agnes Sylvia

Address 122 Scout Ave. 6103

Order given by T.W. 2-9597 (or Informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug 30, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 24 1887 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Sweet (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 Myocardial Infarction

Contributory Causes Fracture of Rt. Hip due to fall to floor

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Conover Alley Co.

Name of Father John Esler

His Birthplace

Maiden Name of Mother Agnes Esler

Her Birthplace

Date of Funeral Sept 3, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Jefferson Memorial Park

Diagram of Lot or Vault

Lot No. 171 C

Grave No. 1

Section No. 13

Block No. 43

Owner

Miscellaneous

Buried 9-28-60

Complete Funeral (except outlays)	$ 993 00
Casket 7' Professional Bronze	785 00
Burial Vault or Box A.P. Case (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	30 00
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot. Cemetery Charges	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	
12 line Death Notices in 4 Papers (Names of Newspapers)	24 60
Sales Tax	
Total Footing of Bill	$ 1032 60
Less	$
Balance	$

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Sept 3, 1960	By Payment	$ 600	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3147 Yearly No. 63 Date of Entry Aug. 31 1960

Name of Deceased Daniel D. Romah (☐ Married ☒ Single ☐ Widowed ☐ Divorced) (What Race) W.

Residence: 514 Strathmore Ave. (5.) (☐ Husband ☐ Wife ☐ Widow) or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Joseph L. Romah

Address: 514 Strathmore Ave.

Order given by: Nick Romah (or informant)

How Secured: Ins. 1.46.35

If Veteran, Name of War .....

Occupation: None (Social Security Number)

Employer and Address .....

Date of Death: Aug. 31 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: June 6, 1960 Age 7-25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Our Lady of Victory Church

Clergyman .....

Religion of the Deceased: Maronite Catholic (Address)

Birthplace: Pittsburgh Pa.

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

Place of Death: U.P.A. Alley Bank Hospital

Cause of Death: Asphyxiation due to

Contributory Causes: foreign object in lodging in throat

Certifying Physician: Jas. A. Dobbs (or Coroner)

His Address: Coroner Alley Co.

Name of Father: Joseph L. Romah

His Birthplace .....

Maiden Name of Mother: Nancy Wonda

Her Birthplace .....

Date of Funeral: Sept. 2, 1960 (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 4

Grave No. 50

Section No. 18

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket. Professional Service	200	00
Burial Vault or Box (State Kind)	80	00
Embalming Body (Name of Embalmer)	15	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 1 @ $	10	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)		
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	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		
.....		
.... line Death Notices in ..... Papers	3	20
..... McAVOY FUNERAL HOME (Names of Newspapers)		
..... PAID Sept 7 1960		
.....		
Sales Tax		
Total Footing of Bill $	339	20
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 .....

RECORD OF FUNERAL

Total No. 3148 Yearly No. 64 Date of Entry Sept 1 19 60

Name of Deceased Angela Sforza (What Race) 71

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2321 Fifth Ave 13 ☐Husband ☐Wife ☐Widow } of Orazio Age of Husband or Wife (if living) Years

Charge to Mr. Anthony Sforza

Address 1027 Vickery 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 Sept 1. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 8. 1886 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Christiana 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 Mercy Hospital

Cause of Death Congestive heart failure

Contributory Causes Myocardial Infarction Arteriosclerotic heart disease

Certifying Physician Dr. E. A. Tabor (or Coroner)

His Address Mercy Hospital

Name of Father Lorenzo Macrack

His Birthplace Italy

Maiden Name of Mother Francesca Fazio

Her Birthplace Italy

Date of Funeral Sept 5 1960 (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)	$	2025 00
Casket 7. Professional Services		1550. 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)		2. 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		180. 00
Cremation		
Flowers, $ 5. ... Palms, $ ... Matting, $		124 80
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Pd. ... 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)		19. 80
Sales Tax		
Total Footing of Bill	$	2106. 60
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Oct 6 19 60	By Payment	$ 6.00 00	$
Nov 60	" "	$ 600. 00	$ 300. 00
Jan 61	" "	$ 100. 00	$
Mar 13 61	" "	$ 100. 00	$ 625 00
Jun 29 66	" "	$ 20 00	$ 605 00
Aug 18 66	" "	$ 20 00	$ 585 00

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

Insurance $ Names of Lodges Mar 1. 1961 11 525 00 Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days 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. 31.49 Yearly No. 65 Date of Entry Sept. 3 1960

Name of Deceased Patrick J. Gaynord Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1626 Locust St. 19

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

Charge to: Martin F. Gaynord

Address 839 Concord St. - Pgh. 12

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 186-20-4419 (Social Security Number)

Employer and Address .....

Date of Death Sept. 3. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 44 21 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greenberg Church

Clergyman Msgr. Hannah Herring (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 K. Kane Hospital

Cause of Death: Arteriosclerotic Heart

Contributory Causes disease - Generalized arteriosclerosis

Certifying Physician Dr. Joseph P. Sopkar (or Coroner)

His Address: Scott Twp. Pgh. 16. Pa.

Name of Father John J. Gaynord

His Birthplace .....

Maiden Name of Mother Ellen Corkley

Her Birthplace .....

Date of Funeral Sept. 7. 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

GAYNORD—On Saturday, Sept. 3, 1960, Patrick J., beloved husband of Mrs. Margaret Greene, Mrs. Anna Noonan, Mrs. Agnes Steele, John and Martin F. Gaynord. Funeral from the McAvoy Funeral Home, 1200 Bertha Ave., on Wednesday, Sept. 7, at 9 o'clock. Requiem Mass at St. Regis Church at 9:30 o'clock. Interment Calvary Cemetery.

Diagram of Lot or Vault

Lot No. 213

Grave No. 1

Section No. Sec. K.

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	700	00
Casket Professional Services	535	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)		
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	87	00
Cremation		
Flowers, $ ..... 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 2 Papers (Names of Newspapers)	9	00
McAVOY FUNERAL HOME		
SS-915		
OCT 14 1960		
Sales Tax		
Total Footing of Bill	748	00
Less PER John P. McAvoy		
Balance		
Billed 10-8-60 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 .....

RECORD OF FUNERAL

Total No. 3150 Yearly No. 66 Date of Entry Sept 6 1960

Name of Deceased Rose M. Hunn N.

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

Residence 2104 Custer St 19 ☑ Husband ☒ Wife ☐ Widow of Fred Hunn

Charge to Mrs Elzbeth Hunn Age of Husband or Wife (if living) Years

Address 2104 Custer 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 Sept 6, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 22, 1888 Age 72-1-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Msgr. E. J. Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Braddock, Pa.

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

Place of Death 2104 Custer St.

Cause of Death Cerebral Thrombosis

Contributory Causes Hypertensive Vascular disease

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

His Address 3500 Fifth Ave

Name of Father James N. Hoey

His Birthplace

Maiden Name of Mother Rose Dunn

Her Birthplace

Date of Funeral Sept. 10, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary

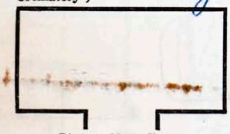


Diagram of Lot or Vault

Lot No. 44

Grave No. 1

Section No. 2

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	745
Casket		535 00
Burial Vault or Box G.P. Case (State Kind)		100
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		28 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)		
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		87 00
Cremation		
Flowers, $ ... Palms, $ ... 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		
11 line Death Notices in 2 Papers (Names of Newspapers)		14 85
Oct 11, 1960		
PAID		
Sales Tax		
Total Footing PER Bill J.P.M.	$	773 85
Less	$	
Billed 10/9/60 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. 3151 Yearly No. 67 Date of Entry Sept. 18 19 60

Name of Deceased Patrick J. Conroy (What Race) 21

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

Residence 1926 Forbes Ave 19

Charge to: Mrs Della Conroy

Address 1926 Forbes Ave. 19

Order given by Co. 1.25.60 - Newalks (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer 211-01-7860 (Social Security Number)

Employer and Address

Date of Death Sept. 18, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 72 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: Cerebro vascular

Contributory Causes Accident (?)

Carcinoma of Epiglottis

Certifying Physician Dr. C. R. Perryman (or Coroner)

His Address: Mercy Hospital

Name of Father John Conroy

His Birthplace Ireland

Maiden Name of Mother Mary O'Toole

Her Birthplace Ireland

Date of Funeral Sept. 21, 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

CONROY — On Sunday, Sept. 18, Patrick J. (P. J.), husband of Della Lydon Conroy, brother of Mrs. Catherine Lee of San Francisco, Calif. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Wednesday morning at 9:30. Solemn requiem high mass in St. Agnes Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 37

Grave No. 1

Section No. 7

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	980 00
Casket ... Professional Service		735 00
Burial Vault or Box Vault (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)		
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		87 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		62 40
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		
9 line Death Notices in 3 Papers		11 15
McAVOY FUNERAL HOME (Names of Newspapers)		
S.S.-O.K.		
Sales Tax ... Sept 29, 1960		
Total Footing of Bill	$	1220 55
Less	$	
PER ... Balance	$	

PAID

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

Miscellaneous

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

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

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

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

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

Signed .....

Address .....

50

RECORD OF FUNERAL

Total No. 3152 Yearly No. 68 Date of Entry Sept. 18 1960

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

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 114 Van Braam St 19

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

Charge to Stephen Bacha

Address 114 Van Braam St 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Janitor 194-26-3446 (Social Security Number)

Employer and Address .....

Date of Death Sept. 15, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 23 1917 Age 42 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greyhorse Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Whitney, Pa.

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

Place of Death Monongahela River Smithfield St Bridge

Cause of Death Found Drowned

Contributory Causes .....

.....

Certifying Physician Jas. B. Dobbs Coroner (or Coroner)

His Address Allegheny Co.

Name of Father Thomas Bacha

His Birthplace .....

Maiden Name of Mother Helen Pasternak

Her Birthplace .....

Date of Funeral Sept. 20, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Soldiers Plot

Diagram of Lot or Vault

Lot No. 34

Grave No. 15

Section No. R

Block No. .....

Owner .....

Miscellaneous .....

STONE OK

Complete Funeral (except outlays)	$ 1180 00
Casket Professional Bronze	995 00
Burial Vault or Box Burial Vault (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	
Cremation	
Flowers, $ ..... 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)	
Rubber Pouch	22 00
Sales Tax	
Total Footing of Bill	$ 1236 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID Oct 10, 1960

55 OK

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

Miscellaneous PER JIM

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Oct 10 1960	By Payment Steve Bacha	$ 986 00	$ 250 00		By Payment	$	$
Nov 1 1962	" Vets Adm	$ 250	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

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

Army of the United States

Honorable Discharge

This is to certify that

JOHN A BACHA 33 070 994 TECHNICIAN 4TH GRADE

HEADQUARTER & HEADQUARTER BATTERY 219TH FIELD ARTILLERY GROUP

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at UNIT B SEPARATION CENTER #45
INDIANTOWN GAP MIL RES PENNA

Date 20 DECEMBER 1945

A JONES
MAJOR MAC

plus 73271

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

AUG 18 1947

VOL. 122 PAGE 26

N 529 2

1. LAST NAME—FIRST NAME—MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
BACHA JOHN A	33 070 994	T-4	CE	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
HQ & HQ BTRY 219TH F A G	20 DEC 45	UNIT B SEP CTR #45 IGMR PA

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
BOX 51 WHITMEY PA	23 OCT 17	WHITMEY PA

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
SEE #9	HAZEL	BROWN	5 11½	152 LBS.	NONE

18. RACE			19. MARITAL STATUS			20. U. S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO	COOK V 2-26/32
X			X			X		

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
11 JUN 41		11 JUN 41	CAMP LEE VA

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL B.S. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	ALLEGHENY PA	SEE #9

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
COOK 060	CARBINE MKM FEB 44

32. BATTLES AND CAMPAIGNS

RHINELAND CENTRAL EUROPE GO93 & 40 WD/45

33. DECORATIONS AND CITATIONS

GOOD CONDUCT MEDAL AMERICAN DEF SER MED AMERICAN THR SER MEDAL EAME TH SER MED W/2 BR STARS VICTORY MEDAL

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
2 JAN 44	18 SEP 43	17 SEP 44	TYPHUS * 21 SEP 44	16 DEC 44	ETO	22 DEC 44
				7 DEC 45	US	16 DEC 45

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
3	6	9	1	0	1	T/4

39. PRIOR SERVICE

NONE

40. REASON AND AUTHORITY FOR SEPARATION

AR 615-365 PRI-I DEMOBILIZATION

41. SERVICE SCHOOLS ATTENDED

COOKS AND BAKERS SCHOOL CAMP WALLACE TEX 5 WKS 1941

42. EDUCATION (Years)		
Grammar	High School	College
8	0	0

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
4	6	10	$ 300	$ 100	—	$ 13.20	22290 J J MAHER JR MAJOR F D

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON, 25, D. C.

48. KIND OF INSURANCE			49. HOW PAID			50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Mat. Serv.	U.S. Govt.	Bonds	Allotment	Direct to V. A.					Continue	Continue Only	Discontinue
X			X			31 DEC 45	31 JAN 46	$ 6.75		$	X

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

LAPEL BUTTON ISSUED
ASR SCORE (2 SEPT 45) 67

56. SIGNATURE OF PERSON BEING SEPARATED

John A Bacha

57. PERSONNEL OFFICER (Type name, grade and organization—signature)

M F EMERICH
1ST LT WAC

M F Emerich

WD AGO FORM 53 - 55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

EXEMPLIFICATION OF RECORD

Service Discharge

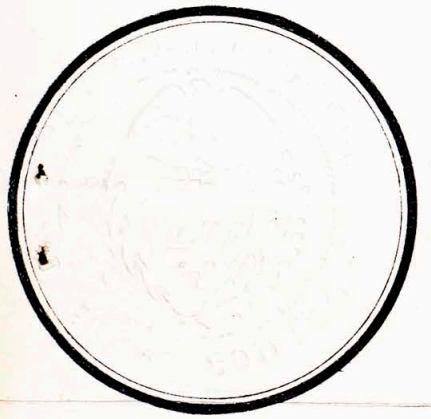
John A. Bacha

XXX

FEES $1.00--Pd.

RECORDER OF DEEDS
ALLEGHENY COUNTY, PENNSYLVANIA

STATE OF PENNSYLVANIA, }
COUNTY OF ALLEGHENY } SS:



I, Anthony J. Gerard

RECORDER OF DEEDS, ETC., IN AND FOR SAID COUNTY, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF

Service Discharge

AS THE SAME WAS RECORDED IN THE RECORDER'S OFFICE IN AND FOR SAID COUNTY ON THE 18th DAY OF Aug. A.D. 1947 AND IS ON RECORD IN Sold.Dschge BOOK VOL. 122 PAGE 26.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE SAID OFFICE THE 22d DAY OF Aug. A. D. 1947

Anthony J. Gerard

RECORDER

N529-2

Army of the United States

SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL

BACHA JOHN A

2. ARMY SERIAL No.	3. GRADE	4. SOCIAL SECURITY No.
33 070 994	T/4	UNKNOWN

5. PERMANENT MAILING ADDRESS (*Street, City, County, State*)

BOX 51
WHITNEY, WESTMORELAND CO., PA.

6. DATE OF ENTRY INTO ACTIVE SERVICE	7. DATE OF SEPARATION	8. DATE OF BIRTH
11 JUN 1941	21 DEC 1945	23 OCT 1917

9. PLACE OF SEPARATION

UNIT B, SEPARATION CENTER
INDIANTOWN GAP MIL. RES., PENNA.

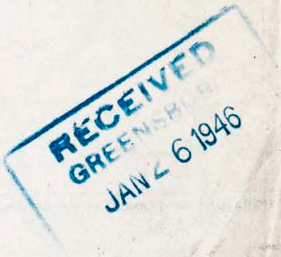
MILITARY OCCUPATIONAL ASSIGNMENTS

10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY
2	PVT	BASIC INF (521)
36	T/4	COOK (060)

SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

COOK--PREPARED VEGETABLES, MEATS AND SAUCES FOR THREE MEALS A DAY FOR APPROXIMATELY 150 MEN. COOKED IN MESS HALLS, PREPARING FOOD FOR 1200 MEN. COOK OVER FIELD STOVES UNDER COMBAT CONDITIONS. DID VERY LITTLE BAKING. PREPARED FOOD FROM MASTER MENUS ISSUED BY THE ARMY.



WD AGO FORM 1 JUL 1945 100

This form supersedes WD AGO Form 100, 15 July 1944, which will not be used.

MILITARY EDUCATION

TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

COOKS AND BAKERS SCHOOL - CAMP WALLACE, TEXAS - 5 WEEKS - 1941

COURSE ON COOKING AND PRESERVING FOOD.

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL
8	NONE	1932

18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED

ST CECIALIAS SCHOOL
WHITNEY, PA.

19. MAJOR COURSES OF STUDY

NONE

OTHER TRAINING OR SCHOOLING

20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
NONE	NONE

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

COOK--WORKED FROM APRIL 1937 TO JUNE 1941 FOR THE MERCY HOSPITAL, PITTSBURGH, PENNA. WORKED AS A COOK, PREPARING VEGETABLES, MEATS AND SAUCES. CLEANED AND TOOK CARE OF ALL KITCHEN EQUIPMENT. WORKED ON MENU SUPPLIED BY HEAD NURSE.

ADDITIONAL INFORMATION

23. REMARKS

NONE

...TURE OF PERSON BEING SEPARATED	25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER	26. NAME OF OFFICER (*Typed or Stamped*)
[signature]	C. M. Atkinson	A M ATKINSON, CAPT., AGD

U. S. GOVERNMENT PRINTING OFFICE—O-657477

RECORD OF FUNERAL

Total No. 31.53... Yearly No. 69 Date of Entry Sept 21 19.60

Name of Deceased Helen V. Marks (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4851 E. Hillock Rd 27 ☐Husband ☐Wife ☐Widow } of Frank L. Age of Husband or Wife (if living) ..... Years

Charge to Frank L. Marks

Address 4851 E. Hillock Rd 27

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 172:20:7249 (Social Security Number)

Employer and Address .....

Date of Death Sept. 21 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 27 1907 Age 53-0-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Franklintown, Pa.

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

Place of Death Shadyside Hospital

Cause of Death: Carcinomas of Ovary & Metastases

Contributory Causes .....

Certifying Physician Dr. Hogue (or Coroner)

His Address Shadyside Hospital

Name of Father Maurer Wolfe

His Birthplace Hannatta

Maiden Name of Mother Henrietta

Her Birthplace .....

Date of Funeral Sept. 24, 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Homewood Cemetery

MARKS—On Wednesday, Sept. 21, 1960, Helen V. (Dean) Wolfe, wife of Frank L. (Whitey) Marks; daughter of Henrietta and the late Mayer Wolfe; sister of Mrs. Mathilda Wagner. Friends received at the McAvoy Funeral Home, 1700 Penn Ave. Funeral services Saturday morning at 11:00.

Diagram of Lot or Vault

Lot No. Range 3

Grave No. 5

Section No. 27

Block No. 2

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1234 96
Casket ..1 Professional Service		1050 00
Burial Vault or Box Burial Vault (State Kind)		200 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 Pd.		
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		62 40
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Pd. 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		16 20
(Name) McAVOY FUNERAL HOME		
S.S. OK		
Sales Tax		PAID
Total Footing of Bill	$	1311 60
Less		Oct 14, 1960
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

Signed .....

RECORD OF FUNERAL

Total No. 3154 Yearly No. 70 Date of Entry Sept. 22 1960

Name of Deceased Anna E. Manchester (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 7 Marion St 19

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

Charge to Mrs Sara M. Starr

Address 7 Marion St 19

Order given by Dr. I. T. T. 40 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Janitress Social Security Number None

Employer and Address Board of Education

Date of Death Sept. 22. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 59 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspberg 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 Congestive Heart failure

Contributory Causes Arteria sclerotic Heart disease

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

His Address Mercy Hospital

Name of Father William J. Brown

His Birthplace

Maiden Name of Mother Mary Burke

Her Birthplace

Date of Funeral Sept. 26 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. 219

Grave No. 1

Section No. 5

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		800 00
Burial Vault or Box C. P. Case (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress etc. (State Kind and Color)		28 00
Slippers, $ ..... Hose, $		3 50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		87 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		41 60
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 4 Papers (Names of Newspapers)		19 20
Sales Tax		
Total Footing of Bill	$	1095 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. 3155 Yearly No. 71 Date of Entry Oct 1 1960

Name of Deceased John C. Kranis (KIRSNIS) (What Race) 71
☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: 2116 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to: Estate

Address: Edw J Mozeski Jr. - Farmers Bank Bldg

Order given by: Mrs Florence Long (or informant)

How Secured: 2032 Forbes Ave 19 4 yrs

If Veteran, Name of War: Pr 1.0381 - Pr 19742

Occupation: Craneman 192-03-8207 (Social Security Number)

Employer and Address: Jenkins Steel Corp.

Date of Death: Oct 1 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Unknown Age abt 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: St. Agnes Church

Clergyman: Fr. Horner

Religion of the Deceased: Catholic (Address)

Birthplace: Lithuania

Resided in the State: 2116 Forbes Ave (or U. S. or City or County) (Years) (Months)

Place of Death:

Cause of Death: Coronary Occlusion

Contributory Causes:

Certifying Physician: Jas. B. Dobbs (or Coroner)

His Address: Coroner - Allegheny Co.

Name of Father: Unknown

His Birthplace: Lithuania

Maiden Name of Mother: Unknown

Her Birthplace: Lithuania

Date of Funeral: Oct 4 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)	$	
Casket 4 Professional Armour	925	00
Burial Vault or Box C.P. Case (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)		
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	137	00
Cremation		
Flowers, $ V. ... Palms, $ ... Matting, $	52	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 / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rubber Sheet	20	00
... line Death Notices in ... Papers		
McAVOY FUNERAL HOME (Names of Newspapers)		
S.S. OK		
Sales Tax May 3 1961		
Total Footing of Bill	$	1260 00
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

RECORD OF FUNERAL

Total No. 3156 Yearly No. 72 Date of Entry Oct. 12 1960

Name of Deceased Margaret V. Murray (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2145 Wolford St 26

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

Charge to Mrs. Mary Riesmeyer

Address 2145 Wolford St 26

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 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 14 1899 Age 60-2-29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Garvey (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 South Side Hospital

Cause of Death Congestive heart failure

Contributory Causes Gastric Hemorrhage Atrophic gastritis

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father William Murray

His Birthplace .....

Maiden Name of Mother Nora Boyd

Her Birthplace .....

Date of Funeral Oct. 15 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Braddock Catholic

MURRAY — On Wednesday, Oct. 12, 1960, Margaret V. Murray, sister of Mrs. Mary Riesmeyer, Thomas and Walter Murray. Funeral from the McAvoy Funeral Home, 1700 Forbes, Friday, Oct. 14, morning at 8:30. Requiem high mass at St. Epiphany Church at 10 o'clock. Interment Holy Sepulchre.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 860	00
Casket Professional Services	655	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)	25	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	87	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 15 Singers, $ .... Organist, $	15	00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)	15	20
.....		
.....		
Sales Tax		
Total Footing of Bill	$ 894	70
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

McAVOY FUNERAL HOME

OCT 14, 1960

PER

Miscellaneous .....

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3157 Yearly No. 73 Date of Entry Oct 18 1960.

Name of Deceased Mary M. Bonacci (What Race) 71

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 352 Craft Ave 13 ☐Husband ☐Wife ☐Widow of Pietro

Charge to Mr. Peter Bonacci Age of Husband or Wife (if living) Years

Address 352 Craft Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Housewife (Social Security Number)

Employer and Address

Date of Death Oct 18, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 27, 1889 Age 80-2-26 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St Agnes Church

Clergyman Msgr. E. J. Maruszy (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death West Penn Hospital

Cause of Death Congestive heart failure

Contributory Causes Hypertensive arterio sclerotic heart disease

Certifying Physician Dr. Forsyth (or Coroner)

His Address West Penn Hospital

Name of Father George Clark

His Birthplace

Maiden Name of Mother Margaret McManus

Her Birthplace

Date of Funeral Oct 22, 1960 (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. 262

Grave No. 1

Section No. M

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1200	00
Casket Professional Services	850	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)	43	00
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)		
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	87	00
Cremation		
Flowers, $ ... 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	40
McAVOY FUNERAL HOME		
Sales Tax Nov 1960		
Total Footing of Bill	1241	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

Address

56

RECORD OF FUNERAL

Total No. 3158 Yearly No. 74 Date of Entry Oct 21 1960

Name of Deceased Marguerite M. Daly 71 (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4624 Winthrop St 13 ☐Husband ☐Wife ☐Widow of Joseph A. Daly Age of Husband or Wife (if living) ..... Years

Charge to Joseph A. Daly

Address 4624 Winthrop St 13

Order given by Mrs. Mary Evans (or informant)

How Secured 54 Inverston St 10

If Veteran, Name of War W.W. 1 2442

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Oct 21 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 12 1892 Age 68 3 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Philadelphia

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

Place of Death 4624 Winthrop St

Cause of Death Intractable Congestive

Contributory Causes Failure, Arteria

Sclerotic heart disease

Certifying Physician Dr. Gene C. Garrity (or Coroner)

His Address 368 Colina Drive

Name of Father Hellum Buchanan

His Birthplace

Maiden Name of Mother Phoebe Davis

Her Birthplace

Date of Funeral Oct 24 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Homewood

Diagram of Lot or Vault

Lot No. Div 2

Grave No. 8

Section No. 27

Block No. Range 2

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	790	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)	22	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	196	00
Cremation		
Flowers, $ ..... 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		
9 line Death Notices in 2 Papers (Names of Newspapers)	8	10
Sales Tax		
Total Footing of Bill	$	1126 10
Less	$	
Billed 1/6 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		$ 431 10
10/24/60	By Payment	$ 100 00	$	4/21/61	By Payment	$ 50 00	$
11/29/60	" "	$ 4 00 00	$ 126 10	5/31/61	" "	$ 50 00	$ 331 10
1/4/61	" "	$ 75 00	$	6/29/61	" "	$ 30 00	$
2/25/61	" "	$ 60 00	$	7/27/61	" "	$ 30 00	$ 271 10
3/22/61	" "	$ 60 00	$ 431 10	8/28/61	" "	$ 30 00	$ 240 10

Insurance $ ..... Names of Lodges ..... 9/1/61 Insurance Companies ..... 30 00 - 210 10

30 00 180 10

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... 12/6/61 30 00 150 10 (Firm Name of Funeral Directors.)

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

2/5/62 35 00 115 10

Signed .....

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

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

Bk. 1962 - 101 10

RECORD OF FUNERAL

Total No. 3159 Yearly No. 75 Date of Entry Oct 26 19 60

Name of Deceased Sr. M. Christine - Anne Patterson (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence St. Vincents Academy - Latrobe ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address 3333 Fifth Ave 13

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

How Secured .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death Oct 26, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 26, 1899 Age 60-11-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Vincents Academy (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 Rupture of Aorta

Cranial vessel

Certifying Physician Dr. F. H. Bragdon (or Coroner)

His Address: Mercy Hospital

Name of Father Peter Patterson

His Birthplace .....

Maiden Name of Mother Anna Urick

Her Birthplace .....

Date of Funeral Oct 29, 1960 (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 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)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	300	00
Less .... PER ..... $		
Billed 1/20 Balance ..... $		

McAVOY FUNERAL HOME

PAID Jan 27 1961

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. 3160 Yearly No. 76 Date of Entry Oct 28 1960

Name of Deceased Josephe E. Malone (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 45 Welsh Way 3 ☐Husband ☐Wife ☐Widow of Lynath Murphy

Charge to Mrs Lynath Malone Age of Husband or Wife (if living) 76 Years

Address 45 Welsh Way 3

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Truck Driver 167-03-5270 (Social Security Number)

Employer and Address May Stern Co.

Date of Death Oct 28 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 21 1886 Age 74 5 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Stephens 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 Kane Hospital

Cause of Death Septicemia

Contributory Causes Acute Epididymus Orchitis - Cerebral

Certifying Physician Dr. Joseph M. Leahy (or Coroner)

His Address Scott Twp. 16 Pa.

Name of Father Benjamin F. Malone

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Nov 1 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. 65

Section No. 14

Block No. 2

Owner

Miscellaneous EE Office - Mr. Dyson - Social Sec. #167-03-5270

Mrs N Litmore (Arlene) 38 7 Bluem

Miss Grace Butler BURTON - WA. 2-1660 - Social Worker St Paul's

Complete Funeral (except outlays)	$	
Casket - Professional Services		895 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)		37 50
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		137 00
Cremation		
Flowers, $ 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)		18 00
Sales Tax		
Total Footing of Bill	$	1201 50
Less	$	
Balance	$	

Paid 1/16

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 1, 19 60

SINGLE INTERMENT

—NAME OF DECEASED—

Joseph Malone

Section 16 Row 2 Grave 65

☐ Paid $ 137.00 James A. Durkin
Supt.

☑ Charge E. J. 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 perennial plants is not permitted.

3. Annual flowers may be planted in front of the grave marker in a space 12 inches wide.

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

5. Fences, coping, hedges, or other enclosures, AND MOUNDED GRAVES, are not permitted.

RECORD OF FUNERAL

Total No. 3161 Yearly No. 77 Date of Entry Nov. 1 19 60

Name of Deceased Gust Brash (Brescia) (What Race) H.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 18 Marion St 19

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

Charge to: Mrs. Carmella Brash

Address 18 Marion St

Order given by Frank R. Brescia (or informant)

How Secured 16.34 Creedmoor Ave. 36

If Veteran, Name of War .....

Occupation Eng. Penna. R.R. (Social Security Number)

Employer and Address Penna R.R.

Date of Death Nov. 1. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 11, 1879 Age 81-3-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hearing (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death South Side Hospital

Cause of Death Fracture Skull + Brain injury due to being struck by auto

Contributory Causes .....

Certifying Physician Jos B. Dobbs - Coron (or Coroner)

His Address Alley Co.

Name of Father Frank Brescia

His Birthplace Italy

Maiden Name of Mother Philomena Graboroni

Her Birthplace Italy

Date of Funeral Nov. 4. 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Trust of Rhoner Cem.

BRESCIA (Brash)—On Tuesday, November 1, 1960, Gust Brescia, husband of Carmella Romeo; father of Frank, Joseph and Marie Brescia; brother of Mrs. Josephine Bolon, Dawes and Harry Brescia; also three grandchildren. Funeral from the Thomas J. Bonds, 2000 Perrys Ave., (3 P.M.) on Friday at 9:30 a.m. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 14

Grave No. 2

Section No. 15

Block No. 13

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		825 00
Burial Vault or Box		200 00
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
4 Certif. Copies of Death Certificates No. (State Number and District) (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, $		72 80
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 2 Papers (Names of Newspapers)		10 80
McAVOY FUNERAL HOME		
Sales Tax Feb. 13, 1961		
Total Footing of Bill	$	1267 60
Less PER	$	
Billed 1/16 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 .....

Honorable Discharge from The United States Army

TO ALL WHOM IT MAY CONCERN:

This is to Certify, That Gust Brash 1832590 Bugler Co.A 315th M.G. Bn.

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 E.T.S. per par 16 W.D. Circ. 252,1919

Said Gust Brash was born in San Demetrio, in the State of Italy

When enlisted he was 26 years of age and by occupation a Fireman

He had Brown eyes, Dark hair, Dark complexion, and was 5 feet 5¼ inches in height.

Given under my hand at Camp Sherman O. this 14th day of June, one thousand nine hundred and nineteen

Oscar O. Koeppel

Major Inf. U.S.A.

Commanding.

Form No. 525, A. G. O. Oct. 9, 1918

3-3164

*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., "1,630,305"; "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.

ENLISTMENT RECORD.

Name: Gust Brash Grade: Bugler

Enlisted, or inducted, Sept 23, 1917, at Pittsburg Pa. enlistment period at date of discharge.

Serving in First

Prior Service:* None

Noncommissioned Officer: None

Marksmanship, gunner qualification or rating:† None

Horsemanship: None

Battles, engagements, skirmishes, expeditions: Somme Off., St. Mihiel Off., Meuse-Argonne Off.

Decorations, medals, badges, citations: None

Knowledge of any vocation: Runner Wounds received in service: None

Physical condition when discharged: Good

Typhoid prophylaxis completed Oct. 19, 1917

Paratyphoid prophylaxis completed Oct. 19, 1917

Married or single: Single Character: Excellent

Remarks: France left U.S. May 18, 1918. Arr. U.S. May 30, 1919. No A.W.O.L. No absence under G.O. 45 W.D. 1914. Entitled to travel pay to Pittsburgh, Pa and $60 Disch Bonus. Served in Co. A 315th M.G. Bn Sept 29, 1917 to date of discharge.

Signature of soldier: Gust Brash

Camp Sherman, Ohio Jun 14, 1919

Paid in full including Bonus $ 112.35/100

Ernest A. Olson, 1st Lieut Q.M.C.

W.O. Brown, 1st Lieutenant Inf.

David J. Colyer

2nd Lt. Infantry U.S.A.

Commanding Gr. 205

*Give company and regiment or corps or department, with inclusive dates of service in each enlistment.
†Give date of qualification or rating and number, date, and source of order announcing same

3-3164

Recorded June 23, 1919

No. 2222

60

RECORD OF FUNERAL

Total No. 3162 Yearly No. 78 Date of Entry Nov 1 1960

Name of Deceased August K. Klein Sr

1933 Watson St ☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1911 Trustin Street 19 ☐Husband ☐Wife ☐Widow or ..... of } Regina U. Klein Age of Husband or Wife (if living) ..... Years

Charge to Regina K. Klein

Address 1911 Trustin St

Order given by Mrs Rosella Pilardi (or informant)

How Secured 179 Kathleen Dr 27

If Veteran, Name of War TW 4-0943

Occupation Retired Carpenter 206-01-7827 (Social Security Number)

Employer and Address

Date of Death Nov 1, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 17 1892 Age 68-8-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

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

Place of Death Montefiore Hospital

Cause of Death Congestive heart failure

Contributory Causes Severe Aortic Stenosis

Certifying Physician Dr. J. Silverberg (or Coroner)

His Address Montefiore Hospital

Name of Father August K. Klein

His Birthplace

Maiden Name of Mother Martha Daniel

Her Birthplace

Date of Funeral Nov 5 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } South Side Cemetery

Lot No. Cycle 7C

Grave No. 215

Section No. 1

Block No.

Owner Soldiers Plot

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$
Casket	319 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)	
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, $	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	$ 432 00
Less PER	$
Balance	$
Entered into Ledger, page ..... or below.	

MEAVOY FUNERAL HOME
PAID
NOV 27 1961

V.a - OK
Stone OK.

Miscellaneous

Date			Amount Paid	Balance	Date			Amount Paid	Balance
12-28	60	To Above Balance	144 00	$		To Balance Forward			$
5-16	61	By Payment V.a	$ 250 00	$		By Payment	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$
		" "	$	$		" "	$		$

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3163 Yearly No. 79 Date of Entry Nov. 2 1960

Name of Deceased Kata Tomsovach (What Race) 21

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 26 Vine Street 19

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

Charge to:

Address: 26 Vine Street

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

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Nov. 2. 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 10. 1892 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas 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 26 Vine St.

Cause of Death Carcinoma of Common bile duct with metastases

Contributory Causes

Certifying Physician Dr. Reinhardt Levy (or Coroner)

His Address: 350 Fifth Ave.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Kata Yengrich

Her Birthplace:

Date of Funeral Nov. 5. 1960 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

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

Manufactured by

Cemetery Crematory } St. Nicholas

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1158	00
Casket Y. Professional Service	1000	00
Burial Vault or Box C.P. Case (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	30	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)		
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. at Rest. Home	60	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers	14	00
McAVOY FUNERAL HOME		
PAID Nov. 29, 1960		
Sales Tax		
Total Footing of Bill	$ 1208	75
Less	$	
PER J. McA. 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 .....

RECORD OF FUNERAL

Total No. 3164 Yearly No. 80 Date of Entry Nov. 14 1960

Name of Deceased Stillborn Law (What Race)

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

Residence 224 Emerson St 6

Charge to Mr. Hubbard P. Law

Address 224 Emerson St 6

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Nov. 14, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 14, 1960 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 Pittsburgh Hospital

Cause of Death Intrauterine fetal

Contributory Causes death, fetus, pressure ...10 week abortion

Certifying Physician Dr. K. J. Patton (or Coroner)

His Address Pittsburgh Hospital

Name of Father Hubbard Law

His Birthplace Texas

Maiden Name of Mother Dorothy Marks

Her Birthplace New York

Date of Funeral Nov. 15, 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. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket Steel Bronze	25 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	10 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
....line Death Notices in ....Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 35 00
Less .... PER	$
Balance	$

McAVOY FUNERAL HOME

PAID

Feb. 10, 1961

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. 3165 Yearly No. 81 Date of Entry Nov 14 1960

Name of Deceased Stillwood Law

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

Residence: 224 Emerson St 6 ☐Husband ☐Wife ☐Widow

Charge to: Mr. Husband Law or ..... of Age of Husband or Wife (if living) ..... Years

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Nov 14, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 14 1960 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 Pittsburgh Hospital

Cause of Death .....

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

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

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / 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)	
..... PAID	
..... Feb 14 1961	
Sales Tax	
Total Footing of Bill	$ 3500
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. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3166 Yearly No. 82 Date of Entry Nov. 15 19 60

Name of Deceased Anthony Mzyka (What Race) N

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1225 Locust St.

☐ Husband ☐ Wife ☐ Widow } Anna Sylvia Mzyka
or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Anna Sylvia Mzyka

Address 1225 Locust St - Co. 1-4670

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Police Guard 169-09-1311 (Social Security Number)

Employer and Address ____

Date of Death Nov. 15 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 4 1912 Age 47-11-11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Gearing (Address)

Religion of the Deceased Catholic

Birthplace Bellaire, Ohio

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes ____

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address Coroner Alley Co.

Name of Father Anthony Mzyka

His Birthplace ____

Maiden Name of Mother Unknown

Her Birthplace ____

Date of Funeral Nov. 18, 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. 19

Grave No. 6

Section No. 40

Block No. 7

Owner ____

Miscellaneous ____

Statement 12/14/60

Complete Funeral (except outlays)	$	1200 00
Casket		825 00
Burial Vault or Box Cem. Conf. 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)		
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		212 00
Cremation 135 Grave Liner Opening		
Flowers, $ ____ Palms, $ ____ Matting, $		41 60
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 25 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		
14 line Death Notices in 4 Papers		25 10
McAVOY FUNERAL HOME (Names of Newspapers)		
Palms		26 00
SS tax		
Sales Tax Dec 19, 1960		
Total Footing of Bill	$	1244 80
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. 3166 Yearly No. 83 Date of Entry Nov. 16 19 60

Name of Deceased LILLIAN E. Mc MULLIN 2h
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 247 Arabella St. ☐Husband ☐Wife ☐Widow of GEORGE B. Mc MULLIN
Age of Husband or Wife (if living) Years

Charge to: Estate of Lillian E. Mc Mullin
Address Att. Stanley H. Malone

Order given by 518 Bakewell Bldg. (or informant)

How Secured Miss Helmy Co 15425

If Veteran, Name of War 315 Rear First St

Occupation Retired Payroll Clerk (Social Security Number) W.A. Penn Pa Johnson

Employer and Address Bell Telephone Co.

Date of Death Nov. 16, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 1hr 73 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death St. Josephs Hospital

Cause of Death: Congestive Heart failure

Contributory Causes

Certifying Physician Dr. G. Mactas (or Coroner)

His Address: St. Josephs Hospital

Name of Father Henry Helmy

His Birthplace

Maiden Name of Mother Henrietta Measchein

Her Birthplace

Date of Funeral Nov. 19, 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood Cemetery

Lot No. 108
Grave No. 4
Section No. 22
Block No. 2
Owner

Diagram of Lot or Vault

Miscellaneous

Stationed at 12/24/60 Billed

Complete Funeral (except outlays) $	
Casket	1025 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)	34 00
Slippers, $ ... Hose, $	5 00
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	120 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	26 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	
11 line Death Notices in 4 Papers (Names of Newspapers)	19 80
McAVOY FUNERAL HOME PAID Feb 3, 1961	
Sales Tax	
Total Footing of Bill $	1447 80
Less PER JFM 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

RECORD OF FUNERAL

Total No. 3147 Yearly No. 84 Date of Entry Nov. 16 1960

Name of Deceased Phillip Passaro 71 (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1705 Forbes Ave 19 ☐Husband ☐Wife ☐Widow } of Emelia Marino Age of Husband or Wife (if living) Years

Charge to Mrs Anna Passaro

Address 1705 Forbes Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer 168-01-2102 (Social Security Number)

Employer and Address

Date of Death Nov. 16, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 4, 1883 Age 77-4-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hoaring (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 Cerebral Thrombosis

Contributory Causes Hypertensive and Arteriosclerotic Heart disease

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

His Address Mercy Hospital

Name of Father Joseph Passaro

His Birthplace Italy

Maiden Name of Mother Theresa Natale

Her Birthplace Italy

Date of Funeral Nov. 21, 1960 (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. 324

Grave No. 2

Section No. U

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1900 00
Casket Professional Services	1520 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)	43 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	112 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	50 00
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 6 Papers (Names of Newspapers)	35 10
McAVOY FUNERAL HOME	
Sales Tax Jan 16, 1961	
Total Footing of Bill	$ 1963 10
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. 3168 Yearly No. 85 Date of Entry Nov. 22 1960

Name of Deceased Frances E. Haugaman (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 520 S. Main St 20

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

Charge to Miss Elizbeth Byrnes

Address 520 S. Main St 20

Order given by Mr Arthur Hanley (or informant)

How Secured Tel. 1-6978

If Veteran, Name of War 436 Sereno Ave. 16

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Nov. 22. 1960 (Mo.) (Day) (Yr.) (Hour)

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

Services at Graphany Church

Clergyman Msgr. Howell Hussey (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death St. Frances Hospital

Cause of Death: Chronic Brain Syndrome

Contributory Causes and Cerebral arteriosclerosis

following fracture of rt hip due to fall at home

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroner Alleg. Co.

Name of Father David C. Haugaman

His Birthplace .....

Maiden Name of Mother Mary Potts

Her Birthplace .....

Date of Funeral Nov. 25. 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. 114

Grave No. .....

Section No. 4

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	1195	00
Casket	940	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)	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)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	87	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $	15	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 4 Papers	14	40
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Jan. 7, 1961		
Sales Tax		
Total Footing of Bill	1195	40
Less		
Billed PER 1961 Balance		

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

Miscellaneous .....

Date		Amount Paid	Balance
1961	To Above Balance		$
Jan.	By Payment	$ 500 00	$
Jan. 18	" "	$ 500 00	$ 150
Jan. 27	" "	$ 135 03	$
	" "	$	$
	" "	$	$

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 .....

RECORD OF FUNERAL

Total No. 3169 Yearly No. 86 Date of Entry Nov. 23 19 60

Name of Deceased Brownie Bailey (What Race) N

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1340 Fifth Ave 19

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

Charge to Mrs. Marie Massie

Address 1008 Locust Street 19

Order given by Co. 1. 3718 (or informant)

How Secured

If Veteran, Name of War

Occupation Janitor (Social Security Number)

Employer and Address

Date of Death Nov. 23 1960 (Mo.) (Day) (Yr.) (Hour)

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

Services at Epiphany Church

Clergyman Msgr. Daniel Gearing (Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death John J. Kane Hospital

Cause of Death Congestive heart failure

Contributory Causes Arteria sclerotic heart disease - Chronic Nephritis

Certifying Physician Dr. A. A. Gousse (or Coroner)

His Address John Kane Hospital

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Nov. 26 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. 6 6

Section No. 16

Block No. New 2

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 Cemetery Charges		137 00
Cremation		
Flowers, $ ..... 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 (Names of Newspapers)		
Sales Tax Rec. 12, 1960		
Total Footing of Bill	$	327 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 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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 3170 Yearly No. 97 Date of Entry Nov. 28 19 60

Name of Deceased Vincent Solamar

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

Residence 205 Cedarville St 24 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Leonard Lanstuart

Address Forbes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer Mill 168-01-0803 (Social Security Number)

Employer and Address .....

Date of Death Nov. 22 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 21 1893 Age 67-9-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Adalberts 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 Mercy Hospital

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 Dec. 1, 1960 (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)	$	1140 00
Casket		925 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)		24 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		
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		187 00
Cremation		
Flowers, $ ..... 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 or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 line Death Notices in 4 Papers (Names of Newspapers)		14 40
55-04 McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Dec. 1, 1960	$	1181 40
Less	$	
Balance	$	

PAID

PER Jos. M.

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

RECORD OF FUNERAL

Total No. 3171 Yearly No. 88 Date of Entry Nov. 29 1960

Name of Deceased Florence Barry (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 76 S. 24th St (3)

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

Charge to Mrs. Carrie Barry

Address 76 S. 24th St

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

How Secured .....

If Veteran, Name of War .....

Occupation Laundress 208-01-3714 (Social Security Number)

Employer and Address .....

Date of Death Nov. 29 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 25 1905 Age 55 - 0 - 4 (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 Mercy Hospital

Cause of Death Terminal Carcinamatosis

Contributory Causes Adenocarcinoma of Cecum

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

His Address Mercy Hospital

Name of Father Julius Barry

His Birthplace .....

Maiden Name of Mother Carrie Ward

Her Birthplace .....

Date of Funeral Dec. 2, 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)	$	
Casket	700	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)	25	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	137	00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $	10	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		
10 line Death Notices in 2 Papers (Names of Newspapers)	9	00
McAVOY FUNERAL HOME PAID Jan. 4 '61 PER		
Sales Tax		
Total Footing of Bill	$	998 90
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. 3172 Yearly No. 89 Date of Entry Dec 1 1960

Name of Deceased Mary Ann Dougherty - Sr. M. Elizabeth

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 3333 Fifth Ave (What Race)

☐ 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 1 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: Apr 27 1913 Age 47 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at: St Mary's 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: 3333 Fifth Ave

Cause of Death: Fracture of Skull

Contributory Causes: due to fall down steps

Certifying Physician: Jos. B. Dibbs (or Coroner)

His Address: Coroner - Alleg. Co.

Name of Father: Michael M. Dougherty

His Birthplace .....

Maiden Name of Mother: Susan McNamara

Her Birthplace .....

Date of Funeral: Dec 3 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Mary's Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

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)		
2 Certif. Copies of Death Certificates No.	2	00
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	302 00
Less	$	
Billed PER:	Balance	$

McAVOY FUNERAL HOME

Jan 23 1961

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. 3173 Yearly No. 90 Date of Entry Dec. 3 1960

Name of Deceased Norman J. Euler (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 422 Middle St. Fairborn Ohio ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs Irene Mazer

Address 141 N. Dutheridge St 13

Order given by Mrs Irene Mazer (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 182-12-5479 (Social Security Number)

Employer and Address Knight Patterson Air Force Base

Date of Death Dec. 3 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 11 1900 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Miami Valley Hospital, Dayton Ohio

Cause of Death Perforated Gastric Ulcer

Contributory Causes

Certifying Physician Dr. John R. Keyes (or Coroner)

His Address 2600 Far Hills Ohio

Name of Father George Euler

His Birthplace

Maiden Name of Mother Emma Best

Her Birthplace

Date of Funeral Dec 7 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. 72

Section No. Sec. 16

Block No. 2

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1240 00
Casket		830 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)		42 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 Dayton Ohio		to 44
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		137 00
Cremation		
Flowers, $ ..... 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		160 84
Personal Service		
9 line Death Notices in 1 Papers (Names of Newspapers)		4 05
Sales Tax		
Total Footing of Bill	$	1292 89
Less PER Balance	$	
Entered into Ledger, page ..... or below.		

McAVOY FUNERAL HOME
NOV 30 1960

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
2/20/61	By Payment	$ 250 00	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

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

EXEMPLIFICATION OF RECORD

SOLDIER'S DISCHARGE,

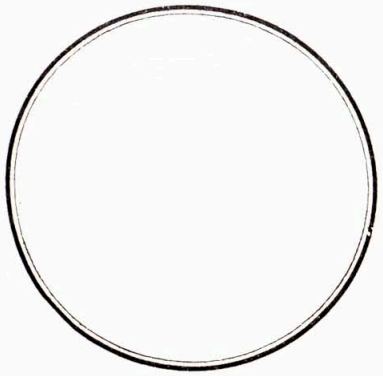
NORMAN J. EULER,

~~TO~~

FEES $1.00 Paid.

RECORDER OF DEEDS
ALLEGHENY COUNTY, PENNSYLVANIA

STATE OF PENNSYLVANIA, } SS:
COUNTY OF ALLEGHENY



I, ----------SAMUEL D. FOSTER----------
RECORDER OF DEEDS, ETC., IN AND FOR SAID COUNTY, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF
----------SOLDIER'S DISCHARGE----------
AS THE SAME WAS RECORDED IN THE RECORDER'S OFFICE IN AND FOR SAID COUNTY ON THE 28th DAY OF JUNE A. D. 19 19 AND IS ON RECORD IN ----COMMISSION-BOOK VOL. 6 PAGE 76.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE SAID OFFICE THE 20th DAY OF FEBRUARY A. D. 19 31.

Samuel D Foster
RECORDER

Honorable Discharge from The United States Army

TO ALL WHOM IT MAY CONCERN:

This is to Certify, That Norman J. Puler (1406112) Private 1st Class
Battery C, 79th Field Artillary
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 Norman J. Puler (1406112) was born in Pittsburg, in the State of Pennsylvania
When enlisted he was 19 11½/12 years of age and by occupation a Clerk
He had Blue eyes, Brown hair, Fair complexion, and was 5 feet 4½ inches in height.
Given under my hand at Camp Dix, New Jersey this 27th day of June, one thousand nine hundred and nineteen

George Wildes Jr.
Major U.S.A.
Commanding.

Form No. 525, A. G. O. Oct. 6, 1919
3-3164

*Insert name, Christian name first; e.g., "John Doe."
†Insert Army serial number, rank, company, regiment, or corps or department, and branch of service (Infantry, Cavalry, Coast Artillery, Engineers, Signal Corps, Quartermaster Corps, Sergeant, First Class, Medical Department, etc.).
‡If discharged prior to expiration of service, give number, date, and source of order or tell disposition authority stated.

ENLISTMENT RECORD.

Name: Norman J. Puler (1406112) Grade: 1st Class Private
Enlisted, or ~~XXXXd~~, June 9, 19 17, at Columbus Barracks, Ohio
Serving in First enlistment period at date of discharge.
Prior Service:* None

Noncommissioned Officer: Never
Marksmanship, gunner qualification or rating: † Not qualified
Horsemanship: Mounted
Battles, engagements, skirmishes, expeditions: None

Knowledge of any vocation: None Wounds received in service: None

Physical condition when discharged: Good
Typhoid prophylaxis completed June 9, 1917
Paratyphoid prophylaxis completed September 11, 1917
Married or single: Single Character: Excellent
Remarks: Sailed 18 August 1918 for France from U.S.A. Arrived at U.S.A. June 20, 1919.
Entitled to travel rated to Pittsburg Pennsylvania

Signature of soldier: Norman J. Puler (1406112)
Camp Dix, N.J. Jun 27, 1919
Paid in full $ 111.45
Including Bonus Pay of $60.00
L.D. Bradley,
Captain Q.M.C.

C.L. Snyder
Captain U.S.A.
Commanding Disc Unit # 4

*Give company and regiment or corps or department, with inclusive dates of service in each, if different.
†Give date of qualification as rating and number, date, and source of order announcing same.

3-4164

Recorded June 28, 1919
No. 2328

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

Mrs Irene Mozer -
141 N. Dithridge St
Pgh 13 Pa.

Miami Valley Hospital
Dayton Ohio

422 Middle St
~~Dot~~ Fairborn Ohio.

RECORD OF FUNERAL

Total No. 3174 Yearly No. 91 Date of Entry Dec 7 19 60

Name of Deceased Elizabeth C. Davin (Sr M. Ignasia) (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave 13

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

Charge to: Sr. 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 Dec 7, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 14, 1907 Age 53 (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 Myocardial Infarction

Contributory Causes .....

.....

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

His Address Mercy Hospital

Name of Father Thomas Davin

His Birthplace .....

Maiden Name of Mother Elizabeth Creighton

Her Birthplace .....

Date of Funeral Dec 12, 1960 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		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)		
Sales Tax		
Total Footing of Bill	$	300 00
Less	$	
Billed 1/20 Balance	$	

McAVOY FUNERAL HOME PAID PER Jan 27, 1961

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. 3175 Yearly No. 92 Date of Entry Dec. 10 1960

Name of Deceased Rose Noonan (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 51 Miltenberger St. 19 ☐Husband ☐Wife ☐Widow of Age of Husband or Wife (if living) Years

Charge to Miss Eva Noonan

Address 51 Miltenberger St.

Order given by John Waverly - Attorney (informant)

How Secured Ar 1.3449

If Veteran, Name of War

Occupation Dressmaker None (Social Security Number)

Employer and Address

Date of Death Dec 10, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 8, 1877 Age 83 - 1 - 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev. Paul Bassanapeire (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 Thrombosis

Contributory Causes Arteria sclerotic heart disease

Certifying Physician Dr. Richard E. Metruck (or Coroner)

His Address 3500 Fifth Ave.

Name of Father Richard Noonan

His Birthplace

Maiden Name of Mother Mary Lotter

Her Birthplace

Date of Funeral Dec 14, 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. 43

Grave No. 3

Section No. E

Block No.

Owner

Miscellaneous

193 95

Complete Funeral (except outlays)	$ 1530 00
Casket. A Professional Service	1200 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 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 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, $ 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	
9 line Death Notices in 9 Papers	16 20
(Name of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill Dec. 16, 1960	$ 1593 95
Less	$
Balance	$
PER JFM	
Entered into Ledger, page ..... or below.	

Miscellaneous

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3176 Yearly No. 93 Date of Entry Dec 13 19 60

Name of Deceased Mary J. Sinz

☐ Married ☐ Single ☒ Widowed ☒ Divorced

Residence: 1017 Ivanhoe St 19

Charge to: Albert Sinz

Address 6 Gregory St 3

Order given by Ne 1-79 61 (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Janitress (Social Security Number)

Employer and Address

Date of Death Dec 13 1960 (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 Indianapolis, Ind

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

Place of Death John Dane Hospital

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. James Cassidy (or Coroner)

His Address: Scott Twp. 16

Name of Father Michael Lanahan

His Birthplace

Maiden Name of Mother Winifred Murphy

Her Birthplace:

Date of Funeral Dec 16 1960 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mount Holy Name Cem

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Husband ☐ Wife ☐ Widow } of John H. Sinz Jr. (What Race)

Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	
Casket		500 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, $		12 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)		
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		55 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		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 2 Papers (Names of Newspapers)		9 00
Sales Tax		
Total Footing of Bill	$	69 3 50
Less	$	
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance
1962	To Above Balance		$
Jan 9 1962	By Payment	$ 520 04	$ 173 46
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

RECORD OF FUNERAL

Total No. 3177 Yearly No. 94 Date of Entry Dec 16 1960

Name of Deceased William H. Stricklett Jr.

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

Residence 1197½ Van Buren St. 19 ☐ Husband ☐ Wife ☐ Widow of Joan Christian

Charge to Mrs. Joan Stricklett Age of Husband or Wife (if living) ..... Years

Address 1197½ Van Buren St. 19

Order given by Col-6196- (or informant)

How Secured Ad 12814

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

Occupation Photographer 282-16-7529 (Social Security Number)

Employer and Address Self

Date of Death Dec. 16, 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 29, 1905 Age 5 5 1 2 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Msgr. Daniel Herring (Address)

Religion of the Deceased Protestant

Birthplace Kentucky

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 A. S. H. D.

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

His Address Mercy Hospital

Name of Father Bert Lee Stricklett

His Birthplace

Maiden Name of Mother Anna Marie Henderson

Her Birthplace

Date of Funeral Dec. 19, 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. 22

Grave No. 6

Section No. M A

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1335 00
Casket Professional Services	900 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)	
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	230 00
Cremation	
Flowers, $ ✓ .... Palms, $ ..... Matting, $	15 60
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 4 Papers (Names of Newspapers) McAVOY FUNERAL HOME	14 40
Sales Tax June 24, 1961	
Total Footing of Bill	$ 1380 00
Less	$
Balance	$

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
3/16/61	By Payment V-A	$ 250 00	$ 1085 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. 31 7 8 Yearly No. 95 Date of Entry Dec 16 19 60

Name of Deceased Mary C. Thomas (What Race) W

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

Residence: 2024 Booker Ave 19

Charge to: Gertrude Doemel

Address: 643 Southcrest Court 26

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

How Secured: .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Dec (Mo.) 16 (Day) 1960 (Yr.) (Hour)

Date of Birth Unknown (Mo.) ..... (Day) Age (Yrs.) 66 (Mos.) 8 (Days)

Services at Chapel

Clergyman Dr. Jack Monagan (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 2024 Booker Ave.

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

.....

Certifying Physician Dr. Mary J. Levine (or Coroner)

His Address: 3347 Booker Ave.

Name of Father James Welsh

His Birthplace .....

Maiden Name of Mother Mary —

Her Birthplace: .....

Date of Funeral Dec 20, 1960 M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to .....

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

Manufactured by: .....

Cemetery / Crematory Jefferson Mem.

Diagram of Lot or Vault

Lot No. 9 C

Grave No. 4

Section No. 34

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1395 00
Casket 4 Bronze Stainless		1100 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)		47 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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		95 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		15 00
Railroad or Motor Tickets, $ ..... 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)		12 75
McAVOY FUNERAL HOME		
Sales Tax Jan 20, 1961		
Total Footing of Bill	$	1472 00
Less	$	
Billed 1-14-61 PER Balance JFM	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

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

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

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

Signed .....

THOMAS, Mary C. Gr. 4, Lot 9-C, section 34 (Virtues).

JEFFERSON MEMORIAL PARK

BOX 10898

PITTSBURGH 36, PENNA.

Date December 20, 1960

Received of Edward J. McAvoy Funeral Home

Address 1700 Forbes Avenue, Pittsburgh 19, Pa.

Ninety-five and No/100---------- Dollars

JEFFERSON MEMORIAL PARK

$ 95.00.
(Interment/Recording Fee)

By Henry Johns

RECORD OF FUNERAL

Total No. 3179 Yearly No. 96 Date of Entry Dec 24 1940

Name of Deceased Doral Bassompierre (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1833 Hybla Ave

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

Charge to Rev. Paul P. Bassompierre

Address 1833 Hybla Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec. 24, 1940 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 12, 1880 Age 60 - 3 - 15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev. Paul P. Bassompierre (Address)

Religion of the Deceased Catholic

Birthplace Bordeaux, France

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

Place of Death 1833 Hybla Ave

Cause of Death Cardiac Renal disease

Contributory Causes C. failure

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

His Address Medical Arts Bldg

Name of Father — Bogart

His Birthplace France

Maiden Name of Mother — Borguin

Her Birthplace France

Date of Funeral Dec. 29, 1940 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } N. A. Catholic Cem.

BASSOMPIERRE — On Saturday, Dec. 24, 1940, Doral Bassompierre, husband of the late Jules Bassompierre; mother of Rev. Paul P. Bassompierre, Mrs. Mary Louise Miller, Mrs. Dorothy M. Rosenau; also 11 grandchildren and two great-grandchildren. Funeral from the McAVOY FUNERAL HOME, 1500 Pontius Ave., on Thursday morning at 9:30. Holy Mass requiem high mass in Holy Trinity Church, Grange Ave. and Crawford St. Rt. Rev. Field Pastor, at 10:00. Visitation 2:00 p. m. In lieu of flowers please make offerings to the Society of St. Vincent De Paul.

Lot No.

Grave No.

Section No.

Block No.

Owner

		¢	¢
Complete Funeral (except outlays)	$	1416	00
Casket		975	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)		37	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)			
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		155	00
Cremation			
Flowers, $ 1 ... Palms, $ ... Matting, $		88	40
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 1 ... Papers (Names of Newspapers)		30	40
McAVOY FUNERAL HOME			
Sales Tax Feb 22, 1941			
Total Footing of Bill	$	1481	15
Less	$		
Balance PER	$		
Entered into Ledger, page ... or below.			

Miscellaneous

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

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

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

Signed

Witness ... Address

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

RECORD OF FUNERAL

Total No. 3.1.80 Yearly No. 97 Date of Entry Dec 28 19 60

Name of Deceased Mary A. Joyce (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1015 Locust St 19

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

Charge to: Miss Nora A Joyce

Address 1015 Locust 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 Dec 28 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 2 1902 Age 58 4 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Gearing (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death St. Francis Hospital

Cause of Death Acute Bronchopneumonia

Contributory Causes Menengitis

Hydrocephalus

Certifying Physician Dr. A. Cresmaglio (or Coroner)

His Address: St. Francis Hospital

Name of Father Walter Joyce

His Birthplace .....

Maiden Name of Mother Nora Flaherty

Her Birthplace .....

Date of Funeral Dec 31 1960 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

JOYCE—On Wednesday, December 28, 1960, Mary A. Joyce, mother of Mrs. James McShea, Mary E., Ann Marie, Joseph J., Martin R., Walter P., Coleman R. and James F. Joyce, sister of Patrick Joyce. Funeral from the McAvoy Funeral Home, 1900 Forbes Ave., on Saturday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany, at 10 o'clock.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Services	1015	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)		
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	130	00
Cremation ✓		
Flowers, $ ✓ .... Palms, $ ..... Matting, $	62	40
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 (Names of Newspapers)	19	80
Sales Tax		
Total Footing of Bill $	148	20
Less $		
Billed 1/2/61 Balance $		

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

Miscellaneous .....

McAVOY FUNERAL HOME

PAID July 27 1961

PER C. J. McAvoy

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. 3181 Yearly No. 98 Date of Entry Dec 28 1960

Name of Deceased Thomas H. Metz (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 242 Jasper St. ☐Husband ☐Wife ☐Widow of Mae C. (Boyle) Metz

Charge to Mrs. Mae C. Metz Age of Husband or Wife (if living) Years

Address 242 Jasper St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Stocker 205-01-3333 (Social Security Number)

Employer and Address Meta Machine

Date of Death Dec 28 1960 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 8 1899 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Justins Church

Clergyman Fr. Barry (Address)

Religion of the Deceased Catholic

Birthplace Penna

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

Place of Death St. Josephs Hospital

Cause of Death Coronary Occlusion

Contributory Causes following surgery for hernia & hydrocele

Certifying Physician Jos. B. Dobbal (or Coroner)

His Address Coroner - Allg Co.

Name of Father Leonard Metz

His Birthplace

Maiden Name of Mother Clara J. Farrell

Her Birthplace

Date of Funeral Dec 31, 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. 4

Grave No. 7

Section No. 40

Block No. 25

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 1360 00
Casket r. Professional Service	1000 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	280 00
Cremation	
Flowers, $ ... 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	
McAVOY FUNERAL HOME	
15 line Death Notices in 2 Papers	13 50
(Names of Newspapers) Jan 17, 1961	
Sales Tax	
Total Footing of Bill	$ 1412 50
Less PER JRM	$
Statement 1/14/61 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. 3182 Yearly No. 1 Date of Entry Jan 1 1961

Name of Deceased Amanda C. Morse

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1902 Fifth Ave 19

☐ Husband ☐ Wife ☐ Widow of Donald C Morse (What Race)

Age of Husband or Wife (if living) Years

Charge to: George R. Carver

Address 1902 Fifth Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Jan 1, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 29 1878 Age 82-6-2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Penna

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

Place of Death St Margarets Hospital

Cause of Death: Congestive heart failure

Contributory Causes: Arteriosclerotic heart disease

Certifying Physician Dr Alfonzo J. Valle (or Coroner)

His Address: St Margarets Hospital

Name of Father Geo St Manges

His Birthplace

Maiden Name of Mother Sarah Ann Stump

Her Birthplace

Date of Funeral Jan 4, 1961 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.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	600	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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	10	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	85	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers	6	30
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 801	30
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME

PAID Jan 8, 1961

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

RECORD OF FUNERAL

Total No. 3183 Yearly No. 2 Date of Entry Jan 8 19 61

Name of Deceased Annie K. Campbell (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1611 Edna St 19 ☐Husband ☐Wife ☐Widow of John M. Campbell

Charge to Harry T. Campbell Age of Husband or Wife (if living) Years

Address 610 Sebring Ave 16

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Jan 8 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 29 1890 Age 70 - 4 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel 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 John J. Kane Hospital

Cause of Death Myocardial Collapse

Contributory Causes Arteria sclerotic heart disease

Certifying Physician Dr. Wm Redmond (or Coroner)

His Address Scott Twp

Name of Father Miles Waters

His Birthplace

Maiden Name of Mother Teresa Baker

Her Birthplace

Date of Funeral Jan 11 1961 (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)	$	1750 00
Casket Professional Services		1385 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)		39 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		80 00
Cremation		
Flowers, $ Palms, $ Matting, $		10 00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		15 00
Railroad / 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)		18 00
Sales Tax		
Total Footing of Bill	$	1824 75
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME PAID Feb 6 1961

Billed 1/21

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. 3184 Yearly No. 3 Date of Entry Jan 9 1961

Name of Deceased Dan (Haddie) Betrose (What Race) W.

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

Residence: 1538 Beechview Ave 16

Charge to: Mrs. Minnie Betrose

Address: 1538 Beechview Ave 16

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

How Secured: Tel. 4-7084 - Don Tannous

If Veteran, Name of War .....

Occupation: Retired Steel Worker 170-03-7721
(Social Security Number)

Employer and Address .....

Date of Death: Jan. 9. 1961
(Mo.) (Day) (Yr.) (Hour)

Date of Birth: Sept. 26, 1894 Age 66 - 3 - 13
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Guyahoga Church

Clergyman: Rev. Thomas Marpes
(Address)

Religion of the Deceased: Maronite Catholic

Birthplace: Rep. of Lebanon

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

Place of Death: Mercy Hospital

Cause of Death: Acute Myocardial Infarct

Contributory Causes: A. S. H. D.

.....

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

His Address: Mercy Hospital

Name of Father: Michael Betrose

His Birthplace .....

Maiden Name of Mother: Loretta Zarden

Her Birthplace .....

Date of Funeral: Jan. 13. 1961 M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

BETROSE—On Monday, Jan. 9, 1961, Dan (Haddie) Betrose, husband of Minnie G. Tannous; father of Loretta and Michael Betrose; brother of William Betrose, of Pittsburgh, Pa. Funeral from the McGrath-Avery Funeral Home, 1700 Forbes Ave. on Friday morning at 9:30. Requiem Nuptial 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)	1735	00
Casket L. Professional Bronze	1450	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ Tie	1	95
Suit or Dress Shirt (State Kind and Color)	3	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)		
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	130	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, $ 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		
11 line Death Notices in 4 Papers	19	80
(Names of Newspapers)		
Sales Tax Jul. 11, 1961		
Total Footing of Bill	1835	80
Less PER JFM		
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.

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3185 Yearly No. 4 Date of Entry Jan. 11 1961

Name of Deceased Catherine Desmond (What Race) N.

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1202 Forbes Ave. 19 ☐Husband ☐Wife ☐Widow of Thomas Desmond

Charge to Mrs. Catherine Stewart Age of Husband or Wife (if living) ..... Years

Address 1202 Forbes Ave. 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Jan. 16, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 4, 1888 Age 72-9-7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geraty (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 1202 Forbes Ave.

Cause of Death Coronary Occlusion

Contributory Causes A. S. H. D.

.....

Certifying Physician Dr. Richard E. Detrick (or Coroner)

His Address 3500 Fifth Ave.

Name of Father Michael Murray

His Birthplace .....

Maiden Name of Mother Bridget Goggins

Her Birthplace .....

Date of Funeral Jan. 16, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Died Nov.—On Wednesday Jan. 11, 1961, Catherine (Kane) Murray, wife of the late Thomas Desmond, mother of Miss Catherine Desmond and Thomas Desmond; sister of Mrs. Nellie Somers and Miss Sue Murray, also survived by seven grandchildren. Funeral from the Geary Funeral Home, 1202 Forbes Ave. on Monday morning. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No. Row 3

Grave No. 8-3

Section No. 16

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	
Casket	975 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)	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	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, $	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 3 ... Papers	18 90
McAVOY FUNERAL HOME (Names of Newspapers)	
PAID	
Sales Tax ..... July 12, 1961	
Total Footing of Bill ..... $	1375 90
Less ..... $	
PER ..... Balance ..... $	

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

Miscellaneous .....

.....

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3186 Yearly No. 5 Date of Entry Feb 3 19 61

Name of Deceased Louis J. Schubert (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1741 Stratmore St 5 ☐Husband ☐Wife ☐Widow or ..... of } Margaret Doherty Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Margaret Schubert

Address 1741 Stratmore St 5

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

How Secured .....

If Veteran, Name of War .....

Occupation Hatelman (Social Security Number)

Employer and Address Joseph Horne Co.

Date of Death Feb. 3 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 16 1898 (Mo.) (Day) (Yr.) Age 62 (Yrs.) (Mos.) (Days)

Services at Chapel.

Clergyman Dr. Pavne (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death Coronary Occlusion

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician Jos. B. Dabbs (or Coroner)

His Address: Coroner alley Co.

Name of Father John Schubert

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace: .....

Date of Funeral Feb 7 1961 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. 36

Grave No. 4

Section No. M. A.

Block No. 1

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

250 to be paid by Vets. Adm. Govt. Claim 5/24/61

Complete Funeral (except outlays)	1350	00
Casket ... Professional Service	1275	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)		
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 ..... $	337	50
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb ... Vault	155	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		
10 line Death Notices in 4 Papers	18	00
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill ..... $	1910	50
Less ..... $		
Balance ..... $		

PAID Mar 16, 1961

Entered in Ledger page ..... or below.

Miscellaneous .....

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

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

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

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

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

Signed .....

Address .....

Witness .....

(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.

FEB - 7 1961

Date

124519

No.

C. L. Wilbar Jr.

C. L. Wilbar, Jr., M.D.

HVS 20144 REV 4 60

LOCAL REG NO 965

PRIMARY DIST NO 700

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CORONER'S CERTIFICATE OF DEATH

1 DEATH OCCURRED IN — a. County: Allegheny — b. City or borough: Pittsburgh

c. If death did not occur in city or borough, give name of township (Do not use R.D. or Box Number)

d. Full Name of Hospital or Institution (If not in hospital, give street address): Divine Providence of Pgh.

2 DECEASED'S MAILING ADDRESS — a. Street address, R.D., or Box Number: 1741 Stratmore St.

b. Post Office, Zone, and State: Pittsburgh 5, Penna.

3 VETERAN — Yes ☒ No ☐ — a. Which W.W. I — b. Serial No 1244713

4 NAME OF DECEASED (Type or print) — a. (First) Louis — b. (Middle) J. — c. (Last) Schubert

5 DATE OF DEATH — (Month) (Day) (Year): 2-3-61.

6 WHERE DID DECEASED ACTUALLY LIVE? — a. State Penna. — b. County Allegheny

c. Did deceased live in a township? ☐ Yes, deceased lived in _____ township. ☒ No, deceased lived within actual limits of Pittsburgh city or borough.

7 SEX	8 COLOR OR RACE	9 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	10 DATE OF BIRTH	11 AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White		12-16-1898	62		

12 USUAL OCCUPATION (even if retired)	13 SOCIAL SECURITY NO	14 BIRTHPLACE (State or foreign country)	15 CITIZEN OF WHAT COUNTRY?
Watchman		Pgh. Pa.	U.S.A.

16 FULL NAME OF SPOUSE	17 MOTHER'S MAIDEN NAME
Margaret Schubert	Unknown
18 FATHER'S NAME	**19 INFORMANT'S NAME AND ADDRESS**
John Schubert	Margaret Schubert - as above

MEDICAL CERTIFICATION

20 CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART I. Death was caused by:

IMMEDIATE CAUSE (a): Coronary Occlusion

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b): _____

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).

21 WAS AUTOPSY PERFORMED? Yes ☐ No ☒

22 a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

22 b. DESCRIBE HOW INJURY OCCURRED

22 c. TIME OF INJURY — Hour _____ m. E.S.T. — Month — Day — Year

22 d. INJURY OCCURRED While at work ☐ Not while at work ☐

22 e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)

22 f. CITY, BOROUGH, TOWNSHIP — COUNTY — STATE

23 I hereby certify that investigation of the death of the above named deceased resulted in the findings here stated, and that time of death is estimated as 4:30 p.m. E.S.T., on the date stated above.

a. Signature of coroner: per W. Stevens - deputy Jos B. Dobbs. — b. Address 542-4th Ave Pgh — Date signed 2-4-61

24 a. BURIAL ☒ CREMATION ☐ REMOVAL ☐	24 b. DATE	24 c. NAME OF CEMETERY OR CREMATORY	24 d. LOCATION (City, Boro., Twp., & County) (State)
	2-7-61	Calvary Cemetery	Pgh. Alleg. Pa.

25 DATE REC'D BY REG	26 REGISTRAR'S SIGNATURE	27 SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR
2-7-61	Geo. E. Sprowls	C.J. McAvoy per J.P. McAvoy 1700 Forbes St Pgh 19, Pa

RECORD OF FUNERAL

Total No. 3187 Yearly No. 6 Date of Entry Feb 17 1961

Name of Deceased Ella M. Briggs (What Race) ?

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1806 Forbes Ave 19

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

Charge to Richard Briggs - Gr. 19332

Address 1622 Locust St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife - 19 3 - 22 - 2918 (Social Security Number)

Employer and Address

Date of Death Feb 17 1961 (Mo.) (Day) (Yr.) (Hour)

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

Services at Chapel

Clergyman Rev. Robert Stange He 18145 (Address)

Religion of the Deceased Protestant

Birthplace Mt. Union, Pa.

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

Place of Death Shadyside Hospital

Cause of Death Aortic Insufficiency

Contributory Causes Syphilitic Heart Disease

Certifying Physician Dr. Frank Mateer (or Coroner)

His Address Shadyside Hospital

Name of Father Calvin Chilcote

His Birthplace

Maiden Name of Mother Jennie Dillon

Her Birthplace

Date of Funeral Feb 20 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood Cemetery

Lot No. Range 2

Grave No. 12

Section No. 27

Block No. West 2

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 965 00
Casket 4 Professional Services	495 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)	28 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 Chgs. + Stone	338 00
Cremation	
Flowers, $ ... 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	
10 line Death Notices in ... Papers	18 00
(Names of Newspapers)	
PAID Feb 23, 1961	
Sales Tax	
Total Footing of Bill	$ 990 50
Less ... PE. 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. 3188 Yearly No. 7 Date of Entry Feb 11 19 61

Name of Deceased Helen Bacha (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1530 Beechview Ave 16 ☐Husband ☐Wife ☐Widow of Thomas Bacha

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

Address .....

Order given by Stephen Bacha (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 16 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 24 1883 Age 78-0-20 (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Services at Greyhorn Church

Clergyman Msgr Daniel (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: Pulmonary Embolus

Contributory Causes: Fracture right hip

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address Coroner Alleg. Co.

Name of Father ? Pasternak

His Birthplace Austria

Maiden Name of Mother Unknown

Her Birthplace Austria

Date of Funeral Feb 14 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Vincents Cemetery

Lot No. .....

Grave No. 581

Section No. .....

Block No. .....

Owner .....

BACHA

On Saturday, Feb. 11, 1961, Helen Pasternak, wife of the late Thomas Bacha; mother of Mrs. Mary Stumpf, Mrs. Helen Rumik, Mrs. Betty Polsenvich, Mrs. Catherine Yurchak, Mrs. Magdalene Noga, Ann, Stephen and Thomas Bacha; also 22 grandchildren and five great-grandchildren. Funeral from the McAvoy Funeral Home, 1700 Forbes Ave., on Tuesday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Complete Funeral (except outlays)	169	1
Casket	130	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)	39	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		
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	90	00
Cremation		
Flowers, $ 1 .... Palms, $ .... Matting, $	62	40
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $	35	00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 4 Papers (Names of Newspapers)	27	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Mar 4, 1961	1756	40
Less		
Balance		
Entered into Ledger, page ..... or below. PER		
Miscellaneous		

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

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

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

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 3189 Yearly No. 8 Date of Entry Feb. 21 19 61

Name of Deceased Gertrude Rabig (Sr. M. Baronesse) (What Race)

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

Residence 2148 Ardmore Blvd

Charge to Sisters of Mercy

Address 3333 Tryon Ave. 13

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

How Secured .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death Feb. 21, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 9, 1890 Age 70-10-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Chicago, Ill

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. J. H. Freebette (or Coroner)

His Address Mercy Hospital

Name of Father Louis A. Rabig

His Birthplace .....

Maiden Name of Mother Mary Miller

Her Birthplace .....

Date of Funeral Feb. 23, 1961 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)	$	
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 Notices in ..... Papers		
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	300 00
Less ..... Mar 5, 1962	$	
Balance	$	

PAID

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

PER

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 2[illegible]	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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. 31.90 Yearly No. 9 Date of Entry Feb 26 19 61

Name of Deceased Mary Phillips Sanfilippo (What Race)

Married ☐ Single ☐ Widowed ☑ Divorced

Residence: 7541 Susquehanna St. 8 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Anthony Sanfilippo

Address: 7541 Susquehanna St. 8

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 26 1961 (Mo.) (Day) (Yr.) (Hour)

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

Services at Mother of God Carmel Church

Clergyman Rev. Charles Cenadine (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death West Penn. Hospital

Cause of Death Congestive Heart failure

Contributory Causes Arteria sclerotic heart disease

Certifying Physician Dr. J. R. MacDonald (or Coroner)

His Address: West Penn. Hospital

Name of Father James Moore

His Birthplace .....

Maiden Name of Mother Hannah Mabry

Her Birthplace .....

Date of Funeral Mar 1 1961 (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)	$ 800	00
Casket # Professional Services	800	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)	43	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad 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 3 Papers (Names of Newspapers)	20	25
MAVOY FUNERAL HOME		
PAID Mar 2 '61		
Sales Tax		
Total Footing of Bill	$ 864	75
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 .....

RECORD OF FUNERAL

Total No. 3191 Yearly No. 10 Date of Entry Feb 27 19 61

Name of Deceased Joseph Happie Stephens (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 116 S. 18th St. 3

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

Charge to Joseph Happie

Address 1906 Forbes Ave. 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Hand Bill Distributor 171-16-9787 (Social Security Number)

Employer and Address .....

Date of Death Feb. 27. 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 66 yrs. 8 mos. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman ..... (Address)

Religion of the Deceased Maronite Catholic

Birthplace Repr. of Lebanon

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

Place of Death South Side Hospital

Cause of Death Peritonitis

Contributory Causes Perforated Cecum

Certifying Physician Dr. John Happel (or Coroner)

His Address South Side Hospital

Name of Father Estaphane Happie

His Birthplace Lebanon

Maiden Name of Mother Unknown

Her Birthplace Lebanon

Date of Funeral Mar. 2. 1961 (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. 103

Section No. 16

Block No. Row 2

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1150 00
Casket		1000 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)		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		137 00
Cremation		
Flowers, $ ..... Palms, $ ..... 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)		8 10
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$	1267 10
Less	$	
Balance	$	

MAR 13, 1961

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

Miscellaneous PER JBM

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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. 31.92 Yearly No. 11 Date of Entry Mar 7 1961

Name of Deceased Caesar De Luca (What Race) N

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1008 Vickroy St 19 ☐Husband ☐Wife ☐Widow of Adele Galli Age of Husband or Wife (if living) ..... Years

Charge to: Mr Fred De Luca

Address: 1008 Vickroy St 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Hotel Kitchen Helper 192-03-7897 (Social Security Number)

Employer and Address .....

Date of Death Mar 7 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 24 1872 Age 89 (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 Bronchopneumonia

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician Dr. A. B. Mc Cormack (or Coroner)

His Address: Mercy Hospital

Name of Father Salvatore De Luca

His Birthplace Ermania Cognacci

Maiden Name of Mother .....

Her Birthplace: Italy

Date of Funeral Mar 11 1961 (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)	$ 1110	00
Casket 7 Professional Bearers	855	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 Charge	155	00
Cremation		
Flowers, $ ..... 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	29	70
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	1166	70
Less		
Balance	$	

PAID Apr 15 1961

Billed 4/3/61 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 .....

Witness ..... Long Beach, California

RECORD OF FUNERAL

Total No. 3193 Yearly No. 12 Date of Entry Mar. 9 1961

Name of Deceased Sister M. Claudia - Elizabeth Fagan (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence St. Vincents Academy - Latrobe, 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 School Teacher (Social Security Number)

Employer and Address .....

Date of Death Mar. 9. 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 16, 1879 Age 81 : 8 : 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Vincents 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 Cerebral Vascular Accident

Contributory Causes A. S. H. D.

Generalized Arteriosclerosis

Certifying Physician Dr. John J. Keamy (or Coroner)

His Address Mercy Hospital

Name of Father Daniel Fagan

His Birthplace .....

Maiden Name of Mother Margaret Smyth

Her Birthplace .....

Date of Funeral Mar. 11, 1961 (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 P. Spruce		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)		
McAVOY-FUNERAL-HOME		
Sales Tax		
Total Footing of Bill Mar 5, 1962	$	300 00
Less	$	
Balance	$	

PAID

PER JMM

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. 3194 Yearly No. 13 Date of Entry Mar 10 19 61

Name of Deceased John F. Doyle (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1309 Barr Ave - 5

☐Husband ☐Wife ☐Widow } of Martha Heck Doyle

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

Charge to: Mrs. Martha Doyle

Address 1309 Barr Ave 5

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

How Secured .....

If Veteran, Name of War .....

Occupation Police Officer 208-18-0071 (Social Security Number)

Employer and Address .....

Date of Death Mar 10 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 8 1908 Age 53 (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 D.O.P. Presbyterian Hospital

Cause of Death: Coronary Occlusion

Contributory Causes Arteriosclerosis Generalized

Certifying Physician Dr. Sydney John (or Coroner)

His Address: .....

Name of Father Philip Doyle

His Birthplace .....

Maiden Name of Mother Mary A Robinson

Her Birthplace .....

Date of Funeral Mar 14 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

DOYLE
On Friday March 10, 1961, John F. husband of Martha (Heck) Doyle of Mrs. Rose Marie father of Stephen Karapandi, Judith Ann and Karapandi, Mary Catherine Doyle; father-in-law of Stephen Karapandi; also four grandchildren. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave. on Tuesday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No. 313

Grave No. 9

Section No. 21

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket 7 Professional Bronze	1510 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)	
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	155 00
Cremation	
Flowers, $ 1 .... Palms, $ .... Matting, $	109 20
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ 1 .... Singers, $ .... Organist, $	50 00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1 Line Death Notices in 4 Papers	21 60
(Name of Newspapers)	
Sales Tax	
Total Footing of Bill Apr 14, 1962	$ 2057 80
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID

PER JMM

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. 3195 Yearly No. 14 Date of Entry Mar. 11 1961

Name of Deceased James M. McCord (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1112 Forbes Ave 19

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

Charge to Estate - Louis Z. Marohnic

Address Berger Bldg - at 13876

Order given by Thomas McCord (or informant)

How Secured

If Veteran, Name of War

Occupation Retired City Employee (Social Security Number)

Employer and Address

Date of Death Mar 11 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 26 1879 Age 81 - 2 - 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 Mayview State Hospital

Cause of Death Cerebral Vascular

Contributory Causes Accident - Central Nervous System Syphilis Tabes Dorsalis

Certifying Physician Dr. Vira Baird (or Coroner)

His Address Mayview Pa.

Name of Father James McCord

His Birthplace

Maiden Name of Mother Mollie Hannigan

Her Birthplace

Date of Funeral Mar 15 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

McCORD
On Saturday, March 11, 1961 James, brother of Thomas McCord. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous Billed 4/11/61

Complete Funeral (except outlays)	$
Casket ...Professional Services	1210 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, $ Shirt + Tie Hose, $	5 50
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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	87 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	20 80
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 4 Papers (Names of Newspapers)	14 40
Billed McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 1455 70
Less ... Mar 13, 1961	$
Balance	$
Entered into Ledger, Page ..... or below.	
Miscellaneous PER Item	

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. 3196 Yearly No. 15 Date of Entry Mar. 13 1961

Name of Deceased Anna Kill

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

Residence: 2020 Fifth Ave. 19

☐ Husband ☐ Wife ☐ Widow } of Wm. A. Kill

Age of Husband or Wife (if living) Years

Charge to: Mrs Anna Kowalecki

Address 2020 Forbes Ave

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Retired Housewife (Social Security Number)

Employer and Address

Date of Death Mar. 13 1961 (Mo.) (Day) (Yr.) (Hour)

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

Services at St Agnes Church

Clergyman Msgr. E. J. Moriarty (Address)

Religion of the Deceased Catholic

Birthplace Braddock Pa

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

Place of Death John J. Kane Hospital

Cause of Death Azotemia - Gangrenous

Contributory Causes upper ext. extremity

Certifying Physician Dr. Joseph P. Soyko (or Coroner)

His Address: Scott Twp.

Name of Father Andrew Kolday

His Birthplace

Maiden Name of Mother Barbara

Her Birthplace

Date of Funeral Mar 17 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

KILL. On Monday, March 13, 1961, Anna A. Kolday, wife of the late William A. Kill, mother of Mrs. Anna Kowalecki, Mrs. Helen Fowler, Mrs. Mary Geist, William A., Jr., and James J. Kill; also 14 grandchildren and 10 great-grandchildren. Relatives, friends and FUNERAL HOME, 1900 Forbes Ave. on Friday morning at 8:30, Requiem high mass in the St. Agnes Church at 9 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1000	—
Casket 1 Professional Service	800	00
Burial Vault or Box C.P. Case (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $	27	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 Charge	87	00
Cremation		
Flowers, $ ... 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 3 Papers	16	20
(Name of Newspapers)		
Sales Tax		
Total Footing of Bill Mar. 28, 1961 $	1046	95
Less $		
Balance $		

Entered into Ledger, page ... or below.

Miscellaneous

McAVOY FUNERAL HOME

PAID

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

Address

Witness

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

RECORD OF FUNERAL

Total No. 3197 Yearly No. 16 Date of Entry Mar 17 1961

Name of Deceased Mary Jane Abrams (What Race) W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1601 Custer St 19 ☐Husband ☐Wife ☐Widow of Harry Abrams Age of Husband or Wife (if living) ..... Years

Charge to Martha Lou Abrams

Address 335 Melwood

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

How Secured .....

If Veteran, Name of War .....

Occupation Secretary 210-03-6272 (Social Security Number)

Employer and Address .....

Date of Death Mar 17 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 19 1916 Age 44-11-28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr Jack Runyon (Address)

Religion of the Deceased Protestant

Birthplace Elnora, Pa

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

Place of Death St Francis Hospital

Cause of Death Status Asthmaticus

Contributory Causes .....

.....

Certifying Physician Dr. Monsman (or Coroner)

His Address St Francis Hospital

Name of Father Amos K. Myers

His Birthplace .....

Maiden Name of Mother Essie Hughes

Her Birthplace .....

Date of Funeral Mar 22 1961 (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 2

Grave No. 17

Section No. 27

Block No. Wm 2

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1382 00
Casket Professional Services		1055 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)		51 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)		
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		206 00
Cremation		
Flowers, $ ..... 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		7 20
McAVOY-[illegible] FUNERAL HOME		
Billed		
Sales Tax		
Total Footing of Bill Apr 26 1961	$	1437 95
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. 3198 Yearly No. 17 Date of Entry Mar 20 19 61

Name of Deceased John J. Meyers

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

(What Race) W

Residence 922 Maple Ave 34

Charge to Richard Meyers - Estate -

Address 1923 Worcester Dr. 16

Order given by Herman L. Foreman - Att

How Secured Berger Bldg. - Co 10986 (or informant)

If Veteran, Name of War .....

Occupation Truck Driver 210-01-7352 (Social Security Number)

Employer and Address .....

Date of Death Nov 20, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 4, 1917 Age 43-7-16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Anne Church - Castle Shannon

Clergyman Rev E. N. Harkins (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 U.O.A. Allegh. Gen. Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Jos. B. Dobbs - Coroner (or Coroner)

His Address Allegheny Co.

Name of Father John Meyers

His Birthplace Julia Hurley

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Mar 24, 1961 (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

MEYERS
On Monday, March 20, 1961, John J. Meyers, son of the late John and Julia Hurley Meyers, brother of Mrs. Anna Todd, Mrs. Julia Mertz and Richard Meyers. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave. on Friday morning at 9:15. Requiem High mass in St. Anne Church, Castle Shannon, at 10 o'clock.

Diagram or Lot or Grave

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$
Casket ✝ Professional Services	1250 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)	
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	107 00
Cremation	
Flowers, $ ..... 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 (Names of Newspapers)	29 70
Billed	
Sales Tax	
Total Footing of Bill	$ 1617 70
Less 55-04	$
Balance	$

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
5/23/61	Sheet 249 By Payment	$ 1062 00	$ 617 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 .....

Address .....

Witness .....

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

RECORD OF FUNERAL

Total No. 3199 Yearly No. 18 Date of Entry Mar. 23. 1961 19

Name of Deceased Irene M. Shradle 24
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 538 Osceola St. 24 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Agnes Moran

Address 538 Osceola St. 24

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

How Secured .....

If Veteran, Name of War .....

Occupation Secretary 207-09-2903 (Social Security Number)

Employer and Address .....

Date of Death Mar. 23 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 27 1909 Age 51-4-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gyspsy Church

Clergyman Msgr. Daniel Herring (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 538 Osceola St.

Cause of Death Cardiac & Respiratory failure

Contributory Causes Cerebral Thrombosis

Certifying Physician Dr. J. R. Davis (or Coroner)

His Address 4731 Liberty Ave

Name of Father John Shradle

His Birthplace .....

Maiden Name of Mother Mary Lappas

Her Birthplace .....

Date of Funeral Mar. 27. 1961 (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. 669

Grave No. 1

Section No. M

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays)	1052	00
Casket. Professional Service	825	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)	39	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	87	00
Cremation		
Flowers, $ ..... 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 6 Papers (Names of Newspapers)	29	70
McAVOY FUNERAL HOME		
PAID June 16, 1961		
Sales Tax		
Total Footing of Bill ..... $	1099	45
Less ..... $	47	45
PER Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ 100 00	$
	" " Social Sec	$ 222 00	$ 777 45
	" "	$	$ 700 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. 3200 Yearly No. 19 Date of Entry Mar. 25 19 61

Name of Deceased Julia Simonetta (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4744 Marjoe St 13

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

Charge to: Nicholas Simonetta

Address 241 Maryan Ave 13

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

How Secured .....

If Veteran, Name of War .....

Occupation I. B. M. Operator 200-03-8497 (Social Security Number)

Employer and Address .....

Date of Death Mar. 25. 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 22, 1920 (Mo.) (Day) (Yr.) Age 41-0-2 (Yrs.) (Mos.) (Days)

Services at St. George S. O. Church

Clergyman Rev. Paul Pamley (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 Montefiore Hospital

Cause of Death: Acute Pulmonary Edema

Contributory Causes: artero sclerotic heart disease

Certifying Physician Dr. Arnold J Snitzer (or Coroner)

His Address: Montefiore Hospital

Name of Father David Zacker

His Birthplace .....

Maiden Name of Mother Anna John

Her Birthplace .....

Date of Funeral Mar. 28. 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Mt. Lebanon Cem

SIMONETTI
On Saturday, March 25, 1961, Julia Zacker, wife of Nicholas Simonetti, daughter of Anna and the late David Zacker, sister of Mrs. Sylvia Cribari, Eleanor and John Zacker, Brenda, Suzanne and Nicholas Simonetti, at the McAVOY FUNERAL HOME, 7100 Penn Ave. Funeral Services in St. George S. O. Church, Dawson St., Wednesday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No. 114

Grave No. .....

Section No. 11

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	1390	00
Casket	1100	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)	51	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)		
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	85	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service McAVOY FUNERAL HOME		
11 line Death Notices in 4 (No. of Newspapers) Papers	19	80
May 26 1961		
Billed 4 Papers		
Sales Tax		
Total Footing of Bill PER	1459	55
Less		
Balance $		

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

Miscellaneous .....

Date		Amount	Paid	Balance
	To Above Balance			$
May 13 1961	By Payment	$ 300	00	$
June 14 61	" "	$ 255	00	$
July 12, 1961	" "	$ 100	00	$
Aug 9 15 1961	" "	$ 50	00	$
Sept 18 1961	" "	$ 100	00	$

Date		Amount	Paid	Balance
1962	To Balance Forward			$
1/7/62	By Payment	$ 50	00	$
	" "	$ 50	00	$
3/22/62	" "	$ 100	00	$ 390 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 .....

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

RECORD OF FUNERAL

Total No. 3201 Yearly No. 20 Date of Entry Mar. 28 19 61

Name of Deceased Stillborn Curry (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 23 Creighton Ave 5

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

Charge to Peter J. Curry

Address 23 Creighton Ave

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 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 28, 1961 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Allegheny Genl Hospital, Pa (or U. S. or City or County) (Years) (Months)

Resided in the State

Place of Death A. G. H.

Cause of Death Hydrocephalus

Contributory Causes Dr. Jos. Gilmore

Certifying Physician (or Coroner)

His Address Alleg Genl Hospital

Name of Father Peter J. Curry

His Birthplace Cleveland Ohio

Maiden Name of Mother Louise T. Joseph

Her Birthplace Pittsburgh Pa.

Date of Funeral Mar. 29, 1961 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.

Grave No. 56

Section No. 17

Block No. 20

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket. Professional Service		5 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 May 15, 1961		
Total Footing of Bill	$	15 00
Less	$	
PER Balance	$	

Entered into Ledger, page ... or below.

McAVOY FUNERAL HOME

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. 3202 Yearly No. 21 Date of Entry Mar. 31 19 61

Name of Deceased Sadie E. H. Ickelheimer (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2033 Fifth Ave 19 ☐Husband ☐Wife ☐Widow of Edward F. Ickelheimer

Charge to Edward F. Ickelheimer Age of Husband or Wife (if living) Years

Address

Order given by (or informant)

How Secured Michael Holobyak

If Veteran, Name of War Commonwealth Body

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 31 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 16 1887 Age 74-0-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr Jack Mungon (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: Cardiac Decompensation

Contributory Causes: Arteriosclerotic heart disease

Certifying Physician (or Coroner)

His Address: Shadyside Hospital

Name of Father Patrick McFadden

His Birthplace

Maiden Name of Mother Anna Briggs

Her Birthplace

Date of Funeral Apr. 4 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Alleg. Cemetery

WILHELM ... Wilhelm; mother of Mrs. Anna Harby, Mrs. Edna Higgins, Edward, William and Walter Wilhelm; sister of William McFadden; also nine grandchildren and three great-grandchildren. Funeral services in the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday morning at 11 o'clock. Please omit flowers.

Lot No. 340

Grave No.

Section No. 28

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1400 —
Casket 7 Professional Bronze		995 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		5 00
Suit or Dress (State Kind and Color)		43 50
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	$	90 00
Outlay for Lot Cemetery Charges		
Cremation		
Flowers, $ 4 ... Palms, $ ... Matting, $		98 80
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, $ ... 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)		11 60
Billed 4/26/61		
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$	1465 90
Less	$	
Balance May 23 1961	$	

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

RECORD OF FUNERAL

Total No. 3203 Yearly No. 22 Date of Entry Apr. 1 1961

Name of Deceased St. Elizabeth C. Markey (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 463 Beelen St. 13 ☐Husband ☐Wife ☐Widow of Ellen M. Griffin Markey

Age of Husband or Wife (if living) Years

Charge to Mrs. Ellen Markey

Address 463 Beelen St. 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Fire Captain (Social Security Number)

Employer and Address City of Pgh.

Date of Death Apr. 1, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 3, 1886 Age 74 - 3 - 8 (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 Carcinoma of Prostate

Contributory Causes

Certifying Physician Dr. P. J. Rosenthal (or Coroner)

His Address Montefiore Hospital

Name of Father John E. Markey

His Birthplace

Maiden Name of Mother Ann Robinson

Her Birthplace

Date of Funeral Apr. 5, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem.

MARKEY
On Saturday, April 1st, 1961, William E. Markey, husband of Ellen Griffin, father of Mrs. Clementine Stevenson, Mrs. Margaret Clay of McKeesport, Pa., Mrs. Virginia Chicko and Lawrence Markey, brother of Mrs. Elizabeth Ryan and John Markey of Aliquippa, Pa., also twelve grandchildren and nine great-grandchildren. Funeral from the McAVOY FUNERAL HOME, 1706 Forbes Ave., on Wednesday morning at 9:30. Solemn requiem high mass in St. Agnes' Church at 10 o'clock.

Lot No. 246

Grave No. 5

Section No. R

Block No.

Owner

Complete Funeral (except outlays)	$	1180 00
Casket P. Professional Services		850 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		130 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		20 80
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 N.C. Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1229 80
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
May 10, 1961

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. 3204 Yearly No. 23 Date of Entry Apr 14 1961

Name of Deceased James M. Burns

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

Residence 203 Dinwiddie St 19

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

Charge to: Mrs Margaret Gaynord

Address 834 Concord St 12

Order given by Jas. J. - 3906 (or informant)

How Secured

If Veteran, Name of War W.W

Occupation Plumbers Laborer 161-18-2688 (Social Security Number)

Employer and Address

Date of Death Apr. 14, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 28 1903 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev Paul P. Bossompierre (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 Hosp - Butler

Cause of Death: Carcinoma of Testis

Contributory Causes: Tuberculosis Pulmonary - Active

Certifying Physician (or Coroner)

His Address: Vets Adm Butler Pa

Name of Father Frank Burns

His Birthplace

Maiden Name of Mother Julia Mc Evoy

Her Birthplace

Date of Funeral Apr. 17, 1961 (Day) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem (Vets Sec)

BURNS
On Friday, April 14, 1961, James M., brother of Mrs. Margaret Gaynord, Mrs. Julia Ramsey and Joseph Burns, brother-in-law of Mrs. Stella Burns. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:30. Requiem high mass in Holy Trinity 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 4 Professional Services	675	00
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	25	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)		
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		
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		
10 line Death Notices in 2 Papers	9	00
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Apr 19 1961 $	828	95
Less $		
Balance $		

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
Dec 1961	" " V.A.	$ 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 .....

RECORD OF FUNERAL

Total No. 3205 Yearly No. 24 Date of Entry Apr. 14 1961

Name of Deceased Theodore J. Curry (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 807 Locust St. 19 ☐Husband ☐Wife ☐Widow of Diane Ballard

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

Charge to Mrs. Diane Curry

Address 807 Locust St. 19

Order given by Herman Fusaro - Atty. (or informant)

How Secured

If Veteran, Name of War

Occupation Parking Lot Operator 203-12-7010 (Social Security Number)

Employer and Address Self

Date of Death Apr. 14, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 25, 1907 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Msgr. Daniel Hearey (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death U. C. A. Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes

Certifying Physician Jos. B. Dabbs (or Coroner)

His Address Conner-Alley Co.

Name of Father Assad Curry

His Birthplace Lebanon

Maiden Name of Mother Anna Rose George

Her Birthplace Lebanon

Date of Funeral Apr. 17, 1961 (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 3

Grave No. 9

Section No. 5

Block No. Unconsecrated

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	625 00
Casket		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)		
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		137 00
Cremation		
Flowers, $ ..... 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		
9 line Death Notices in 2 Papers (Names of Newspapers)		8 10
Sales Tax		
Total Footing of Bill	$	893 10
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME

PAID MAY 10, 1961

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. 3206 Yearly No. 25 Date of Entry Apr 16 19 61

Name of Deceased Laura M. Stellate (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1227 Stock St 7

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

Charge to: Louis F. Stellate

Address 1227 Stock St 7

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Apr 16, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 14, 1901 Age 59-11-2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev Paul Bressompierre (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death West Penn Hospital

Cause of Death Myocardial Infarction

Contributory Causes Generalized arterio-sclerosis

Certifying Physician Dr. Geo Booth (or Coroner)

His Address West Penn Hospital

Name of Father Martin J. Stellate

His Birthplace .....

Maiden Name of Mother Laura M. Gumpenberg

Her birthplace .....

Date of Funeral Apr 20 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Mt Carmel

Complete Funeral (except outlays) $	965 00
Casket Professional Services	705 00
Burial Vault or Box C.P. Case (State Kind)	100 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)	
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	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, $	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 3 Papers	16 20
Sales Tax	
Total Footing of Bill $	1091 20
Less $	
Balance $	

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

Miscellaneous .....

McAVOY FUNERAL HOME

PAID May 26, 1961

PER JF

STELLATE
On Sunday, April 16, 1961, Laura M. Gumpenberg, wife of the late Martin J. Stellate, mother of Louis F. Stellate, sister of Mrs. Frances Martinelli, Mrs. Josephine Pazio and Frank Gumpenberg; also five grandchildren. Funeral from the McAVOY FUNERAL HOME, 1000 Forbes Ave., on Thursday morning at 9:30. Requiem high mass in Holy Trinity Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

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.) 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 .....

RECORD OF FUNERAL

Total No. 3207 Yearly No. 26 Date of Entry Apr. 15 1961

Name of Deceased Margaret F. Burch (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 62 Von Braam St. 19 ☐Husband ☐Wife ☒Widow } Albert P. Burch

Charge to Charles T. Burch or ..... of } Age of Husband or Wife (if living) ..... Years

Address 62 Von Braam St. 19

Order given by Co. 1.6.722 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Apr. 15, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 15, 1882 Age 78-6-0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Curry 1st Baird (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 Coronary Artery Insufficiency

Contributory Causes Acute & Chronic Myocarditis & P.O. Shock for C.A.

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroner - Alleg Co.

Name of Father Charles Fox

His Birthplace

Maiden Name of Mother Hannah Williams

Her Birthplace

Date of Funeral Apr. 19, 1961 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Homestead Cem.

BURCH
On Saturday April 15, 1961 Margaret F. Fox, wife of the late Albert P. Burch Sr.; mother of Albert P. Jr., and Charles T. Burch; also two grandchildren. Funeral services at the McAVOY FUNERAL HOME, 7000 Forbes Ave., on Monday, April 17 at 11 a.m.

Diagram of Lot or Vault

Lot No. 108

Grave No.

Section No. F

Block No.

Owner Mrs. A. P. Burch

Miscellaneous

Complete Funeral (except outlays)	1000	00
Casket Professional	835	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)	27	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot Cemetery Charges	100	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad 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 McAVOY FUNERAL HOME	14	40
(Name of Newspaper)		
July 10, 1961		
Sales Tax		
Total Footing of Bill	1079	90
Less PER		
Balance		

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

Miscellaneous

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 3208 Yearly No. 27 Date of Entry Apr 18 19 61

Name of Deceased Elmer D. Mc Closkey

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

Residence: 119 Van Braam St 19

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

Charge to: Miss Carrie Mc Closkey

Address 119 Van Braam St 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Salesman 194-09-9047 (Social Security Number)

Employer and Address .....

Date of Death Apr 18 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 11 1885 Age 75 - 10 - 7 (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 Country) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Metastases to brain

Contributory Causes + lungs

Primary Carcinoma of Rectum

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

His Address: Mercy Hospital

Name of Father John E. Mc Closkey

His Birthplace .....

Maiden Name of Mother Mary Shoveline

Her Birthplace: .....

Date of Funeral Apr 22 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

McCLOSKEY
On Tuesday, April 18, 1961, Elmer D., brother of Elizabeth, Carrie, Mrs. Mary Qualey and Frank Mc Closkey. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Saturday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 4

Grave No. 5

Section No. 40

Block No. 19

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	2 130 00
Casket #1 Professional Bronze		1580 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)		
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		150 00
Cremation		
Flowers, $ 4 Palms, $ ..... Matting, $		72 80
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb. Vault		155 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 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 6 Papers (Names of Newspapers)		24 30
Ss-ok		
Sales Tax		
Total Footing of Bill	$	2209 10
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
June 21 61	By Payment	$ 900 00	$ 1309 10
Apr 22 61	" "	$ 500 00	$ 809 10
	" "	$	$
	" "	$	$
	" "	$	$

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 .....

RECORD OF FUNERAL

Total No. 3209 Yearly No. 28 Date of Entry Apr. 20 1961

Name of Deceased Mary E. Stevenson (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 218 Amanda St 10 ☐Husband ☐Wife ☐Widow of Thomas F. Stevenson Jr.

Charge to Thomas F. Stevenson Jr. Age of Husband or Wife (if living) Years

Address 218 Amanda St 10

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Saleswoman 175-16-3155 (Social Security Number)

Employer and Address

Date of Death Apr. 20, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 15 1905 Age 55 7 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Fulton (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 John J. Kane Hospital

Cause of Death Astrocytoma Grade III

Contributory Causes

Certifying Physician Dr. Hon. Redmond (or Coroner)

His Address John J. Kane Hospital

Name of Father Charles Collin

His Birthplace

Maiden Name of Mother Edith Evans

Her Birthplace

Date of Funeral Apr. 24, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Chartiers Cemetery

STEVENSON

On Thursday, April 20, 1961 Mary E. Collin, beloved wife of Thomas F. Stevenson Sr., mother of Thomas F. Stevenson Jr., grandmother of Mary E. Stevenson, sister of Mrs. Edith Waters, Mrs. Dorothy Fenger, Mrs. Hannah Morrison and Charles Collin. 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

Complete Funeral (except outlays)	$ 980	00
Casket #4 Professional Services	705	00
Burial Vault or Box One grey Cas (State Kind)	100	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)		
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, $ ... 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 (Names of Newspapers)	21	60
Sales Tax		
Total Footing of Bill	$ 1020	60
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$ Incl.
6/22/61	By Payment	$ 171 00	$ 869 00
7/8/61	" "	$ 542 25	$ 326 75
	" "	$ 713 25	$
	" "	$	$
	" "	$	$

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. 3210 Yearly No. 29 Date of Entry Apr 29 19 61

Name of Deceased Gertrude Daemel (What Race) H

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 2024 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of Gilbert Daemel Age of Husband or Wife (if living) ..... Years

Charge to: Gilbert Daemel

Address .....

Order given by Albert Allsop (or informant)

How Secured 3418 Duquesne Blvd N Mifflin Pa

If Veteran, Name of War .....

Occupation Waitress 206-22-5037 (Social Security Number)

Employer and Address Elms Restaurant

Date of Death Apr 29, 1961 - 3:15 PM E.S.T. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 25, 1916 Age 45-2-4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Fr Hooner - St Agnes (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 Acute Pulmonary Edema

Contributory Causes .....

Certifying Physician Dr. S. Rosenbloom (or Coroner)

His Address: Montefiore Hospital

Name of Father Albert Allsip

His Birthplace .....

Maiden Name of Mother Mary C. Hrebek

Her Birthplace .....

Date of Funeral May 3, 1961 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 Paid by Albert Allsip

Complete Funeral (except outlays)	$	1575 00
Casket & Professional Services		1275 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)		43 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 Charges		Rd.
Cremation Albert Allsip		
Flowers, $ 4 .. Palms, $ .... Matting, $		114 40
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		16 20
McAVOY FUNERAL HOME		
PAID		
Sales Tax		
Total Footing or Bill 4-21-1961	$	1654 60
Less	$	
PER WM 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. 3211 Yearly No. 30 Date of Entry May 2 1961

Name of Deceased Barbara Nee Age 14

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

Residence 1713 Locust St 19 ☐Husband ☐Wife ☐Widow of Martin Age of Husband or Wife (if living) Years

Charge to Martin Nee

Address 1713 Locust 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 May 2 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 17 1903 Age 58-1-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Sheehy (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 Bilateral pulmonary embolism, Hypertension heart disease, multiple fractures

Contributory Causes

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

His Address Mercy Hospital

Name of Father Bartley Kane

His Birthplace

Maiden Name of Mother Bridget O'Toole

Her Birthplace

Date of Funeral May 6 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Calvary Cemetery

Diagram of Lot or Vault

Lot No. 13

Grave No. 3

Section No. 40

Block No. 16

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1340 00
Casket		1000 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)		33 50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines 1 @ $		18 00
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Rt. Martin Nee		
Cremation		
Flowers, $ 4 ... Palms, $ ... Matting, $		72 80
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		
8 line Death Notices in 5 Papers (Names of Newspapers)		18 00
Sales Tax		
Total Footing of Bill	$	1393 30
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME May 8, 1961

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. 3212 Yearly No. 31 Date of Entry May 10 19 61

Name of Deceased Catherine Morrissey — Sr. M. Catherine (What Race) 71

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 808 Arch Street 12

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

Charge to: Sisters of Mercy

Address 3333 Iglehart Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death May 10, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 19, 1888 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent Mt. Mercy (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Coleraille, Pa

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

Place of Death St. Peters Convent 808 Arch St

Cause of Death: Acute myocardial infarct

Contributory Causes A. A. H. D.

.....

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

His Address: Mercy Hospital

Name of Father Thomas E. Morrissey

His Birthplace Utica, N.Y.

Maiden Name of Mother Anna Mary McGuire

Her Birthplace: Buffalo, N.Y.

Date of Funeral May 12, 1961 (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 7 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)		
___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)		
Sales Tax		
Total Footing of Bill	$	300 00
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME

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 .....

Long Beach, California

RECORD OF FUNERAL

Total No. 3213 Yearly No. 32 Date of Entry May 17 19 61

Name of Deceased Stillborn Mc Nie (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 633 Boggs Ave. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Gilbert C. Mc Nie

Address 633 Boggs Ave.

Order given by Nick Romah (or informant)

How Secured Tel. 1 46 32

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 17 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Stillborn 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 South Side Hospital

Cause of Death Fetalis

Contributory Causes .....

.....

Certifying Physician Dr. Rocco Vernenos (or Coroner)

His Address 213 Grandview Ave.

Name of Father Gilbert C. Mc Nie

His Birthplace Warren Ohio

Maiden Name of Mother Helen A. Romah

Her Birthplace Pittsburgh Pa.

Date of Funeral May 19 1961 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		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		10 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
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.

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 3214 Yearly No. 33 Date of Entry May 18 19 61

Name of Deceased Clarence Griffin Sr.

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

Residence: 252 Darragh St. 13 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: James L. Griffin

Address: 1045 Sandusky St. 27

Order given by Tue 2-81-97 (or informant)

How Secured:

If Veteran, Name of War

Occupation Laborer 206-01-5436 (Social Security Number)

Employer and Address

Date of Death May 18, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 31, 1921 Age 39-4-17 (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 South Side Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Cerebro vascular disease

Certifying Physician Dr. R. E. Hershey (or Coroner)

His Address: South Side - Mercy Hospital

Name of Father Edward J. Griffin

His Birthplace

Maiden Name of Mother Margaret Morrow

Her Birthplace:

Date of Funeral May 22, 1961 (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. 274

Grave No. 1

Section No. F

Block No.

Owner Mother Griffin

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 1080	00
Casket	900	00
Burial Vault or Box (State Kind)	160	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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	87	00
Cremation		
Flowers, $ ..... 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 5 Papers (Names of Newspapers)	24	75
$5.00		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1128	75
Less June 11, 1961	$	
Balance	$	

PAID

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

PER

Miscellaneous

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

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

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

Signed .....

RECORD OF FUNERAL

Total No. 3215 Yearly No. 34 Date of Entry May 21 19 61

Name of Deceased Stillborn K. Khalil (2) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3503 Blvd. of Allies 13 ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Michael K. Khalil

Address 3503 Blvd. of Allies 13

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 21 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 21 1961 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Fr. Paul Ramley (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 Montefiore Hospital

Cause of Death Prematurity

Contributory Causes .....

.....

Certifying Physician Dr. D. J. Blom (or Coroner)

His Address Montefiore Hospital

Name of Father Michael Khalil

His Birthplace Syria

Maiden Name of Mother Agnes Khalil

Her Birthplace Pittsburgh, Pa.

Date of Funeral May 23 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } St. George I. O. Bridgeville, Pa.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 2nd Service	15	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	20	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	35 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID May 22 1961

PER Jim

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. 3216 Yearly No. 35 Date of Entry May 27 1961

Name of Deceased Thomas J. O'Toole

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

Residence: 98 Frankfort Ave 29 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Miss Ann O'Toole

Address 909 Baldwin St Pgh 34 Pa

Order given by For 16368 (or informant)

How Secured Gr 14800 - Bus Office

If Veteran, Name of War

Occupation Clerk 188-20-9143 (Social Security Number)

Employer and Address

Date of Death May 27 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 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 98 Frankfort Ave

Cause of Death Carcinoma of Lung

Contributory Causes

Certifying Physician Dr. Clarence Cummings (or Coroner)

His Address: 98 Frankfort Ave 29

Name of Father Martin O'Toole

His Birthplace

Maiden Name of Mother Mary Hannon

Her Birthplace

Date of Funeral May 30, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Clipping: O'TOOLE—On Saturday, May 27, 1961, Thomas J., formerly of 1121 Rowe St., son of the late Martin and Mary Gannon O'Toole; brother of Sr. M. Baptista, R.S.M., Mrs. Mary Murphy, Ann, and Martin O'Toole. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 4700 Forbes Ave. Notice of time later. Interment

Diagram of Lot or Vault

Lot No. 514

Grave No. 5

Section No. 21

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket	1595 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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 00
8 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	137 00
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	
13 line Death Notices in 4 Papers (Names of Newspapers)	23 40
SS-OK McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill June 29, 1962	$ 2000 40
Less	$
Balance	$

PAID

PER

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

Miscellaneous

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

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

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

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

Signed .....

Address .....

Witness .....

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

RECORD OF FUNERAL

Total No. 3217 Yearly No. 36 Date of Entry June 4 1961

Name of Deceased Kathleen T. Abraham (What Race) 26

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1306 Bellaire Place 26 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Michael Abraham

Address 1306 Bellaire Ave 26

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

How Secured .....

If Veteran, Name of War .....

Occupation Student (Social Security Number)

Employer and Address .....

Date of Death June 4, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 21, 1934 Age 16 - 11 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Rev. Thomas Marpes (Address)

Religion of the Deceased Maronite Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Hodgkins Sarcoma

Contributory Causes .....

.....

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

His Address Mercy Hospital

Name of Father Michael Abraham

His Birthplace .....

Maiden Name of Mother Catherine Marpes

Her Birthplace .....

Date of Funeral June 7, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery } Queen of Heaven Cem.



Diagram of Lot or Vault

Lot No. 42

Grave No. 1

Section No. 15

Block No. 15

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1300 —
Casket. Professional Hermes		995 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)		43 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		135 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers (Name of Newspaper)		21 60
Cards McAvoy Funeral Home June 11, 1961		35 00
Sales Tax		
Total Footing of Bill	$	1395 60
Less PER Ybm	$	
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. 3218 Yearly No. 37 Date of Entry June 8 1961

Name of Deceased Charles H. Doherty (What Race) H

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5245 Centre Ave ~~84~~ 32 ☐Husband ☐Wife ☐Widow of } Margaret V. Mulvaney Age of Husband or Wife (if living) Years

Charge to Mrs Margaret Doherty

Address 5245 Centre Ave ~~84~~ 32

Order given by mw 3-1250 - at 12724 (or informant)

How Secured

If Veteran, Name of War

Occupation Typstaff 193-22-2136 (Social Security Number)

Employer and Address

Date of Death June 8 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 24 1897 Age 63 - 8 - 14 (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 Shadyside Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Jas B Dobbas (or Coroner)

His Address Coroner - Allg Co.

Name of Father Patrick Doherty

His Birthplace

Maiden Name of Mother Mary Mulvany

Her Birthplace

Date of Funeral June 12 1961 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

DOHERTY—Suddenly on Thursday, June 8, 1961, Charles H., beloved husband of Margaret V. Mulvaney, brother of Mrs. Margaret Schubert, Edward R. and John M. Doherty. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Penn Ave., Monday morning, at 9:30, thence requiem Mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 86

Grave No. 4

Section No. M-A

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1860 00
Casket Professional Service	1595 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)	
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	135 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ - Singers, $ ... Organist, $	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	
SS-OK	
10 line Death Notices in 6 Papers	29 70
McAVOY FUNERAL HOME	
PAID July 8, 1961	
Sales Tax	
Total Footing of Bill	$ 1989 70
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

RECORD OF FUNERAL

Total No. 3219 Yearly No. 38 Date of Entry June 22 19 61

Name of Deceased Baby Girl Benders (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1830 Brownsville Rd ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to .....

Address .....

Order given by Alex Sieg (or informant)

How Secured Liberty Ins.

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death June 22 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 22 19 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman Protestant (Address)

Religion of the Deceased .....

Birthplace South Side Hospital Pgh

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

Place of Death South Side Hospital

Cause of Death Hydrocephalus

Contributory Causes Thrombosis of Cord

.....

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

His Address 919 Carson St

Name of Father Raymond Roth

His Birthplace Penna

Maiden Name of Mother Florence Bender

Her Birthplace Penna

Date of Funeral June 26 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Cremation - 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)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring 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	$
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

119

Total No. 32 20 Yearly No. 39 Date of Entry June 30 19 61

Name of Deceased Josephine (Giuseppa) Griffes (What Race)

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1608 Fusten St 19

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

Charge to: Miss Jennie Griffes

Address 1608 Fusten St

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death June 30 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 7 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Griffey Church

Clergyman Msgr. Daniel Herring (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death West Penn Hospital

Cause of Death Carcinoma of Breast

Contributory Causes with Pulmonary Metastases Cardiac Failure

Certifying Physician Dr. Strong (or Coroner)

His Address West Penn Hospital

Name of Father Anthony Battaglia

His Birthplace Italy

Maiden Name of Mother Maria Battaglia

Her Birthplace Italy

Date of Funeral July 3 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary

GUIFFRE (Jeffry)
On Friday, June 30, 1961, Josephine Battaglia; wife of Agostino Guiffre; mother of Mrs. Mary D'Leo, Jennie Guiffre and Thomas Guiffre; also 3 grandchildren, 2 brothers and 2 sisters. Friends received at the Strope Funeral Home, Forbes Ave., on Monday morning at 9:30. Request high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 27
Grave No. 7
Section No. 40
Block No. 8
Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1175 00
Casket 7 Professional Services		825 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)		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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		135 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		15 00
Railroad or Motor } Tickets, $ ..... 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		9 90
McAVOY Funeral Home		
Sales Tax		
Total Footing of Bill July 3, 1961	$	1218 90
Less	$	
PAID PER Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
7/14/61	To Above Balance		$
"	By Payment	$ 700 00	$ 518 90
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 3221 Yearly No. 40 Date of Entry June 30 19 61

Name of Deceased Peter P. Cina (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 68 Van Braam St 19 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of Peter P. Cina

Address 68 Van Braam St.

Order given by Col 0339 (or informant)

How Secured Mary Fun. 1.8.243

If Veteran, Name of War

Occupation Hospital Attendant 209-03-7858 (Social Security Number)

Employer and Address

Date of Death June 30 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 2 1884 Age 76-8-28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspharr 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 West Penn Hospital

Cause of Death Pulmonary Embolism

Contributory Causes Probable Pelvic Thrombosis

Certifying Physician Dr. H. A. Bearett (or Coroner)

His Address West Penn Hospital

Name of Father Johan Cina

His Birthplace Italy

Maiden Name of Mother Nina Muscio

Her Birthplace Italy

Date of Funeral July 5 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

CINA
On Friday, June 30, 1961, Peter P. husband of the late Isabel Mason, father of Mrs. Nina Vorel, Mrs. Isobel Robinson and Mrs. Mary Bruscemi, brother of Joseph Cina, [illegible] grandchildren, three great-grandchildren. Funeral from the [illegible] MAHOY FUNERAL HOME, 4900 Forbes Ave., on Wednesday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No. 5
Grave No. 17
Section No. MA
Block No.
Owner

Miscellaneous

Caplan - Lipsitz Realty
Gr. #1393

Complete Funeral (except outlays)	$	
Casket Professional Service	1180	00
Burial Vault or Box	200	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)		
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	140	00
Cremation		
Flowers, $ ..... 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 Notice U.S. Papers	16	20
(Names of Newspapers)		
S.S.C.K. Dec. 8, 1961		
Sales Tax		
Total Footing of Bill	$ 1555	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. 3222 Yearly No. 41 Date of Entry July 7 19 61

Name of Deceased Frank A. Gallo

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 119 Jamesville St 19 ☐Husband ☐Wife ☐Widow of Mildred Keighley (What Race) Age of Husband or Wife (if living) Years

Charge to: Mrs. Mildred Gallo

Address 119 Jamesville St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Construction Worker 172-12-9313 (Social Security Number)

Employer and Address

Date of Death July 7 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 24 1911 Age 49-6-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Parish 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 Presbyterian Hospital

Cause of Death Uremia

Contributory Causes Staghorn Calculi

Certifying Physician Dr. H. Menzies (or Coroner)

His Address Presbyterian Hospital

Name of Father Peter Gallo

His Birthplace

Maiden Name of Mother Mary Chiappetta

Her Birthplace

Date of Funeral July 11, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

GALLO
On Friday, July 7, 1961, Frank A. husband of Mildred Keighley; father of Mrs. Mary Chiappetta, Janet Schuder, Joyce, Francine, John, Ronald and Ralph Gallo; brother of Mrs. Maria Costello, Mrs. Anna Giarla, Mrs. Regina Palumbo, Philip, Peter and Robert Gallo; also six grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 3700 Fenton Road, on Tuesday morning at 9 A.M. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No. 53

Section No. 1k

~~Block No.~~ Row 1

Owner

Complete Funeral (except outlays)	1170	00
Casket 7 Personal Viewer	850	00
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Black Tie (State Kind and Color)	5	50
Slippers, $ ... Hose, $ ... Suit	35	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 Cemetery Charges	185	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	15	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 3 Papers (Names of Newspapers)	20	25
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing or Bill Aug 15, 1961	$ 1216	75
Less	$	
Balance	$	
Entered into Ledger, page ... or below. PER JPM		
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

Witness

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

CALVARY CEMETERY

July 11, 1961

SINGLE INTERMENT

—NAME OF DECEASED—

Frank Gallo

Grave 53 Row 1 Sec 16

Paid $185.00 James A. Dewlen
Supt.
S

(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 perennial plants is not permitted.

3. Annual flowers may be planted in front of the grave marker in a space 12 inches wide.

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

5. Fences, coping, hedges, or other enclosures, AND MOUNDED GRAVES, are not permitted.

RECORD OF FUNERAL

Total No. 3223 Yearly No. 42 Date of Entry July 11 1961

Name of Deceased Lisa A. Roberto (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 73 Marion St. 19 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Eugene C. Roberto

Address 73 Marion 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 July 11, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 31 1957 Age 3 - 11 - 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geaney (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 Myelogenous

Contributory Causes Leukemia

.....

Certifying Physician ..... (or Coroner)

His Address Mercy Hospital

Name of Father Eugene C. Roberto

His Birthplace .....

Maiden Name of Mother Louisa Chiappetta

Her Birthplace .....

Date of Funeral July 14, 1961 (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. 53

Grave No. 6

Section No. 7

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	795 00
Casket		795 00
Burial Vault or Box (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)		
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		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, $ 40 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		21 60
MEMORIAL HOME		
Sales Tax		
Total Footing of Bill July 20, 1961	$	992 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	$ 775 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. 3224 Yearly No. 43 Date of Entry July 25 1961

Name of Deceased Michael Joseph Dargan White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 110 Sist Street Pgh. 12, Pa.
☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Robert Dargan

Address 139 Meade St. Pgh 2, Pa.

Order given by Bank executor (or informant)

How Secured Robert Dargan 139 Meade Ave

If Veteran, Name of War Pfc. - Pa. 1 5973

Occupation Engineer 167-01-7469 (Social Security Number)

Employer and Address .....

Date of Death July 24 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth August 29, 1884 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Engelhorn Chapel

Clergyman Msgr. David Bearns (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hosp.

Cause of Death Mechanical Small Bowel Obst

Contributory Causes .....

Certifying Physician John R. Miller (or Coroner)

His Address Mercy Hosp.

Name of Father Michael Dargan

His Birthplace Ireland

Maiden Name of Mother Unknown

Her Birthplace Ireland

Date of Funeral July 28 1961 (Date) (Day of Week) 10 A.M. (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

DARGAN—On Monday, July 24, 1961, Michael J., husband of the late Mary McGeanley, father of Robert, Eugene and the late George Dargan, brother of Mrs. Catherine Gill; also one grandson, Patrick. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., Friday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. 4

Section No. .....

Block No. 1

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	1169	20
Casket	150	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)		
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	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, $	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	25	00
Laminated Cards		
12 line Death Notices in 6 Papers	32	40
SS-OK (Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill July 6, 1961	1940	40
Less ..... Balance $		

PAID

PER JLM

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. 3225 Yearly No. 44 Date of Entry Aug. 3 19 61

Name of Deceased Martha M. Burke Jr. (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 3009 Universal St 4

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

Charge to Mrs. Mildred Sonnet

Address 3009 Universal St 4

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

How Secured .....

If Veteran, Name of War .....

Occupation Hospital Attendant 208-32-6079 (Social Security Number)

Employer and Address .....

Date of Death Aug. 3 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 72 yrs. (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 Hydronephrosis

Contributory Causes Carcinomatosis. Metastases from Carcinoma of Colon

Certifying Physician Dr. Brady (or Coroner)

His Address Mercy Hospital

Name of Father John Mc Cafferty

His Birthplace .....

Maiden Name of Mother Mary Sweeney

Her Birthplace .....

Date of Funeral Aug. 7 1961 (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)	$	938 00
Casket Professional Services		705 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)		19 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		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, $ 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		
8 line Death Notices in 2 Papers (Name of Papers)		7 20
SS-OK McAVOY FUNERAL HO		
Sales Tax		
Total Footing of Bill (OCT 10, 1961)	$	938 70
Less	$	
Balance	$	

PAID PER JBM

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 194 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 .....

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

RECORD OF FUNERAL

Total No. 3226 Yearly No. 45 Date of Entry Aug. 8 1961

Name of Deceased Pietro (Peter) M. Bonucci (What Race) 24

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 352 Craft Ave 13 ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs Margaret Eckert

Address 352 Craft Ave 13

Order given by 621-4175 (or informant)

How Secured

If Veteran, Name of War

Occupation Custom Tailor 190-07-5504 (Social Security Number)

Employer and Address

Date of Death Aug 8 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 25 1880 Age 81-3-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes Church

Clergyman Fr Horner (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death West Penn Hospital

Cause of Death: Cardiac Arrest

Contributory Causes Myocardial Infarction

Certifying Physician Dr. Tonazzeth (or Coroner)

His Address: West Penn Hospital

Name of Father Thomas Bonucci

His Birthplace Italy

Maiden Name of Mother Regina Cerra

Her Birthplace: Italy

Date of Funeral Aug 11 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Marys Cemetery

BONACCI
On Tuesday, Aug. 8, 1961, Pietro (Peter) M., husband of the late Mary M. Clark Bonucci, father of Mrs. Margaret Eckert, Mrs. Catherine Tamicello, Mrs. Regina Vaspek, Thomas and Peter Bonucci; also two grandchildren. Friends may call at the WARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday morning at 9:30 a. m. Requiem high mass in St. Agnes Church at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1350 00
Casket 9 Professional Bronze		945 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		50 00
(State Kind and Color) Slippers, $ ..... Hose, $ 1 pr Shirt		7 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)		
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		152 00
Cremation		
Flowers, $ ..... 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		
13 line Death Notices in 5 Papers (Names of Newspapers)		29 25
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$	1402 50
Less	$	52 50
Balance	$	

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

Miscellaneous PER JM

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. 3227 Yearly No. 46 Date of Entry Aug 22 1961

Name of Deceased Frances A. Sorrenetti (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2011 Forbes Ave 19

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

Charge to Mrs. Gloria Marrone

Address 1752 Potomac Ave 16

Order given by Lo. 3-0389 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug 22 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25 1888 Age 72-7-27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes 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 Pulmonary Embolism

Contributory Causes Carcinoma of pancreas & liver, metastases

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

His Address Mercy Hospital

Name of Father P. Pasquale S. Calcaimo

His Birthplace Italy

Maiden Name of Mother Angela Cerminari

Her Birthplace Italy

Date of Funeral Aug 25 1961 (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)	900 00
Casket	703 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)	27 50
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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, $ 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	
14 line Death Notices in 2 Papers	12 60
McAVOY FUNERAL HOME (Names of Newspapers)	
PAID Sept 12, 1961	
Sales Tax	
Total Footing of Bill	$ 951 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. 3228 Yearly No. 47 Date of Entry Aug. 24 19 61

Name of Deceased Elizabeth Janoss (What Race) H

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4 Tannehill St 19 ☐Husband ☐Wife ☐Widow of Carl Age of Husband or Wife (if living) ..... Years

Charge to: Carl Janoss

Address 4 Tannehill 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. 24 1961 (Mo.) (Day) (Yr.) (Hour)

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

Services at Holy Trinity Church

Clergyman Rev. Paul Bassenyiesza (Address)

Religion of the Deceased Catholic

Birthplace Budapest Hungary

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

Place of Death Mercy Hospital

Cause of Death: Gastric Intestinal

Contributory Causes Bleeding, Peptic

Ulcer with Bleeding

Certifying Physician Dr. Harold Kirshner (or Coroner)

His Address: Mercy Hospital

Name of Father ..... Kebbish

His Birthplace Hungary

Maiden Name of Mother Unknown

Her Birthplace: Hungary

Date of Funeral Aug 28, 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Mt. Carmel Cemetery

Diagram of Lot or Vault

Lot No. 211

Grave No. 5

Section No. 11

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1020	-
Casket	820	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)	28	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad 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)	19	80
McAVOY FUNERAL HOME PAID		
Sales Tax Oct. 19, 1961		
Total Footing of Bill	$ 1069	30
Less	$	
PER Balance JLM	$	

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. 3229 Yearly No. 48 Date of Entry Aug 25 19 61

Name of Deceased Robert Lee Pisano (What Race) 2h

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 33 Miltenberger St ☐Husband ☐Wife ☐Widow of ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Martin M. Pisano

Address 33 Miltenberger St

Order given by Martin M. Pisano (or Informant)

How Secured 55 Beebee St

If Veteran, Name of War

Occupation Apprentice Painter (Social Security Number)

Employer and Address

Date of Death Aug. 25, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 13, 1938 Age 23 - 3 - 12 (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 St Vincent Charity Hospital - Cleveland Ohio

Cause of Death Shock, impact to trunk, multi laceration of liver

Contributory Causes

Pronounced 11:25 P.M.

Certifying Physician (or Coroner)

His Address

Name of Father Martin T. Pisano

His Birthplace

Maiden Name of Mother Rachael Orlando

Her Birthplace

Date of Funeral Aug. 30, 1961 (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)	$	2050 —
Casket		1495 00
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ Shirt ... Underwear, $		5 50
Suit or Dress (State Kind and Color)		45 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 Cleveland		88 40
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, $		82 20
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		135 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ ... 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		10 00
Personal Service		
12 line Death Notices in 4 Papers		21 60
(Name of Newspaper)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Oct 25, 1961	$	2137 70
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 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. 3230 Yearly No. 49 Date of Entry Aug 26 1961

Name of Deceased George Morgan (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2012 Fifth Ave 19

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

Charge to: Mrs Anna Morgan

Address 2012 Fifth Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 206-05-4502 (Social Security Number)

Employer and Address .....

Date of Death Aug 26, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 22 1910 Age 51 6 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Cyprians Church

Clergyman Geo Hoover (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 Undetermined Natural

Contributory Causes Caused

Certifying Physician Jas. R. Dibbs - Coroner (or Coroner)

His Address 542 Fourth Ave

Name of Father Frank Morgan

His Birthplace .....

Maiden Name of Mother Anna Halstrom

Her Birthplace .....

Date of Funeral Aug 29 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	475	00
Burial Vault or Box One Half Case (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)		
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	185	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ - Singers, $ .... Organist, $	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)		
Sales Tax		
Total Footing of Bill	$	776 00
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Sept 29 1961	By Payment Mrs Morgan	$ 400 00	$
Oct 24 1961	" "	$ 100 00	$ 376 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. 3231 Yearly No. 50 Date of Entry Aug. 27 19 61

Name of Deceased Sr. M. Borgia (Mary Cullinan) (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave 13 ☐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 Sr. Religious (Social Security Number)

Employer and Address .....

Date of Death Aug. 27, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 16, 1886 Age 74 11 1 (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 Rt. Massive Hemathorax

Contributory Causes Fractures - right 5th 6th Rib - due to fall to floor

Certifying Physician Jos. B. Dobbs, Coroner (or Coroner)

His Address .....

Name of Father Daniel Cullinan

His Birthplace .....

Maiden Name of Mother Mary Carroll

Her Birthplace .....

Date of Funeral Aug. 30, 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

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 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 (Name of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill	$	300 00
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME

PAID Nov 5, 1962

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. 3232 Yearly No. 51 Date of Entry Sept 10 1961

Name of Deceased John J. Dunn

☐ Married ☒ Single ☐ Widowed ☐ Divorced 24 (What Race)

Residence: 209 Van Braam St 19 ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Miss Catherine Dunn

Address 209 Van Braam St 19

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

How Secured: .....

If Veteran, Name of War .....

Occupation Roofer 192-01-0005 (Social Security Number)

Employer and Address .....

Date of Death Sept 10, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 28 1885 Age 76-7-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel 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 John J. Kane Hospital

Cause of Death Myocardial Collapse

Contributory Causes A. S. H. D.

.....

Certifying Physician Dr. James Cassidy (or Coroner)

His Address: John J. Kane Hospital

Name of Father Michael Dunn

His Birthplace .....

Maiden Name of Mother Sarah McConnell

Her Birthplace: .....

Date of Funeral Sept 14, 1961 (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. 597

Grave No. 12

Section No. 20

Block No. 1 Sect

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	1000	00
Casket 4 Professional Service	775	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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	135	00
Cremation		
Flowers, $ 4 .... Palms, $ .... Matting, $	26	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 4 .... Singers, $ .... Organist, $	25	00
Railroad or Motor } Tickets, $ ..... 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 (Names of Newspapers)	13	50
McAVOY FUNERAL HOME		
55-9K		
Sales Tax		
Total Footing of Bill Nov. 1, 1961 $	1077	50
Less $		
Balance $		

PAID PER J. M.

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. 3233 Yearly No. 52 Date of Entry Sept. 16 1961

Name of Deceased Michael Pivan (Sergei Pivovenko) W.
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1850 Forbes Ave, Pgh. 19 ☒Husband ☐Wife ☐Widow } Agnes V. Isaevitch
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Agnes Pivan

Address 1850 Forbes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Merchant 190-07-5798 (Social Security Number)

Employer and Address Self

Date of Death Sept. 16, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 27, 1884 Age 76 - 10 - 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman .....

Religion of the Deceased Russian Orthodox (Address)

Birthplace Russia

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

Place of Death Mercy Hospital

Cause of Death Hepatoma

Contributory Causes .....

.....

Certifying Physician Dr. Hollis A. Eckert (or Coroner)

His Address Mercy Hospital

Name of Father Unknown

His Birthplace Russia

Maiden Name of Mother Unknown

Her Birthplace Russia

Date of Funeral Sept. 18, 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Alexander Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1900	00
Casket Professional Services	1595	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)	46	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	70	00
Cremation		
Flowers, $ ✓ .... Palms, $ .... Matting, $	83	20
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in U.S. Papers (Names of Newspapers)	10	00
Sales Tax		
Total Footing of Bill	$ 2007	20
Less PAID Sept 19, 1961 PER	$	
Balance	$	

MEAVOY 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.

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3234 Yearly No. 53 Date of Entry Sept. 21 1961

Name of Deceased John J. Teague 71
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 114 Miltenberger St 19 ☐Husband ☐Wife ☐Widow of } Marie Pashley
Age of Husband or Wife (if living) Years

Charge to Mrs. Marie Teague

Address 114 Miltenberger St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired City Fireman 194-26-1697 (Social Security Number)

Employer and Address

Date of Death Sept. 21 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 3 1898 Age 63 5 18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Parish Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Cleveland Ohio

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

Place of Death Vets Admr. - Oakland

Cause of Death: Hospital untestinal hemorrhage

Contributory Causes due to peptic ulcers

Certifying Physician (or Coroner)

His Address

Name of Father Owen Teague

His Birthplace

Maiden Name of Mother Margaret Walter

Her Birthplace

Date of Funeral Sept. 24 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary (Colbert's plot

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1480	00
Casket Professional Bronze	1295	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)		
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		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 25 ... 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		
16 line Death Notices in 4 Papers (Names of Newspapers)	28	80
V.A. - OK		
Sales Tax		
Total Footing of Bill	$ 1557	80
Less	$	
Balance Oct 16 1962	$	

MAHONY FUNERAL HOME

PAID

Entered into Ledger, page ... or below.

Miscellaneous

PER JM

Date	Oct 16, 1961	Amount Paid	Balance	Date		Amount Paid	Balance
Oct. 16, 1961	To Above Balance		$		To Balance Forward		$
	By Payment	$ 1683 00	$		By Payment	$	$
	" "	$ 146 52	$ 260 48		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3235 Yearly No. 54 Date of Entry Sept. 25 19 61

Name of Deceased Jennie M. Roberts (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1625 Forbes Ave ☐Husband ☐Wife ☐Widow of James L.

Charge to Mrs Anna L. Jenna Age of Husband or Wife (if living) Years

Address 1625 Forbes Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Sept 25 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 31 1900 Age 61-3-24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geary (Address)

Religion of the Deceased Catholic

Birthplace New York

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

Place of Death Mayview State Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes

Certifying Physician Dr. F. A. Chianese (or Coroner)

His Address Mayview State Hospital

Name of Father Charles Eamer

His Birthplace

Maiden Name of Mother Catherine Tate

Her Birthplace

Date of Funeral Sept 28 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

ROBERTS
On Monday, Sept. 25, 1961, Jennie Eamer Roberts, wife of the late James P. Roberts; mother of Mrs. Anna Laverne Pena, Mrs. Mary Jane Hahnloe and Mrs. Catherine LeManna; also eight grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., Thursday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1640	00
Casket Professional Service	835	00
Burial Vault or Box C.P. Cask (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing; $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)	36	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	90	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $	15	00
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers	21	60
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Oct 6 1961		
Total Footing of Bill $	1089	60
Less $		
PER JPM Balance $		

PAID

Entered into Ledger, page or below.

Miscellaneous

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

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address (Firm Name of Funeral Directors.)

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

RECORD OF FUNERAL

Total No. 3236 Yearly No. 55 Date of Entry Sept. 28 1961

Name of Deceased Elizabeth J. Callahan (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 16 Hooper St. 19

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

Charge to Estate of Elizabeth Callahan

Address .....

Order given by Dr. Richard Callahan (or informant)

How Secured 2106 Lake Osborne Dr. Lake Worth Fla

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Sept. 28, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 10, 1878 (Mo.) (Day) (Yr.) Age 83 (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Henry (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 Confluent Broncho Pneumonia

Contributory Causes Intratrochanteric fracture of left femur due to fall at residence

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address: Coroner - Alley Co.

Name of Father Edward J. Callahan

His Birthplace .....

Maiden Name of Mother Elizabeth McCann

Her Birthplace .....

Date of Funeral Oct. 2, 1961 (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. 253

Grave No. 4

Section No. G

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) $		
Casket	850	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)	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 Chgs. + Vault	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 / 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	9	90
(Name of Newspaper)		
Sales Tax		
Total Footing of Bill $	1132	90
Less $		
Balance $		

MCAVOY FUNERAL HOME
PAID
Oct 2 1961
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. 32337 Yearly No. 56 Date of Entry Sept. 30 1961

Name of Deceased John R. Bruno (What Race) W

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

Residence 60 Von Braam St 19

Charge to Mrs. Margaret Bruno

Address 60 Von Braam St 19

Order given by at 1:17 (or informant)

How Secured

If Veteran, Name of War

Occupation Parking Lot Attendant 170-03-2496 (Social Security Number)

Employer and Address

Date of Death Sept. 30, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 26 1902 (Mo.) (Day) (Yr.) Age 58 (Yrs.) 10 (Mos.) 16 (Days)

Services at Epiphany Church

Clergyman Rev. Msgr. Daniel Hoverty (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 Massive Pleural Effusion c Metastasis

Contributory Causes Shift metastatic Ca. to Pleura

Primary C.A. of Lung

Certifying Physician Dr. R. Levy (or Coroner)

His Address Montefiore Hospital

Name of Father Anthony Bruno

His Birthplace Italy

Maiden Name of Mother Jennie Grasso

Her Birthplace Italy

Date of Funeral Oct. 4, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

BRUNO—On Saturday, Sept. 30, 1961, John R. Bruno, Sr., husband of Margaret M. Leap, father of Mrs. Margaret Riston and John R. Bruno, Jr., brother of Carmen, Anthony and Samuel Bruno, also five grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Wednesday morning at 8:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 43

Grave No. 31

Section No. M A

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	1300	00
Casket 4 Professional Services	795	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, $ Use	1	75
Folding Chairs, $ ..... Tarpaulin, $ Tent	3	75
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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	291	25
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 25 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		
13 line Death Notices in 4 Papers	23	40
(Names of Papers)		
Sales Tax		
Total Footing of Bill Nov 7, 1961 $	1345	15
Less $		
Balance PER $		
Entered into Ledger, page ..... or below.		

McAVOY FUNERAL HO

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Oct. 25, 1961	By Payment	$ 11.29.90	$ 170.60		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3238 Yearly No. 57 Date of Entry Oct 6 1961

Name of Deceased Agnes Mack (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 51 Miltenberger St 19 ☐Husband ☐Wife ☐Widow } Charles W.

Charge to: Miss Anna Eva Noonan or ..... of } Age of Husband or Wife (if living) ..... Years

Address .....

Order given by Richard M. Smith (or informant)

How Secured 232 Monroe St - Fallen Church, Va.

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Oct 6, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 26, 1884 Age 77 Yrs. 1 Mos. 10 Days (Mo.) (Day) (Yr.)

Services at Holy Trinity Church

Clergyman Fr Paul P. Bassompierre (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 Hepatic Failure

Contributory Causes Carcinomatosis - Primary unknown

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

His Address: Mercy Hospital

Name of Father Richard Noonan

His Birthplace .....

Maiden Name of Mother Mary Lotter

Her Birthplace .....

Date of Funeral Oct 9, 1961 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } Calvary Cemetery

MACK
On Friday, Oct. 6, 1961, Agnes Noonan, wife of the late Charles W. Mack; mother of the late Hilda Mack; sister of John, Anna Eva, Neonan. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 3260 Forbes Ave., on Monday morning at 9 A.M. Services will take place in Holy Trinity Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 44

Grave No. 1

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 147	00
Casket	120	00
Burial Vault or Box (State Kind)	20	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	30	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)		
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	90	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $	15	00
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers	4	50
(Name of Funeral Home)		
Sales Tax		
Total Footing of Bill	$ 1547	25
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME
Nov 21 1961

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. 3239 Yearly No. 59 Date of Entry Oct 8 1961

Name of Deceased Della Conroy (What Race) W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 1926 Forbes Ave 12 ☐Husband ☐Wife ☐Widow of Patrick J. (P.J.) Age of Husband or Wife (if living) Years

Charge to Estate of Della Conroy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Oct 8, 1961 (Mo.) (Day) (Yr.) (Hour)

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

Services at St. Agnes Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Galway, Ireland

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

Place of Death Mercy Hospital

Cause of Death Metastatic Carcinoma

Contributory Causes Carcinoma of Uterus

Certifying Physician Dr. F. H. Bragdon (or Coroner)

His Address Mercy Hospital

Name of Father Coleman Lydon

His Birthplace Ireland

Maiden Name of Mother Ann Conroy

Her Birthplace Ireland

Date of Funeral Oct 11, 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

CONROY
On Sunday, Oct. 8, 1961, Della, beloved wife of the late Patrick J. (P. J.) Conroy, sister of Thomas, Peter, Patrick, Dudley and the late Coleman Lydon. Funeral from the EDW. J. McAVOY FUNERAL HOME, 1926 Forbes Ave., Wednesday morning at 9:30 to requiem high mass in St. Agnes 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 7 Professional Services	1220	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	5	00
Suit or Dress (State Kind and Color)	35	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines 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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	90	00
Cremation		
Flowers, $ Palms, $ Matting, $	78	00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $	30	00
Railroad / or Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers)	9	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1691	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. 3240 Yearly No. 59 Date of Entry Oct 8 1961.

Name of Deceased Sabina Tiejak Jr.

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

Residence: 16 Seneca Street 19 ☐Husband ☐Wife ☐Widow of Stephen Sr.

Charge to: Mr. Stephen Tiejak Sr. Age of Husband or Wife (if living) Years

Address. 16 Seneca 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 8 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 23 1882 Age 79 7 15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Elizabeth Church (Penn Ave)

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Czechoslovakia

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

Place of Death. 16 Seneca St.

Cause of Death Cerebral Hemorrhage

Contributory Causes

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

His Address: 3700 Fifth Ave.

Name of Father Michael Kontak

His Birthplace

Maiden Name of Mother Suzan Hovan

Her Birthplace:

Date of Funeral Oct 12 1961 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

TICJAK
On Sunday, Oct. 8 1961, Sabina Kontak, wife of Stephen Ticjak Sr.; mother of Mrs. Anna Veverka and Stephen Ticjak Jr.; also five grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday morning at 9:15. Requiem high mass in St. Elizabeth Church, Penn Ave. and 16th St., at 10 o'clock. Recitation of the Rosary by Rosary and Altar Societies Wednesday at 8:30 p. m.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	980	00
Casket Professional Bronze	760	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)		
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, $	62	40
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	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		
13 line Death Notices in 2 Papers	10	40
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	1024	80
Less $		
PER Balance $		

McAVOY FUNERAL HOME
PAID
Jan 12 1962

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

RECORD OF FUNERAL

Total No. 3241 Yearly No. 60 Date of Entry Oct 16 19 61

Name of Deceased Sava (Aua) Glumac H.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1732 Fifth Ave 19 ☐Husband ☐Wife ☐Widow of Stella Ryan Years
Charge to Estate of Sava (Aua) Glumac
Address 1732 Fifth Ave
Order given by George Glumac (or informant)
How Secured 1119 Gill Hall Rd - Clairton Pa
If Veteran, Name of War W. W. 1
Occupation Self Employed 169-03-9531 (Social Security Number)
Employer and Address Pool Room Proprietor
Date of Death Oct 16, 1961 (Mo.) (Day) (Yr.) (Hour)
Date of Birth Jan 6, 1893 Age 68-9-10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Services at St George Serbian Orthod Church
Clergyman Fr Milan Savich
Religion of the Deceased Serbian Orthodox (Address)
Birthplace Czechoslovakia
Resided in the State (or U.S. or City or County) (Years) (Months)
Place of Death V.A. Hospital Oakland
Cause of Death Myocardial Infarction
Contributory Causes Left ventricle

Certifying Physician (or Coroner)
His Address
Name of Father Steve Glumac
His Birthplace Czechoslovakia
Maiden Name of Mother Mara Kombnac
Her Birthplace Czechoslovakia
Date of Funeral Oct 20, 1961 M. (Date) (Day of Week) (Hour)
Motor Ship } Remains to
Size of Casket (State Color and Number)
Manufactured by
Cemetery Crematory } St George Serbian Orthodox

Diagram of Lot or Vault

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

Miscellaneous

Complete Funeral (except outlays)	$ 1631 00
Casket $ Professional Services	1250 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)	42 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 Charges	25 00
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	42 40
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 (Name of Newspapers)	24 75
McAVOY FUNERAL HOME	
PAID Nov 10 1961	
Sales Tax	
Total Footing of Bill	$ 1705 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		$
Dec 30 1961	By Payment 2 Dec	$ 231 00	$ 1474 15	1 11 00	By Payment	$	$
3/3/62	" "	$ 1474 15	$		" "	$	$
	" " V.A.	$ 256 10	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3242 Yearly No. 61 Date of Entry Nov 10 1961

Name of Deceased Pauline Kurchek (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1241 Arkansas Ave 16 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Miss Mary Kurchek

Address 1241 Arkansas Ave 16

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Nov 10 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 5 1890 Age 71 - 4 - 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St John the Baptist Ukranian Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death 1241 Arkansas Ave

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerotic Heart disease

Certifying Physician Dr. A. H. De Lea (or Coroner)

His Address 2919 Glenmore Ave

Name of Father Harry Suzenskay

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Nov 13 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St John the Baptist Cemetery Baldwin Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous .....

Complete Funeral (except outlays)	1360	00
Casket 4 Porpoise Bronze	985	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)	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)		
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, $	30	00
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ ... Singers, $ .... Organist, $	55	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)	24	20
Sales Tax Jan 2, 1967		
Total Footing of Bill $	1407	20
Less PER John P. McAvoy $		
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.

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3243 Yearly No. 62 Date of Entry Nov. 16 1961

Name of Deceased Richard D. Rugg

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1714 Forbes Ave (Rear) 19 ☐Husband ☐Wife ☐Widow of } Mary Coleman (What Race)

Charge to Wm L Finnegan Age of Husband or Wife (if living) Years

Address 1905 Forbes Ave 19

Order given by Dr 1-2457 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Garage Attendant (Social Security Number)

Employer and Address

Date of Death Nov. 16, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 1885 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Michigan

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

Place of Death John J. Kane Hospital

Cause of Death Myocardial Collapse

Contributory Causes Inanition, Senility Arteriosclerosis

Certifying Physician Dr. James J. Cassidy (or Coroner)

His Address John J Kane - Scott Twp.

Name of Father Richard Rugg

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Nov. 20, 1961 (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)	$ 1390 —
Casket	1000 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)	
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	90 00
Cremation	
Flowers, $ 4 ... Palms, $ ... Matting, $	72 80
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ 4 ... Singers, $ ... Organist, $	35 00
Railroad / Motor Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
... line Death Notices in 4 ... Papers	9 00
(Names of Newspapers)	
Sales Tax ... April 7, 1962	
Total Footing of Bill	$ 1439 80
Less	$
PER 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	$	$
2/16/62	By Payment	$943 26	$496 54		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3244 Yearly No. 63 Date of Entry Nov. 20 1961

Name of Deceased Nora Conroy (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 40 Congress St. 19

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

Charge to: John P. Conroy

Address 40 Congress 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. 20 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geary (Address)

Religion of the Deceased Catholic

Birthplace Galway Ireland

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

Place of Death Mercy Hospital

Cause of Death Adenocarcinoma of Colon terminal

Contributory Causes Anemia Thrombi

Certifying Physician Dr. E. B. Buchanan (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick Connelly

His Birthplace Ireland

Maiden Name of Mother Mary Conroy

Her Birthplace Ireland

Date of Funeral Nov. 24 1961 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

CONROY
On Tuesday, Nov. 21, 1961, Nora Connelly, wife of the late Joseph Conroy, mother of Joseph Schuller and John Conroy, sister of Mrs. Kate Naughton and Cummin Conley, both of Galway, Ireland. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 3700 Cedar Ave., on Friday morning at 8:30, solemn requiem Mass in the Church of the Epiphany at 10 o'clock.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	
Casket	810 00
Burial Vault or Box Cave proof Case (State Kind)	100 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)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	90 00
Cremation	
Flowers, $ ..... 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 4 Papers (Names of Newspapers)	21 60
Sales Tax	10 67 60
Total Footing of Bill $	
Less $	
Balance $	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Nov. 10 64	By Payment	$ 5.00 48	$ 559. 12
Nov. 25 64	" "	$ 282 25	$ 277 11
	" "	$	$
	" "	$ 190 73	$ 276 87
	" "	$	$

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 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 .....

Address .....

Witness .....

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

RECORD OF FUNERAL

Total No. 3245 Yearly No. 64 Date of Entry Nov. 24 1961

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

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1727 Forbes Ave ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of John A. Riley

Address 1727 Forbes Ave

Order given by Joseph D. Riley (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Watchman 192-09-1515A (Social Security Number)

Employer and Address

Date of Death Nov. 24. 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 22. 1882 Age 79 - 1 - 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 1727 Forbes Ave

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician Dr. Reinhardt Levy (or Coroner)

His Address 3500 Forbes Ave

Name of Father John Riley

His Birthplace

Maiden Name of Mother Margaret Casey

Her Birthplace

Date of Funeral Nov. 27. 1961 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket #. Professional Service	1175	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	90	00
Cremation		
Flowers, $ c. Palms, $ .... Matting, $	20	20
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ c. 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		
7 line Death Notices in 2 Papers (Names of Newspapers)	11	45
55-6K		
Sales Tax		
Total Footing of Bill	$	1426 25
Less PER	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 2246 Yearly No. 65 Date of Entry Dec. 6 1961

Name of Deceased Alice A. Riesmeyer (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 517 Semple St. 13

☐ Husband ☐ Wife ☐ Widow or ____ of Oliver J.

Charge to: Oliver J. Riesmeyer

Age of Husband or Wife (if living) ____ Years

Address 517 Semple St. 13

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Dec. 6, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 4, 1897 Age 64-1-2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Regis 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 517 Semple St.

Cause of Death Carcinoma of left

Contributory Causes breast

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

His Address 3700 Forbes Ave

Name of Father John O'Keefe

His Birthplace ____

Maiden Name of Mother ____ Hannah

Her Birthplace ____

Date of Funeral Dec. 9, 1961 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } Calvary Cemetery

RIESMEYER
On Wednesday, Dec. 6, 1961 Alice O'Keefe, wife of Oliver Riesmeyer Sr.; mother of Mrs. Florence Saline, Joseph and Oliver Riesmeyer Jr.; sister of Mrs. Mary E. McBennett and Joseph O'Keefe; also three grandchildren. Funeral from the EDW. J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Saturday morning at 9:15. Requiem high mass in St. Regis Church at 10 o'clock.
Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	940	00
Casket Professional Services	685	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)	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	135	00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergyman, $ ____ Singers, $ ____ Organist, $ ____	15	00
Railroad or Motor } Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
____ line Death Notices in ____ Papers	15	20
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Dec 24, 1961	979	20
Less		
Balance		

Entered into Ledger, page PER ____ of below.

Miscellaneous ____

Date		Amount Paid	Balance
	To Above Balance		$
Dec. 23	By Payment	$ 700 00	$ 140 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. 3247 Yearly No. 66 Date of Entry Dec 9 1961

Name of Deceased Vincent Di Gandio (Di Gado) (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 33 Marion St 19

☐ Husband ☐ Wife ☐ Widow of Lucy Di Dolais

Age of Husband or Wife (if living) Years

Charge to Mrs Lucy Di Gandio

Address 33 Marion St 19

Order given by (or informant) 9-247

How Secured Ok 1-0522 - Dec 1-2427

If Veteran, Name of War

Occupation Candy Maker 159-12-4213 (Social Security Number)

Employer and Address

Date of Death Dec 9, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 8 1890 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Family Church

Clergyman Rev Paul P Buonopiazza (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 Coronary Thrombosis

Contributory Causes

Certifying Physician Jos B Dobbs (Of Coroner)

His Address Coroner - Alleg Co -

Name of Father Francisco Di Gandio

His Birthplace Italy

Maiden Name of Mother Vincenza Di Gandio

Her Birthplace Italy

Date of Funeral Dec 12, 1961 (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. 91

Grave No.

Section No. M A

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1400 00
Casket 7 Professional Services		1075 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)		
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		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		
9 line Death Notices in 3 Papers (Names of Newspapers)		12 15
95-tk		
Sales Tax		
Total Footing of Bill	$	1470 15
Less	$	
Balance	$	

McAVOY FUNERAL HOME PAID Jan 24 1962 PER Alm

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. Poinsman, Long Beach, California

RECORD OF FUNERAL

Total No. 3248 Yearly No. 67 Date of Entry Dec 16 1961

Name of Deceased Josephine Bruscemi (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1616 Locust St.

Charge to: Bruscemi Brothers

Address: Joseph Bruscemi

Order given by 618 Gramley Rd Rph. 27 (or informant)

How Secured: Tel. 1.8644

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec. 16, 1961 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt. 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany 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 1616 Locust St.

Cause of Death Myocardial Infarct.

Contributory Causes Coronary Occlusion

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

His Address: 2500 Fifth Ave

Name of Father Samuel Sco

His Birthplace Italy

Maiden Name of Mother Teborria Sparacino

Her Birthplace: Italy

Date of Funeral Dec. 20 1961 (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. 15

Grave No. 1

Section No. 28

Block No.

Owner

BRUSCEMI

On Saturday, Dec. 16, 1961, Josephine Serio, wife of the late Gaetano (Guy) Bruscemi, mother of Thomas, Frank, Sam, Joseph and James Bruscemi. Also 14 grandchildren and 14 great-grandchildren; sister of Mrs. Tora Bonanno, Joseph, Thomas and Antonino Sparacino. Funeral from the EDWARD J. NOE FUNERAL HOME, 1000 Forbes Ave., on Wednesday morning at 9:30. Solemn requiem mass in the Church of the Epiphany at 10 o'clock. In lieu

Complete Funeral (except outlays)	$	1350 00
Casket Professional Services		1025 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)		49 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	$	90 00
Outlay for Lot Cemetery Charges		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		25 00
Railroad / Motor } Tickets, $ ... 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)		21 60
McMURRAY FUNERAL HOME		
Sales Tax Jan 19, 1962		
Total Footing of Bill	$	1405 60
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

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

RECORD OF FUNERAL

Total No. 3249 Yearly No. 1 Date of Entry Jan 5 1962

Name of Deceased Helen M. Corry (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 4002 Windsor St 17 ☐Husband ☐Wife ☐Widow of Peter R. Corry

Charge to Mrs. Alfred Corry Age of Husband or Wife (if living) Years

Address 4002 Windsor St

Order given by Daniel Boyle - att - 702 Yuk Bldg. 19 (or informant)

How Secured Hw 1-5318

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Jan 5 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 22 1911 Age 50 - 8 - 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Fr. Sphrias (Address)

Religion of the Deceased Maronite Catholic

Birthplace Republic of Lebanon

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

Place of Death Mercy Hospital

Cause of Death Saddle Embolus and other arterial emboli Rheumatic heart disease

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

His Address Mercy Hospital

Name of Father Norman Corry

His Birthplace Lebanon

Maiden Name of Mother Sumaya Rishe

Her Birthplace Lebanon

Date of Funeral Jan 9 1962 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. 3

Grave No. 1

Section No. 40

Block No. 26

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	1040 00
Casket 4 Professional Services		275 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)		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)		
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		90 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 4 Papers (Names of Newspapers)		15 20
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1114 20
Less PAID Nov 10, 1964	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
1/29/62	By Payment Abe Corry	$ 700	$ 414 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.

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

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

RECORD OF FUNERAL

Total No. 3250 Yearly No. 2 Date of Entry Jan 8 1962

Name of Deceased George H. Boyerlein III (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 163 S. 17th St 3 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: D.P.A.

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 8 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 26 1961 Age (Mo.) (Day) (Yr.) 2 (Yrs.) 2 (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 D.O.A. South Side Hospital

Cause of Death: Interstitial Pneumonia

Contributory Causes .....

.....

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address: Coroner Alleg. Co.

Name of Father George H. Boyerlein Jr.

His Birthplace .....

Maiden Name of Mother Mary Ann Sweeney

Her Birthplace .....

Date of Funeral Jan 9 1962 (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 Unconsecrated

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	60	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	10	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers		
..... (Names of Newspapers) McAVOY FUNERAL HOME		
..... PAID		
Sales Tax ..... Expires 1962		
Total Footing of Bill	$	60 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. 3251 Yearly No. 3 Date of Entry Jan. 25 1962

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

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 8506 Forest Ave 37 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to James Plakidos

Address 8506 Forest Ave

Order given by John Chappetta (or informant)

How Secured Ca 1-4782

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Jan 25, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 25, 1962 Age Stillborn (Mo.) (Day) (Yr.) (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 Asphyxia

Contributory Causes Premature separation of Placenta

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

His Address Mercy Hospital

Name of Father James J. Plakidos

His Birthplace Pittsburgh Pa

Maiden Name of Mother Elizabeth J. Chappetta

Her Birthplace Pittsburgh Pa

Date of Funeral Jan. 26, 1962 (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		20 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge		10 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	30 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. 3252 Yearly No. 4 Date of Entry Jan 30 1962

Name of Deceased Cecelia Marowey (Mourouy) Celie Burket

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

Residence 1917 Forbes Ave 19

☐ Husband ☒ Wife ☐ Widow } or ..... of } Paul Mourouy

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

Charge to: P. Phillips Mourouy

Address 1917 Forbes Ave 19

Order given by Str. 1 2449 (or informant)

How Secured

If Veteran, Name of War

Occupation Store Keeper 183-28-0783A (Social Security Number)

Employer and Address

Date of Death Jan 30 1962 (Mo.) (Day) (Yr.) (Hour)

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

Services at Our Lady of Victory Church

Clergyman (Address)

Religion of the Deceased Maronite Catholic

Birthplace Republic of Lebanon

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

Place of Death Mercy Hospital

Cause of Death: Acute c old Myocardial Infarction - A. S. H. D.

Contributory Causes

Certifying Physician (or Coroner)

His Address: Mercy Hospital

Name of Father Burkat Abond

His Birthplace Lebanon

Maiden Name of Mother Francis Jabour

Her Birthplace: Lebanon

Date of Funeral Feb 2 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

MOUROUY (Marrawey)
On Tuesday, Jan. 30, 1962, Cecelia Burket Mourouy, wife of the late Paul Mourouy; mother of Phillip, Alexander, Paul and James Bernadette, Paul and James Marrawey. Funeral from the KOW. McANGA & FUNERAL HOME, 1400 Forbes Ave. on Friday morning, at 9:15. Requiem High Mass in Our Lady of Victory Church, Dunster St., at 10 a. m. Interment Calvary Cemetery.

Diagram of Lot or Vault

Lot No. 323

Grave No. 3 x D

Section No. V

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1270	00
Casket P. Professional Services	1950	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)	36	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	135	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... 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)	9	90
.....		
.....		
.....		
Sales Tax		
Total Footing of Bill $	1331	90
Less $		
Balance $		

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
2/28/62	By Payment	$ 1041 34	$ 290 56
4/21/62	" "	$ 195 00	$ 95 56
	" "	$	$
	" "	$	$
	" "	$	$

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 ..... T. W. Kriegman, Long Beach, California

RECORD OF FUNERAL

Total No. 3253 Yearly No. 5 Date of Entry Feb. 1 1962

Name of Deceased Robert M. Pastorius (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1822 Forbes Ave 19

☒ Husband ☐ Wife ☐ Widow of Helen Mulvaney Age of Husband or Wife (if living) Years

Charge to Mrs. Helen Pastorius

Address 1822 Forbes Ave

Order given by Atty 1-31-24 (or informant)

How Secured

If Veteran, Name of War W.W.2

Occupation Deck Hand 161-18-9219 (Social Security Number)

Employer and Address

Date of Death Feb 4 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 17 1906 Age 56 0 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Msgr. Daniel Hoaring (Address)

Religion of the Deceased Protestant

Birthplace Penna

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

Place of Death 1822 Forbes ave

Cause of Death Carcinoma of Rectum

Contributory Causes with extensive metastases

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

His Address Heat Penn Hospital

Name of Father Robert Pastorius

His Birthplace

Maiden Name of Mother Alice Hotra

Her Birthplace

Date of Funeral Feb 5 1962 M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / tory Calvary Cemetery

Diagram of Lot or Vault

Lot No. 79

Grave No. 4

Section No. M.A.

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1987 01
Casket # Professional Services		15 50 00
Burial Vault or Box (State Kind)		2 00 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges N		160 00
Cremation		
Flowers, $ V ... Palms, $ ... Matting, $ V		135 20
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 5 Papers (Names of Newspapers)		20 85
SS OK		
Sales Tax MAR 23 1962		
Total Footing of Bill	$	2087 05
Less	$	
Balance PER	$	

McALVEY 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 (Firm Name of Funeral Directors.)		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

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

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

Signed

Witness ... Address

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

RECORD OF FUNERAL

Total No. 3253 Yearly No. 6 Date of Entry Feb. 1 1962

Name of Deceased Oliver J. Higginbotham (What Race) A

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1104 Ivanhoe St. 19 ☐Husband ☐Wife ☐Widow of Anna Costello Age of Husband or Wife (if living) Years

Charge to: Mrs Alice Clydesdale

Address: 5815 Marquette St - Ogk 6 Pa

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Barber None (Social Security Number)

Employer and Address

Date of Death Feb. 1, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death Uremia secondary to

Contributory Causes Chronic Pyelone

Nephritis

Certifying Physician Ned J. McCague (or Coroner)

His Address:

Name of Father Oliver Higginbotham

His Birthplace

Maiden Name of Mother Alice Mitchell

Her Birthplace:

Date of Funeral Feb 5 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

HIGGINBOTHAM
On Thursday, Feb. 1, 1962, Oliver J., husband of the late Anna Costello, father of Mrs. Alice Clydesdale, Mrs. Rita Block, Mrs. Christine Davis, Mrs. Veronica Krause, and Carl Higginbotham. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 8:30. Requiem Mass in the Church of the Epiphany at 9.

Diagram of Lot or Vault

Lot No. Row 1

Grave No. 91

Section No. 16

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	425	00
Burial Vault or Box (State Kind)	65	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	Pd	
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $	Pd.	
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	10	50
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 500	50
Less	$	
Balance	$	

Entered into Ledger, page or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Apr. 25, 1962	By Payment	$ 80 00	$ 420 50
Jan 10, 1963	" "	$ 100 00	$ 320 50
Mar 17 1964	" "	$ 100 00	$ 220 50
Mar 18 1965	" "	$ 100 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

Address

RECORD OF FUNERAL

Total No. 3254 Yearly No. 7 Date of Entry Feb. 13 1962

Name of Deceased Henry C. Mc Ginnis (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 932 Vickroy St. 19

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

Charge to Mrs Edith Mc Ginnis

Address 932 Vickroy St. 19

Order given by Co. 2490 3443-0310 (or informant)

How Secured 1418 Biltmore Ave Pgh. 16 Pa.

If Veteran, Name of War .....

Occupation Professor - Teacher - Scarboy 162-14-6553 (Social Security Number)

Employer and Address Duquesne Univ.

Date of Death Feb. 13. 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 4 1897 Age 64-10-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Rev. Daniel Young (Address)

Religion of the Deceased Catholic

Birthplace Cecil, Pa.

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

Place of Death D. of H. Mercy Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes Old Myocardial Infarction A. S. H. D.

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

His Address Mercy Hospital

Name of Father Dr. A. Mc Ginnis

His Birthplace .....

Maiden Name of Mother Nancy Wilson

Her Birthplace .....

Date of Funeral Feb. 17. 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

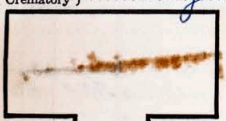


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous

V.A. OK in name of Mrs. Mc Ginnis

Complete Funeral (except outlays)	$ 1350 00
Casket 4 Professional Services	1250 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 Pd.	
Cremation	
Flowers, $ ..... 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 5 Papers	31 50
V.A. OK (Insert OK's and Papers)	
McAVOY FUNERAL HO	
Sales Tax Apr. 5, 1962	
Total Footing of Bill	$ 1400 50
Less	$
3/29/62 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

HENRY C. McGINNIS

Requiem high mass for Henry C. McGinnis, assistant sociology professor at Duquesne University, will be offered at 10 a. m. Saturday in Epiphany Church. Mr. McGinnis, 64, of 932 Vickroy St., Duquesne University campus, died Tuesday (Feb. 13) after suffering an apparent heart attack in a Downtown movie theater. He was a native of Cecil, Washington County, and was planning to retire in June. Mr. McGinnis received his master of arts degree from Duquesne and had been on the faculty since 1946. He served in World War I and later did overseas work for the U. S. Government. He wrote a syndicated weekly column for Roman Catholic publications and was a frequent contributor of articles on Christian democracy. He was founder and a director of the national American Christian Democracy Movement and established a course in Christian social philosophy at Duquesne in 1949. Surviving him are his wife, Mrs. Edith Maxwell McGinnis; two daughters, Lois and Clare; and three sons, Walter, Malcolm, and Richard McGinnis. Friends are being received until 9:30 a. m. Saturday at the McAvoy Funeral Home, 1700 Forbes Ave. Burial will be in Calvary Cemetery.

RECORD OF FUNERAL

Total No. 32555 Yearly No. 8 Date of Entry Feb 20 1962

Name of Deceased James Griffin (What Race)

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

Residence: 1909 Forbes Ave 19

Charge to: Miss Katherine Griffin

Address: 1909 Forbes Ave 19

Order given by: Ave 11438 (or informant)

How Secured:

If Veteran, Name of War

Occupation Laborer 031-07-8794 (Social Security Number)

Employer and Address

Date of Death Feb 20, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 25 1885 Age 76 11 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Scotland

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

Place of Death Passavant Hospital

Cause of Death Cardiac Failure

Contributory Causes A. S. H. D.

Complete Heart Block

Certifying Physician Norman Cohen (or Coroner)

His Address: Passavant Hospital

Name of Father William Griffin

His Birthplace Ireland

Maiden Name of Mother Ellen O'Toole

Her Birthplace Ireland

Date of Funeral Feb 23, 1962 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

GRIFFIN
On Tuesday, Feb. 20, 1962, James, husband of the late Julia Conroy; father of Mrs. Mary Maynard and Katherine Griffin. Funeral from the EDW. J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday morning at 9:30. Solemn requiem high mass in St. Agnes' Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 490

Grave No. 9

Section No. 20

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1735 00
Casket Professional Services		1375 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		42 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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		135 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		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 5 Papers		20 25
(Names of Newspapers) P.P. P.G.		
Sales Tax		
Total Footing of Bill	$	1800 25
Less	$	
3/29/62 Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$ 3471 72
May 1, 1962	By Payment	$ 1473 53	$ 1998 19
	" "	$	$ 1998 19
	" "	$	$ 1998 19
	" "	$ 1600 00	$ 398 19
	" "	$	$

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 .....

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RECORD OF FUNERAL

Total No. 3256 Yearly No. 9 Date of Entry Feb. 20 1962

Name of Deceased Regis J. Carr (What Race) W

☒ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1609 Fustion St. 19 ☐Husband ☐Wife ☐Widow or ..... of Lillie Age of Husband or Wife (if living) ..... Years

Charge to Mrs Lillie Carr

Address 1609 Fustion St

Order given by Co. 1-0391 (or informant)

How Secured

If Veteran, Name of War W.W. 2

Occupation Cab driver 159-12-9246 (Social Security Number)

Employer and Address

Date of Death Feb. 20 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 24 1905 Age 56 7 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hoaning (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 V.A.H. University Drive

Cause of Death Pulmonary Congestion *

Contributory Causes Edema - Bronchi Pneumonia

Certifying Physician

His Address V.A.H. University Drive (or Coroner)

Name of Father Hellain J. Carr

His Birthplace

Maiden Name of Mother Ellen Hennessy

Her Birthplace

Date of Funeral Feb. 24 1962 (Date) (Day of Week) M. (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

CARE

On Tuesday, Feb. 20, 1962, Regis J. Carr Sr., husband of Lillie Carr; father of Mrs. Regina Zaros, Mrs. Agnes Sommerfield, Mrs. Judy Linder, Mrs. Nancy Hayde, Dorothy, Deborah, Janet, Regis Jr., Russel, John and Pvt. Patrick Carr; brother of William and Robert Carr. Also 16 grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Fosher Ave., on Saturday morning at 9 o'clock. Requiem high mass in the Church of the Epiphany at 9:30.

Lot No. Soldiers Plot

Grave No. 32

Section No. R

Block No. 32

Owner

Complete Funeral (except outlays) $	1300 00
Casket	1075 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)	42 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 N.C. Soldiers Plot	
Cremation	
Flowers, $ ..... 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	
15 line Death Notices in 4 Papers	27 00
V.A. O.K. McAVOY FUNERAL HOME PAID Aug 17, 1962	
Sales Tax	
Total Footing of Bill $	1367 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	$	$
3/13/62	By Payment Mrs Carr	$ 877 47	$		By Payment	$	$
	" 256 Due from	$	$		" "	$	$
May 17 1962	" V.A. "	$ 173 00	$		" "	$	$
Aug 17 62	" " "	$ 250 00	$		" "	$	$
	" "	$ 1300 47	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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. 3257 Yearly No. 10 Date of Entry Feb 20 1962

Name of Deceased Mildred C. Leonard (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 510 S. Highland Ave. 6 ☐Husband ☐Wife ☐Widow or ____ of } E. Edward S. Leonard

Charge to Mr. John Berger Age of Husband or Wife (if living) ____ Years

Address 5829 Interboro Ave - Pgh 7 Pa

Order given by Edward S. Leonard (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 185-12-3333 (Social Security Number)

Employer and Address

Date of Death Feb 20 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Rudat (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 Magee Hospital

Cause of Death: Pulmonary Edema

Contributory Causes Rheumatic heart disease

Certifying Physician Dr. N. Pudernes (or Coroner)

His Address: Magee Hospital

Name of Father Thos. H. Cullen

His Birthplace

Maiden Name of Mother Mary M. Boldt

Her Birthplace

Date of Funeral Feb. 24. 1962 (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)	1000	-
Casket	785	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)		
1 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	100	00
Cremation		
Flowers, $ ____ Palms, $ ____ Matting, $		
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ____ Singers, $ ____ Organist, $	15	00
Railroad / Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
____ line Death Notice(s) in ____ Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	1033	00
Less PER $		
3/29/62 Balance $		

MEADY FUNERAL HOME

PAID

Sept 7, 1962

Entered into Ledger, page ____ or below.

Miscellaneous

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

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Duplicated PP 155

RECORD OF FUNERAL

Total No. 3258 Yearly No. 11 Date of Entry Feb. 20 1962

Name of Deceased James Griffin (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1909 Forbes Ave. 19

Mrs. Katherine Griffin

Charge to

Address 1909 Forbes Ave.

Order given by Dr. 1-14-38 (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death Feb. 20 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 25 Age 76 11 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Fr. Morgan (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Passavant Hospital

Cause of Death Cardiac Failure

Contributory Causes G. S. H. D. and complete heart block

Certifying Physician Dr Norman Cohen (or Coroner)

His Address Passavant Hospital

Name of Father William Griffin

His Birthplace Ireland

Maiden Name of Mother Ellen O'Toole

Her Birthplace Ireland

Date of Funeral Feb. 23 1962 (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. 490

Grave No. 9

Section No. 20

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)		
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 / 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)		20 25
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

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

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

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

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

Signed

Witness ... Address

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

RECORD OF FUNERAL

Total No. 3258 Yearly No. 11 Date of Entry Feb 22 19 62

Name of Deceased Olive B. Deere

☐ Married ☐ Single ☒ Widowed ☐ Divorced

(What Race) W.

Residence 824 Federal St 12

☐ Husband ☐ Wife ☐ Widow or ..... of } Thomas A.

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

Charge to Mrs. Mollie Murren

Address 2201 Duncan Ave - Allison Park Pa

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 193-22-3025 (Social Security Number)

Employer and Address .....

Date of Death Feb 22 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 12 1890 Age 72-0-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geary (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 General Hospital

Cause of Death: Bronchopneumonia

Contributory Causes .....

.....

Certifying Physician Dr. V. Calamaras (or Coroner)

His Address: Allegheny Gen. Hospital

Name of Father Edward Dunn

His Birthplace .....

Maiden Name of Mother Catherine Green

Her Birthplace .....

Date of Funeral Feb 26 1962 M. (Date) (Day of Week) (Hour)

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. 23

Grave No. 5

Section No. X

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	1000	00
Casket 4 Professional Bronze	725	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)	45	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	141	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	35	14
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 3 Papers	13	50
McAVOY FUNERAL HOME		
55-9K		
Sales Tax		
Total Footing of Bill Mar 30 1962 $	1074	64
Less $		
3/29/62 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. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 3259 Yearly No. 12 Date of Entry Mar. 1 19 62

Name of Deceased Jessie E. Foley (What Race) W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 2035 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of Edward J. Age of Husband or Wife (if living) ..... Years

Charge to Edward J. Foley

Address 2035 Forbes Ave. 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Mar 1 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 5 1935 Age 26 - 11 - 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Cannon (Address)

Religion of the Deceased Protestant

Birthplace Penowa, Pa

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

Place of Death Homewood Presbyterian Hospital

Cause of Death Operative Shock

Contributory Causes Open heart surgery Rheumatic heart disease

Certifying Physician Dr. W. R. Kast (or Coroner)

His Address Homewood Presbyterian Hospital

Name of Father Gabriel Hastings

His Birthplace .....

Maiden Name of Mother Mary Campbell

Her Birthplace .....

Date of Funeral Mar 5, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Robinson Run Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	705	00
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)	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	70	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers	9	00
McAVOY FUNERAL HOME		
4/6/62 PAID Apr 10, 1962		
Sales Tax		
Total Footing of Bill	$	843 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. 3260 Yearly No. 13 Date of Entry Mar 2 19 62

Name of Deceased Mary (Maria) Yon

☐ Married ☐ Single ☒ Widowed ☐ Divorced

(What Race) W

Residence: 1021 Bluff Street 19

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

Charge to Mrs. Rena Oclepo

Address 1021 Bluff Street 19

Order given by Co 10928 (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 2 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 12 1877 Age 84-4-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geeney (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 Embolism

Contributory Causes Ca left lung Arteriosclerotic Cardiac Vascular Disease

Certifying Physician (or Coroner)

His Address: Mercy Hospital

Name of Father James Volz

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral Mar 6 1962 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)	1100	00
Casket Professional Services	750	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)	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	135	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	15	00
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in 3 ... Papers	12	15
McAVOY FUNERAL HOME (Name of Newspapers)		
Sales Tax May 25, 1962		
Total Footing of Bill	1142	15
Less		
PER Balance		

Entered into Ledger, page ... or below.

Miscellaneous

PAID

Date		Amount Paid	Balance
	To Above Balance		$
3/6/62	By Payment	$400 00	$ 742 15
4/6/62	" "	$400 00	$ 342 15
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3261 Yearly No. 14 Date of Entry Mar 4 19 62

Name of Deceased Catherine Ald (OLD) 71
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 110 Gist Street 19
☐Husband ☐Wife ☐Widow } of ? Age of Husband or Wife (if living) Years

Charge to Estate 5574

Address Mr. John M. Doherty

Order given by Mellon Natl Bank (or informant)

How Secured Mellon Square 9th 30

If Veteran, Name of War Henry Lentzhner

Occupation Housewife Ca 1-4180 (Social Security Number)

Employer and Address

Date of Death Mar 4 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspberg Parish 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 John J. Kane Hospital

Cause of Death Terminal Pneumonia

Contributory Causes A. S. H. D.

Certifying Physician Dr. T. H. Roney (or Coroner)

His Address John Kane - Scott Twp.

Name of Father Michael Dargan

His Birthplace Ireland

Maiden Name of Mother Unknown

Her Birthplace Ireland

Date of Funeral Mar 7 1962 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.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Mr Doherty - 232-5574

Complete Funeral (except outlays)	$	
Casket ✓ Professional Services	785	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Clothing (State Kind and Color)	28	00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ✓ ... Use of Chapel, $	20	00
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, $	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 2 Papers	9	00
(Name of Papers)		
3/6/62		
Sales Tax		
Total Footing of Bill	$	1204 00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

EDWARD J. McGAVIN FUNERAL HOME
Feb. 14, 1964
PER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Oct. 20, 1962	To Above Balance	160 00	$1044 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. 3262 Yearly No. 15 Date of Entry Mar 4 1962

Name of Deceased Ellen M. Fries (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1841 Locust St 19 ☐Husband ☐Wife ☐Widow of Albert H Age of Husband or Wife (if living) Years

Charge to Estate

Address Thomas P. Mulvaney

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 4. 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 23. 1883 Age 79-0-11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Lionel Henry (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 Hosp

Cause of Death: Terminal Bronchopneumonia - Chronic Congestive Heart failure

Contributory Causes

Certifying Physician Dr. John E. Blair (or Coroner)

His Address: Mayview State Hosp

Name of Father Wm Noonan

His Birthplace

Maiden Name of Mother Ellen Fitzgerald

Her Birthplace:

Date of Funeral Mon 7. 1962 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by:

Cemetery Crematory } Calvary

FRIES
On Sunday, March 4, 1962, Ellen Noonan, wife of the late Albert W. Fries, mother of Mrs. Helen Fahey, Mrs. Frances Frankert, Mrs. Anna Thompson, William, John, George, David and Albert Fries, sister of Mrs. Anna Fries; also 17 grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 4100 Forbes Ave., on Wednesday morning at 10:30. Requiem high mass in the Church of the Epiphany at 11.

Lot No. 246
Grave No. 5
Section No. V
Block No.
Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Bronzes	1100	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)	44	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	90	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $	15	00
Railroad 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 2 Papers (Names of Newspapers)	14	00
11/6/62 McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1466 00
Less PAID May 11, 1962	$	
Balance	$	

Entered into Ledger Page 7 or below.

Miscellaneous 2

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

RECORD OF FUNERAL

Total No. 3263 Yearly No. 16 Date of Entry Mar. 13 19 62

Name of Deceased Ann Foley

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

Residence 223 Alpine St 12 ☐Husband ☐Wife ☐Widow } Marten J. Foley

Charge to Estate (Clarence Briggs Atty) or ..... of } Age of Husband or Wife (if living) ..... Years

Address Berger Bldg Co 15593

Order given by Mrs Blanche Young (or informant)

How Secured R. D. - Clinton Pa.

If Veteran, Name of War .....

Occupation Sales lady 190-10-0371 (Social Security Number)

Employer and Address .....

Date of Death Mar 13 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 28 1902 Age 60-0-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr Daniel Gerrity (Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death Allegheny General Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes due to hypertension

.....

Certifying Physician Marcus D. McDivitt (or Coroner)

His Address Allegheny Gen. Hospital

Name of Father Anthony Bushar

His Birthplace Poland

Maiden Name of Mother Josphine Herbsch

Her Birthplace Poland

Date of Funeral Mon. 17. 1962 (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. 25

Grave No. 8

Section No. 40

Block No. 6

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 7 Professional Services		1245 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)		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		135 00
Cremation		
Flowers, $ 7 Palms, $ ..... Matting, $		72 80
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 7 Singers, $ .... Organist, $		15 00
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 5 Papers		24 75
(Names of Newspapers)		
McAVOY FUNERAL HOME PAID June 11, 1962		
Sales Tax		
Total Footing of Bill	$	1735 55
Less	$	
PER Wm 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. 3264 Yearly No. 17 Date of Entry Mar 18 1962

Name of Deceased Anna Sweeney 2h

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

Residence: 3009 Universal St 4 ☐Husband ☐Wife ☐Widow of Edward P

Charge to: Mrs Mildred Sonnet Age of Husband or Wife (if living) Years

Address: 3009 Universal St 4

Order given by (or informant)

How Secured:

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 16 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr Daniel Geoghegan (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death John J. Kane Hospital

Cause of Death A. S. H. D.

Contributory Causes

Certifying Physician Dr Eugene C. Ney (or Coroner)

His Address: John J. Kane Hospital

Name of Father Patrick Lydon

His Birthplace Ireland

Maiden Name of Mother Anna King

Her Birthplace: Ireland

Date of Funeral Mar 21 1962 (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)	1300	00
Casket 4 Professional Bronze	1095	00
Burial Vault or Box Cem. proof Case (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	42	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	90	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	15	00
Railroad / Motor } Tickets, $ ... 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	18	00
McAVOY FUNERAL HOME PAID		
Sales Tax		
Total Footing of Bill May 21, 1962	1362	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. 3265 Yearly No. 18 Date of Entry Mar 22 19 62

Name of Deceased Gerald R. Mugele (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 93 Hyndcliffe Drive - Carnegie Pa ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Robert J. Mugele

Address 93 Hyndcliffe Dr. Carnegie Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Mar 22, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 16, 1962 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) 5 (Days)

Services at Home

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 Hyalin Membranes of the lung + prematurity C

Contributory Causes prematurity

Certifying Physician Dr. P. R. MacDonald (or Coroner)

His Address Mercy Hospital

Name of Father Robert J. Mugele

His Birthplace .....

Maiden Name of Mother Alice M. Howell

Her Birthplace .....

Date of Funeral Mar 23, 1962 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. 18

Block No. .....

Owner .....

Miscellaneous .....

St. Lukes Church Carnegie Pa

Complete Funeral (except outlays)	$	
Casket 9 Bronze		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, $ ..... 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	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

Mar 23, 1962

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. 32.66 Yearly No. 19 Date of Entry Mar 22 1962

Name of Deceased Stella Verso Sosa (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 6132 Butler St 1

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

Charge to Miss Veronica M. Sosa

Address 510 Sandusky St 12

Order given by Pa. 2-45.32 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 22 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 2 1899 Age 62 8 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Deering (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death St. Francis Hospital

Cause of Death Cerebro Vascular Accident

Contributory Causes A. H. D. & Hypertension and Heart Disease due to Hypertension

Certifying Physician Dr. Robert J. Costello (or Coroner)

His Address St. Francis Hospital

Name of Father Joseph Verso

His Birthplace

Maiden Name of Mother Mary Dowling

Her Birthplace

Date of Funeral Mar 26 1962 (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 2 Professional Services	705	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)	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	260	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $	15	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Newspapers)	7	20
Sales Tax		
Total Footing of Bill	$ 1116	20
Less	$	
Balance	$	

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
June 5 62	By Payment	$ 643 44	$ 472 76
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 3267 Yearly No. 20 Date of Entry Mar. 24 1962

Name of Deceased Annie Wallace

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 133 Ryan Drive 20

☐Husband ☐Wife ☐Widow of } Patrick Wallace (What Race)

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

Charge to Mrs. Mary Gust

Address 133 Ryan Drive 20

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Mar. 24 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Manuel Gerring (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Torrance State Hospital

Cause of Death A. S. H. D.

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John Flaherty

His Birthplace Ireland

Maiden Name of Mother Unknown

Her Birthplace Ireland

Date of Funeral Mar. 28, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery



WALLACE

On Saturday, March 24, 1962, Annie Flaherty, wife of the late Patrick Wallace, mother of the late Peter J. Wallace; survived by three grandchildren and 11 great grandchildren. Funeral from the EDWARD McAVOY FUNERAL HOME, 1705 Pacific Ave. on Wednesday morning at 9:30. Requiem mass at the Church of the Epiphany at 10 o'clock.

Lot No. 153

Grave No. .....

Section No. 8

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 246	00
Casket Professional Services	650	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)	28	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	90	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $	15	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notice in Herald Papers (Names of Newspapers)	11	40
May 23/1962		
Sales Tax		
Total Footing of Bill	$ 894	40
Less PER	$	
Balance	$	

EDWARD 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.

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3268 Yearly No. 21 Date of Entry Apr 26 19 62

Name of Deceased Infant Schulte (A-Male)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 729 Lackawanna Ave 37 (What Race)

Charge to: Edward J. Schulte ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Apr 26 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 26 1962 Age ? Years (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Cemetery

Clergyman Msgr. Heanigar (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 General Hospital

Cause of Death Prematurety

Contributory Causes .....

.....

Certifying Physician Gloria S. Eberlechner (or Coroner)

His Address: Alleg Gen'l Hospital

Name of Father Edw J. Schulte

His Birthplace .....

Maiden Name of Mother Barbara Ann Terbovich

Her Birthplace .....

Date of Funeral Apr 27 1962 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } North Side Catholic

Lot No. Row 18

Grave No. 2

Section No. 2

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket x Bronze		15 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Sales Tax	$	
Total Footing of Bill	$	30 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID May 29, 1962

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. 3269 Yearly No. 22 Date of Entry Apr 26 19 62

Name of Deceased Bryant Schaible (Br. Baptist) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 729 Lochmoor Dr. 37 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Edward J. Schaible

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Apr. 26, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 26, 1962 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Cemetery

Clergyman Msgr. Wenninger (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 Prematurity

Contributory Causes .....

.....

Certifying Physician Howard L. Eberlichmann (or Coroner)

His Address Allegheny Gen. Hospital

Name of Father Edward J. Schaible

His Birthplace .....

Maiden Name of Mother Barbara Ann Trabovcat

Her Birthplace .....

Date of Funeral Apr. 21, 1962 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery Crematory } North Side Catholic

Lot No. 15

Grave No. 2

Section No. 3

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket Economy	15	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	15	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Name of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill	$	30 00
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		
Miscellaneous		

McAVOY FUNERAL HOME
MAY 29 1962

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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. 3272 Yearly No. 23 Date of Entry Apr. 27 19 62

Name of Deceased Catherine A. O'Shea (Sr. M. Martha) (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Mercy Hospital 19 ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Sisters of Mercy

Address 3333 Eighth Ave 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teacher (Social Security Number)

Employer and Address

Date of Death Apr. 27 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 24, 1918 Age 51-7-4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Monys Convent

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: Carcinoma of Breast

Contributory Causes: & metastases to lungs & liver

Certifying Physician dr. Brady (or Coroner)

His Address: Mercy Hospital

Name of Father John J. O'Shea

His Birthplace

Maiden Name of Mother Catherine Johnson

Her Birthplace

Date of Funeral Apr. 30 1962 (Date) (Day of Week) (Hour) M.

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 1 Complete 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, $ ..... 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 (Names of Newspapers)		
Bill 5/26/62 June 3, 1962		
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. 3271 Yearly No. 24 Date of Entry Apr. 29 1962

Name of Deceased Walter Jr. Piatek (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1831 Fifth Ave ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Estate

Address

Order given by Thomas P. Mulvaney (or informant)

How Secured S. M. Vardvanis

If Veteran, Name of War 1400 Locust St 19-

Occupation Orderly 162-28-1856 (Social Security Number)

Employer and Address

Date of Death Apr. 29. 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 25 1895 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hennessy (Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death V.O.A. South Side Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroner - Alley Co.

Name of Father John Piatek

His Birthplace Poland

Maiden Name of Mother Mary —

Her Birthplace Poland

Date of Funeral May 3. 1962 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

PIATEK
On Sunday, April 28, 1962, Walter J. Piatek, brother of Mrs. Pionke. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1200 Forbes Ave. on Thursday morning at 10:30. Requiem high mass in the Church of the Epiphany at 11 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No. 105

Section No. 16

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket. A Professional Service		573 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)		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)		
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		145 00
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		
2 line Death Notices in 1 Papers		3 60
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill July 15, 1962	$	828 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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 3272 Yearly No. 25 Date of Entry May 1 1962

Name of Deceased Helen G. Sommers (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1627 Princess Ave 16 ☐Husband ☐Wife ☐Widow of James A. Sommers Age of Husband or Wife (if living) Years

Charge to Mr. James M. Sommers (22)

Address Fort Pitt Hotel

Order given by Mrs Alice Unger (or informant)

How Secured 1627 Princess Ave 16

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 1 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 5 1962 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Agnes Church

Clergyman Fr Morgan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death St Clair Memorial Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Michael Murray

His Birthplace

Maiden Name of Mother Bridget Goggins

Her Birthplace:

Date of Funeral May 5, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem

Complete Funeral (except outlays)	$	1585 00
Casket 4 Professional Lowes		1275 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)		N.C.
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains 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		140 00
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		
17 line Death Notices in 3 Papers		17 55
McAVOY FUNERAL HOME (Name of Newspaper)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1650 55
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		
Miscellaneous		

PAID Sept 14 '62 PER [illegible]

SOMMERS
On Tuesday May 1, 1962, Helen (Nellie) G. Murray, wife of the late James A. Sommers; mother of Mrs. Clara Rubinoff, Mrs. Alice Unger, James Patrick and John Sommers; sister of Mrs. Susan Murray; also 14 grandchildren and five great-grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Saturday morning at 9:30. Requiem high mass in St. Agnes Church at 10 o'clock.

Lot No. 399
Grave No. 2
Section No. P
Block No. 1
Owner

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 923 13	$		By Payment	$	$
	" "	$ 400 00	$		" "	$	$
	" " Rebate	$ 65 55	$ 161 87		" "	$	$
	" "	$	$		" "	$	$
	" "	$ 1388 68	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3273 Yearly No. 26 Date of Entry May 2 19 62

Name of Deceased Frank R. Wagner

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1117 Vickery St 19 ☐Husband ☐Wife ☐Widow of Betty Wagner (What Race)

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

Charge to Mrs. Betty Wagner

Address 1117 Vickery St. Co. 14367

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

How Secured .....

If Veteran, Name of War W.W.2

Occupation Waiter 209-07-2007 (Social Security Number)

Employer and Address .....

Date of Death May 2 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 10 1916 Age 45 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gypsy Church

Clergyman Msgr. Daniel Hoesing (Address)

Religion of the Deceased Catholic

Birthplace Mt. Pleasant, Pa

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

Place of Death V.A.H. Oakland

Cause of Death Cirrhosis of Liver

Contributory Causes Leucocytes Type

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Louis Krempasky

His Birthplace .....

Maiden Name of Mother Mary Puskar

Her Birthplace .....

Date of Funeral May 5, 1962 (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. 68

Grave No. 29

Section No. M. A.

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1200	00
Casket 9 Professional Services	975	00
Burial Vault or Box C.P. Cast (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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	10	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	140	00
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		
15 line Death Notices in 2 Papers	13	50
McAVOY FUNERAL (Name of Newspapers)		
55-61K		
Sales Tax May 29, 1962		
Total Footing of Bill $	1253	50
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. 3274 Yearly No. 27 Date of Entry May 5 1962

Name of Deceased Margaret P. Lee (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1338 Forbes Avenue 19 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Peter V. Lee

Address 1338 Forbes Ave 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 5, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 31, 1888 Age 73 - 6 - 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Howard 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 Mercy Hospital

Cause of Death: Bilateral Pulmonary Embolic - Carcinoma of Left Breast

Certifying Physician Dr. H. M. A. Giles (or Coroner)

His Address: Mercy Hospital

Name of Father Patrick Lee

His Birthplace .....

Maiden Name of Mother Anna Halloran

Her Birthplace: .....

Date of Funeral May 8, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } .....

LEE
On Saturday, MAY 5, 1962, Margaret P., daughter of the late Patrick and Anna Halloran Lee; sister of Mary, James and Peter Lee. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1750 Forbes Ave., on Tuesday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 255
Grave No. 6
Section No. H
Block No. .....
Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	920	—
Casket Professional Service	650	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)	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)		
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	140	00
Cremation		
Flowers, $ ..... 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 2 Papers	8	10
Sales Tax		
Total Footing of Bill May 18, 1962	9 53	10
Less		
PER ..... Balance		

McAVOY FUNERAL HOME
1750 FORBES AVENUE
PAID
May 18, 1962

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. 3275 Yearly No. 28 Date of Entry May 4 1962

Name of Deceased Dorothy E. Todd Carson (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 12 Smithfield St. 22 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lois Mcmmon

Address 9 Gail Drive - Lake Pinkerton

Order given by Long Island N.Y. (or informant)

How Secured Mrs Fabio - Ha 1-2685

If Veteran, Name of War

Occupation Waitress 206-18-0672 (Social Security Number)

Employer and Address

Date of Death May 4, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 21, 1912 Age 50 - 0 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Hastings (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 12 Smithfield St.

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address Cassner - Alley Co.

Name of Father Alfred Carson

His Birthplace

Maiden Name of Mother Goldie Belle Clemm

Her Birthplace

Date of Funeral May 8, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Chestnut Cemetery

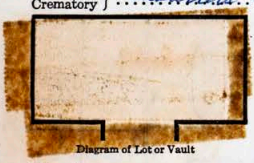


Diagram of Lot or Vault

Lot No. 1-1

Grave No. 5

Section No. Tier

Block No. 42

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	1000	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing; $		
Dressing Body, $ ..... Underwear, $	3	50
Suit or Dress (State Kind and Color)	27	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	100	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / 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)	7	20
SS-OK Billed		
Sales Tax		
Total Footing of Bill	$ 1340	70
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

McAVOY FUNERAL HO

June 7, 1962

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. 3276 Yearly No. 29 Date of Entry May 5 1962

Name of Deceased Thomas J. Palevanitch (What Race) 24

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 34 Gist Street 19 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mr. Andrew Palevanitch

Address 34 Gist St - Ph 435-64

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

How Secured .....

If Veteran, Name of War .....

Occupation Parking attendant 165-34-8861 (Social Security Number)

Employer and Address .....

Date of Death May 5, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 23 1941 Age 20-4-12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greyhound Church

Clergyman Msgr. David Gearing (Address)

Religion of the Deceased Catholic

Birthplace Panama

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

Place of Death Mercy Hospital

Cause of Death Post Necrotic Cirrhosis

Contributory Causes Hx. Liver Esophageal Varicose - Hepatic Failure

Certifying Physician Dr. J. F. Buchanan (or Coroner)

His Address Mercy Hospital

Name of Father Andrew Palevanitch

His Birthplace .....

Maiden Name of Mother Elizabeth K. Bacha

Her Birthplace .....

Date of Funeral May 9 1962 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)	$	1630 00
Casket 4 Professional Services		1250 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)		
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. 0 ~~Opening~~ Cem. Charges		140 00
Cremation		
Flowers, $ 5 ..... Palms, $ 12.40 70.20 Matting, $		72 80
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 2 Papers (Names of Newspapers)		9 00
55-2 McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	16.99 80
Less June 6, 1962	$	
Balance	$	

PAID

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. 3277 Yearly No. 30 Date of Entry May 7 1962

Name of Deceased John J. Conley (Age) 71

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

Residence 1112 Forbes Ave 19 ☐Husband ☐Wife ☐Widow } or ..... of } Helen L. Boyle

Charge to Mrs. Helen L. Conley Age of Husband or Wife (if living) ..... Years

Address 2303 Sarah St. 3

Order given by Richard J. Conley (or informant)

How Secured Ins. 3-1916 - Ins. 1-8525

If Veteran, Name of War WW 2

Occupation Plumbers Helper 208-10-1312 (Social Security Number)

Employer and Address

Date of Death May 7 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 26 1911 Age 50 5 11 (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 D.O.A. Presbyn. - Oakland

Cause of Death Acute Lobar Pneumonia

Contributory Causes

Certifying Physician Jos. B. Dobbs Coroner (or Coroner)

His Address Alby Co -

Name of Father John Conley

His Birthplace

Maiden Name of Mother Mary McDonough

Her Birthplace

Date of Funeral May 10 1962 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

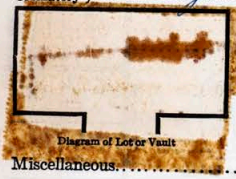


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket Professional Services	1075 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)	42 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	140 00
Cremation	
Flowers, $ .... Palms, $ .... Matting, $	52 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	
14 line Death Notices in 4 Papers (Names of Newspapers)	18 00
Sales Tax	
Total Footing of Bill	$ 1545 00
Less	$
Balance Ballad 3/20/63	$

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
6/12/62	By Payment	$ 900 00	$ 645 -
6/15/62	" " Va.	$ 250 00	$ 395 -
	" "	$	$
	" "	$	$
	" "	$	$

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. 3275 Yearly No. 31 Date of Entry May 8 1962

Name of Deceased Infant Brust (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 849 Dunster St

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

Charge to: Dr. Raymond H. Brust, Jr.

Address: 849 Dunster St 26

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 8, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 8, 1962 (Mo.) (Day) (Yr.) Age 2 hrs. 9 min. (Yrs.) (Mos.) (Days)

Services at .....

Clergyman Rev. Gerbin - Our Lady of Lourdes (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Mercy Hospital

Cause of Death Congenital Atelectasis

Contributory Causes Polycystic Kidney

Urethral Hebang

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

His Address: Mercy Hospital

Name of Father Raymond H. Brust, Jr.

His Birthplace .....

Maiden Name of Mother Gloria M. Christopolous

Her Birthplace .....

Date of Funeral May 10, 1962 (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. 17

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket. # Professional Services	25	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	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, $ ..... 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)		
McAVOY FUNERAL HOME		
PAID May 7 1962		
Sales Tax		
Total Footing of Bill	$	35 00
Less	$	
PER JMB 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. 3279 Yearly No. 32 Date of Entry May 16 19 62

Name of Deceased Cornelius J. Kennedy (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1672 Hillsdale Ave - 16 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Miss Agnes Lyons

Address 1672 Hillsdale Ave

Order given by Lo. 3-3935 (or informant)

How Secured

If Veteran, Name of War

Occupation Clerk (Social Security Number) None

Employer and Address

Date of Death May 16, 1962 (Mo.) (Day) (Yr.) (Hour)

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

Services at Epiphany Church

Clergyman Msgr. Daniel Gurney (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death St. Francis Hospital

Cause of Death Carcinoma of body of pancreas

Contributory Causes C. metastases to liver - Exploratory lap. & liver biopsy

Certifying Physician Dr. C. C. Kuhns (or Coroner)

His Address St. Francis Hospital

Name of Father Michael Kennedy

His Birthplace

Maiden Name of Mother Nora Maloney

Her Birthplace

Date of Funeral May 19, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cmetry

Diagram of Lot or Vault

Lot No. 337

Grave No. 2

Section No. M

Block No.

Owner Margaret Manning

Miscellaneous

Complete Funeral (except outlays)	$	910 00
Casket 2 Professional transfers		725 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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery charges		95 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		15 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers		14 85
McAVOY-FUNERAL HOME		
PAID July 6, 1963		
Sales Tax		
Total Footing of Bill	$	950 85
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. 3280 Yearly No. 33 Date of Entry May 30 1962

Name of Deceased Daniel C. Carr Jr. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2331 Fifth Ave 13

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

Charge to Mrs. Estelle Carr GR 1-7829

Address 2331 Fifth Ave 13

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 175-18-4356 (Social Security Number)

Employer and Address City of Pgh

Date of Death May 30, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 19, 1917 Age 44 5 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Fr. Morgan (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 Carcinomatosis spreading to

Contributory Causes Hypertension (not tested) ; Active

Cavity Pulmonary T.B. R.U.L.

Certifying Physician Dr. C. R. Perryman (or Coroner)

His Address Mercy Hospital

Name of Father Anthony Carr

His Birthplace .....

Maiden Name of Mother Anna Goldish

Her Birthplace .....

Date of Funeral June 4 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

CARR

On Wednesday, May 30, 1962, Daniel C. Sr., husband of Estelle Gezovitch; son of Anthony and Anna Carr; father of Dennis and Daniel Carr Jr.; brother of Mrs. Loretta Colura. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Monday morning at 9:30. Solemn requiem high mass in St. Agnes Church at 10:00 o'clock.

CELIO

Lot No. 33

Grave No. 31

Section No. M A

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 2 Professional Services	850	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)	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)		
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 / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers (Names of Newspapers)	14	85
Sales Tax		
Total Footing of Bill	$	1121 85
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
1962	To Above Balance		$
June 26	By Payment Mob	$ 700 00	$ 421 85
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 3281 Yearly No. 34 Date of Entry June 26 19 62

Name of Deceased WILLIAM J. McCULLOUGH (BABY.) (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5235 GERRY RD. PGH. 36, PA. ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to FRANK McCULLOUGH

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death JUNE (Mo.) 24 (Day) / 1962 (Yr.) (Hour)

Date of Birth APRIL (Mo.) 3 (Day) / 62 (Yr.) Age 24 (Yrs.) MO. (Mos.) (Days)

Services at CHAPEL

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace PITTSBURGH

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

Place of Death .....

Cause of Death HYDROCEPHELUS

Contributory Causes .....

.....

Certifying Physician A.M. WILLIAMS (or Coroner)

His Address 63 OLD CLAIRTON RD. PGH. 36

Name of Father FRANK McCULLOUGH

His Birthplace .....

Maiden Name of Mother ROSEMARY SHIRT

Her Birthplace .....

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

Motor / Ship } Remains to .....

Size of Casket 2 FOOT BABY CASE (State Color and Number)

Manufactured by .....

Cemetery / Crematory } ST. MARY'S

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket 4 SERVICES		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 OPENING	10	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)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Oct. 18 1964	$	50 00
Less	$	
Balance	$	
PER WM		
Entered into Ledger, page ..... or below.		
Miscellaneous		

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 3282 Yearly No. 35 Date of Entry JUNE 6 1962

Name of Deceased MARY RICHADS (RICHARDS) (What Race) WH

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

Residence: 5551 COLUMBO ST PGH. 6

Charge to: MR. GEORGE RICHARDS

Address: 5551 Columbo St. - 6

Order given by: Anthony Richards

How Secured: 400 Kirkave-10- Tw 25440 (or informant)

If Veteran, Name of War .....

Occupation: HOUSEWIFE (Social Security Number)

Employer and Address .....

Date of Death: JUNE (Mo.) 6 (Day) 1962 (Yr.) (Hour)

Date of Birth: JUNE (Mo.) 11 (Day) 1902 (Yr.) Age 59 (Yrs.) 11 (Mos.) 25 (Days)

Services at .....

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: SHADYSIDE HOSPITAL

Cause of Death: CEREBRAL HEMORRHAGE

Contributory Causes: ARTERIOSCLEROTIC HEART DISEASE

Certifying Physician: D.R. LOUIS N.A.P.A. (or Coroner)

His Address: SOUTH SIDE HOSPITAL

Name of Father: PAUL ALPINE

His Birthplace .....

Maiden Name of Mother: AMELIA CECE

Her Birthplace .....

Date of Funeral: JUNE (Date) 9 (Day of Week) 1962 (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / ~~Crematory~~ } CALVARY

Lot No. ~~R~~ Row 12

Grave No. 14

Section No. 14

Block No. 1

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

4 H.D. sock - 3 wrap

Mrs. Anthony J. Muro

Complete Funeral (except outlays)	$
Casket & Professional Services	1050 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)	42 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	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 / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers (Names of Newspapers)	16 20
Paid 8/22/62	
Sales Tax	
Total Footing of Bill	$ 1325 20
Less	$
Billed 3/8/63 Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

Date		Amount	Paid	Balance
1963	To Above Balance			$
Sept. 20	By Payment Georgia	$ 100	00	$
Oct 3	" " Anthony	$ 20	00	$
	" "	$		$
Dec 2	" " Anthony	$ 25	00	$
1964 Jan 31	64 " " Anthony	$ 25	00	$

Date		Amount	Paid	Balance
	To Balance Forward	170	00	$ 1155 20
May 4	64 By Payment Anthony	$ 25	00	$ 1130 20
Dec 2,	64 " " Anthony	$ 25	00	$ 1105 20
	" "	$		$
	" "	$		$
	" "	$		$

Names of Lodges .....

Insurance Companies .....

Insurance $ .....

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

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

Signed .....

Address .....

Witness .....

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

WARNING: It is illegal to duplicate this copy by photostat or photograph.

JUN 1 1 1962
Date

386 454
No.

This is to certify that this is a true copy of the 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.

(Fee for this certificate, $1.00)

C. L. Wilbar Jr.

C. L. Wilbar, Jr., M. D.
Secretary of Health
Harrisburg, Pennsylvania

HVS-20143 REV 11/59

LOCAL REG. NO. 4410

PRIMARY DIST. NO. 700

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: a. County: Allegheny; b. City or borough: Pittsburgh
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number):
d. Full Name of Hospital or institution (if not in hospital, give street address): Shadyside Hospital

2. DECEASED'S MAILING ADDRESS: a. Street address, R. D., or Box Number: 5551 Columbo St
b. Post Office, Zone, and State: Pittsburgh 6 Pa

3. VETERAN: Yes ☐ NO ☐
a. Which War: b. Serial No.:

4. NAME OF DECEASED (Type or print): a. (First) Mary b. (Middle) Richads (Richards) c. (Last)

5. DATE OF DEATH: (Month) (Day) (Year): 6-6-62.

6. WHERE DID DECEASED ACTUALLY LIVE? a. State: Pa.
b. County: Allegheny
c. Did deceased live in a township? ☐ Yes, deceased lived in ..... township.
☒ No, deceased lived within actual limits of Pittsburgh city or borough.

7. SEX: Female
8. COLOR OR RACE: White
9. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
10. DATE OF BIRTH: 6-11-1902
11. AGE (in years last birthday): 59
If under 1 year: Months: 11 Days: 25 Hours: Min.: If under 24 hours
12. USUAL OCCUPATION (even if retired): Housewife
13. SOCIAL SECURITY NO.:
14. BIRTHPLACE (State or foreign country): Pgh. Pa.
15. CITIZEN OF WHAT COUNTRY? U. S. A.
16. FULL NAME OF SPOUSE: Dominic Richards
17. MOTHER'S MAIDEN NAME: Amelia Cece
18. FATHER'S NAME: Paul Alpine
19. INFORMANT'S NAME AND ADDRESS: Anthony Richards 400 Kirk St. Pgh 10 Pa

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART I. Death was caused by:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 10 yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

21. WAS AUTOPSY PERFORMED? Yes ☐ No ☐

22. a. ACCIDENT Yes ☐ No ☐
22. b. DESCRIBE HOW ACCIDENT occurred
22. c. TIME OF ACCIDENT Hour Month Day Year E.S.T.
22. d. ACCIDENT occurred While at work ☐ Not while at work ☐
22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)
22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 5:45 P.M., E.S.T.
a. Signature: Louis N. Napoleon M. D. or D. O. b. Address: 201 Montereay St. Date signed: 6-6-62

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24. b. DATE: 6-9-62
24. c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24. d. LOCATION (City, Boro., Twp., & County) (State): Pgh. 17 Alleg. Pa

25. DATE REC'D BY REG.: 6-8-62
26. REGISTRAR'S SIGNATURE:
27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Edw. J. McAvoy P. J. McAvoy Jr. Pgh. 19 Pa

JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY

BOSTON, MASS.

ATTACHED CHECK IS NUMBER

106-0111074

DEATH BENEFIT	* ADDITIONAL BENEFIT	* ADDITIONAL PAID-UP BENEFIT	DISABILITY BENEFIT	MATURED ENDOWMENT	ACCIDENTAL DEATH BENEFIT
350 00					

DIVIDENDS	SETTLEMENT DIVIDEND	PREMIUMS DUE OR RETURNED		BENEFIT AGE ADJUST.	ACC. DEATH BEN. AGE ADJUST.

LIENS OR WAIVERS	INTEREST ON LIENS	MISCELLANEOUS (SEE CODE BELOW)	AMOUNT OF CHECK	DATE MON.	DAY	YEAR
			350 00	10	30	63

INSURED	MISCELLANEOUS CODES
MULLEN BRIDGET	A - AMOUNT OF YOUR ORDER TO PAY
	B - AMOUNT PAID ASSIGNEE
	C - INTEREST ON POLICY CLAIMS

* NOT APPLICABLE TO
ACCIDENTAL DEATH BENEFITS
MATURED ENDOWMENTS
DISABILITY BENEFITS

Anthony Richards Dec 2.
#25.00

77543

IMPORTANT NOTICE

Please endorse and cash the attached check as soon as possible. Detach this statement before cashing.

If you have any question about this policy settlement, contact your Agent or Agency Office, or the Claim Department of Company's Home Office in Boston. In correspondence please quote the full name of the insured and the policy number.

The Federal Social Security Act provides benefits for individuals who meet certain qualifications. Your John Hancock representative is familiar with any such benefits and will gladly help you direct inquiry to the proper authorities to determine what your status may be.

If desired, assistance in cashing this check will be given at the local District Office upon presentation by and identification of the payee.

RECORD OF FUNERAL

Total No. 3283 Yearly No. 36 Date of Entry JUNE 10 1962

Name of Deceased PATRICK MOURNIAN

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

Residence 207 WEST OHIO ST.

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

Charge to Estate of Patrick Mournian

Address Ernest H. Nassar

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Stoker Operator 167-09-7077A (Social Security Number)

Employer and Address Duquesne Light Co.

Date of Death June 10 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 19 1874 Age 87 - 6 - 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Wendel Young (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 HOSP.

Cause of Death Chronic Endocarditis

Contributory Causes Generalized Arteriosclerosis

.....

Certifying Physician ..... (or Coroner)

His Address Mayview State Hospital

Name of Father John Mournian

His Birthplace Ireland

Maiden Name of Mother Hannah McGuire

Her Birthplace Ireland

Date of Funeral JUNE 13 1962 June 13 P.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. 28

Section No. 12

Block No. Row 7

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		785 00
Burial Vault or Box (State Kind)		200 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)		
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		45 00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		20 80
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		
1 line Death Notices in 2 Papers (Names of Newspapers)		7 20
McAVOY FUNERAL HOME		
S.S.A.K.		
Sales Tax		
Total Footing of Bill	$	1175 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. Peterson, Inc., Pgh., Pa.

RECORD OF FUNERAL

Total No. 3284 Yearly No. 37 Date of Entry June 25 1962

Name of Deceased HAMED S. MAHFOOD W.

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

Residence 55 MARION ST. PGH. 19 ☐Husband ☐Wife ☐Widow or ..... of } MULFENA MAHFOOD Age of Husband or Wife (if living) ..... Years

Charge to MULFENA MAHFOOD

Address 55 MARION ST

Order given by PT. J. 7676 (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number) 195-18-3795

Employer and Address

Date of Death 6 (Mo.) 24 (Day) 1962 (Yr.) (Hour)

Date of Birth OCT. 10 (Mo.) 1896 (Day) Age 65 (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased MARONITE CATHOLIC

Birthplace

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

Place of Death DIVINE PROV. HOSP.

Cause of Death: CEREBRAL THROMBOSIS

Contributory Causes

Certifying Physician DR. O. SWEGAL (or Coroner)

His Address DIVINE PROVIDENCE HOSPITAL

Name of Father SAMUEL MAHFOOD

His Birthplace LEBANON

Maiden Name of Mother NORMA ABRAHAM

Her Birthplace LEBANON

Date of Funeral June 27 1962 (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. 181

Grave No. 11

Section No. T

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	1300	—
Casket Professional Service	1075	00
Burial Vault or Box (State Kind)	125	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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	140	00
Cremation		
Flowers, $ ..... Palms, $ ..... 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		
18 line Death Notices in 4 Papers	18	00
SS-OK McAVOY FUNERAL HOME (Funeral Director)		
Sales Tax		
Total Footing of Bill July 24, 1962	1363	00
Less		
PER Balance		

PAID

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

Miscellaneous

Date 1962		Amount Paid	Balance
	To Above Balance		$
July 4, 1962	By Payment	$ 593 00	$
July 19, 1962	Pgh Natl Bank	$ 27 09	$ 742 91
	" "	$	$
	" "	$	$
	" "	$	$

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. 3285 Yearly No. 38 Date of Entry June 30 19 62

Name of Deceased MARY T HEIGLE W

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

Residence 1614 COLWELL ST PGH 19 ☐Husband ☐Wife ☐Widow of Albert Terbay

Charge to GEORGE P. HEIGLE SON Age of Husband or Wife (if living) Years

Address 1112 CONKLING AVE UTICA NY

Order given by EDW J BALZARINI ESQ (or informant)

How Secured 3113 GRANT BLDG 19

If Veteran, Name of War

Occupation RETIRED 115-14-2535 (Social Security Number)

Employer and Address

Date of Death 6 (Mo.) 30 (Day) 1962 (Yr.) (Hour)

Date of Birth UNKNOWN (Mo.) Age Abt. 83 (Yrs.) (Mos.) (Days)

Services at EPIPHANY CHURCH

Clergyman MSGR. DANIEL GEARING (Address)

Religion of the Deceased

Birthplace LEBANON SYRIA

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

Place of Death AT HOME

Cause of Death ARTERIOSCLEROTIC HEART

Contributory Causes DISEASE

Certifying Physician J.S. Dobbs (or Coroner)

His Address PITTSBURGH

Name of Father ALBERT TERBAY

His Birthplace LEBANON

Maiden Name of Mother UNKNOWN

Her Birthplace LEBANON

Date of Funeral 7-3-62 (Date) TUES (Day of Week) 10:00 A.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. 231

Grave No. 1

Section No. U

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		565 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)		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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		135 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 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		
... line Death Notices in ... Papers		10 60
SS OK (Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill April 25 1962	$	837 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	$ 500 00	$		By Payment	$	$
Sept 20 62	$5 "	$ 120 00	$ 217 60		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and 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. 3286 Yearly No. 39 Date of Entry July 22 1962

Name of Deceased Edward L. O'Connell

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

Residence: 3728 Dawson St 13

☐Husband ☐Wife ☐Widow } of Mary Agnes Conley

Charge to Mrs. Mary Agnes Thomas - 332 McKee Place

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

Address 3728 Dawson St 13

Order given by 683-4889 (or informant)

How Secured Ins 3/1910

If Veteran, Name of War

Occupation Retired Bartender 161-18-2697 (Social Security Number)

Employer and Address

Date of Death July 22 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 6 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Fr. Morgan (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 3728 Dawson St.

Cause of Death Pulmonary Hemorrhage

Contributory Causes Pulmonary Tuberculosis

Certifying Physician Dr. Poper (or Coroner)

His Address: 3500 Fifth Ave.

Name of Father James O'Connell

His Birthplace

Maiden Name of Mother Margaret Mahoney

Her Birthplace

Date of Funeral July 26 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

O'CONNELL

Suddenly on Sunday, July 22, 1962, Edward L., husband of the late Mary Agnes Conley. Father of Mary Agnes Thomas, Mrs. Anne Barkley, Mrs. Geraldine Bowden, Mrs. Edna Harris, Mrs. Dorothy Cobb, Mrs. Rita Shanley, Mrs. Margaret Coyne, Mrs. Shirley Jamison, Private J. and James F. O'Connell, brother of Mrs. Margaret Thomas, Mrs. Elizabeth Mushmeyer and Thomas O'Connell, also 30 grandchildren and one great-grandchild. Funeral from the McNAIR-McAVOY FUNERAL HOME, 1305 Forbes Ave., Monongahela at 9:15 a.m. Solemn High Mass in St. Agnes Church at 10 o'clock.

Lot No. 92

Grave No. 9

Section No. 40

Block No. 16

Owner

Edw. L. O'Connell

107 Terry Drive

Glenshaw Pa.

Complete Funeral (except outlays)	$	1369 —
Casket 8 Professional Services		1090 00
Burial Vault or Box		200 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)		
2 Certif. Copies of Death Certificates No.		7 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, $		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		
19 line Death Notices in 3 Papers		17 10
(Names of Newspapers) SS-OK		—
Sales Tax		
McAVOY-FUNERAL HOME		
Total Footing of Bill	$	1419 10
Less	$	
Balance	$	
Entered into Ledger page ..... or below		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	50.10 Disc	To Balance Forward		$
	By Payment July 5, 1962	$500 00	$919 10		By Payment		$
	" Sept. 18, 1962	$140 00	$519 10		" "		$
	" Nov. 1962	$250 00	$		" "		$
	" Nov 3, 55	$168	$		" "		$
	" "	$252 94	$		" "		$

Insurance $ 1369 Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days 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. 3287 Yearly No. 40 Date of Entry July 23 1962

Name of Deceased Margaret Connors

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

Residence 424 Northview Ave New Castle Pa ☐Husband ☐Wife ☐Widow of Michael Connors

Charge to Joseph Connors

Address 324 E 6th ave - Homestead Pa

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife

(Social Security Number)

Employer and Address

Date of Death July 23, 1962 (Mo.) (Day) (Yr.) (Hour)

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

Services at

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Ireland

Resided in the State

Place of Death Jameson Mem Hosp N Castle (or U. S. or City or County) (Years) (Months)

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Thomas Coyne

His Birthplace Ireland

Maiden Name of Mother Margaret Foley

Her Birthplace Ireland

Date of Funeral July 27, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery - Bellaire Ohio

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1000	70
Casket 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)	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 Jameson Mem Hosp New Castle	40	00
Taking Remains to Bellaire Ohio	45	00
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, $		
Telegr., Phone, Cable or Radio Charges	3	10
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 2 Papers (Names of Newspapers)	12	60
McAVOY FUNERAL HOME		
Sales Tax Sept 6, 1962		
Total Footing of Bill	$ 1060	70
Less	$	
Billed 8/15/62 PER Balance	$	
Entered into Ledger, page ... or below.		
Miscellaneous		

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

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

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

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3288 Yearly No. 41 Date of Entry July 24 1962

Name of Deceased Mary V. Downey (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 264 Burrows St 13

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

Charge to Wm. M. Downey

Address 2623 Brownsville Rd 27

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death July 24 1962 (Mo.) (Day) (Yr.) (Hour)

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

Services at St Agnes Church

Clergyman Fr. Morgan (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 264 Burrows St.

Cause of Death: Cerebral Hemorrhage

Contributory Causes: Hypertensive Heart Disease

Certifying Physician Dr L J Barnett (or Coroner)

His Address: 3700 Fifth Ave

Name of Father Wilbourne Lyons

His Birthplace .....

Maiden Name of Mother Mary Dugan

Her Birthplace .....

Date of Funeral July 28 1962 (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	715	00
Burial Vault or Box C. P. Case (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	33	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	140	00
Cremation		
Flowers, $ ..... 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	8	10
(Names of Newspapers)		
Sales Tax Oct 6, 1962		
Total Footing of Bill ..... $	1011	10
Less ..... $		
Billed 8/15/62 PER Balance ..... $		

McAVOY FUNERAL HOME

PAID

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

Miscellaneous .....

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3289 Yearly No. 42 Date of Entry July 31 196

Name of Deceased MARTIN J. GRIFFIN W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 113 MOULTRIE ST. ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to MARY LEHENY (SISTER)

Address 250 DARRAGH ST. 13

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War WORLD WAR I

Occupation RETIRED FIREMAN (Social Security Number)

Employer and Address ...

Date of Death JULY 31, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth SEPT. 6, 1885 Age 76 (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 HOME (AS ABOVE)

Cause of Death CORONARY OCCLUSION

Contributory Causes MALNUTRITION

...

Certifying Physician CORONER (or Coroner)

His Address AH

Name of Father MARTIN J. GRIFFIN

His Birthplace GOOD OLD IRELAND

Maiden Name of Mother MARGARET WELSH

Her Birthplace SAME AS ABOVE

Date of Funeral AUG. 3, 1962 (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. 274
Grave No. 5
Section No. 3 F
Block No. ...
Owner ...

Miscellaneous ...

(to paper stone files)

Complete Funeral (except outlays)	$	
Casket SERVICES		860 00
Burial Vault or Box MARTIN (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)		
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		
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		
... line Death Notices in ... Papers		
... (Names of Newspapers)		
... EXPRESS		17 00
... POST		
Sales Tax		
Total Footing of Bill	$	1175 00
Less	$	
Balance	$	

McAVOY-FUNERAL
PAID
Sept 27, 1962

Entered into Ledger page ... or below.

Miscellaneous ...

Date		Amount Paid	Balance	Date		Amount Paid	Balance
...	To Above Balance		$	...	To Balance Forward		$
Sept 27 62	By Payment	$925 00	$	...	By Payment	$	$
Sept 27 62	" 256 due V.A.	$250 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

VETERANS ADMINISTRATION
Regional Office
Fulton Building, 107 Sixth Street
Pittsburgh 22, Pennsylvania

September 11, 1962

IN REPLY REFER TO: 3011-212A
XC- 2 150 450
GRIFFIN, Martin John

McAvoy Funeral Home
1700 Forbes Avenue
Pittsburgh 19, Pennsylvania

Gentlemen:

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,

K. A. Miller
K. A. MILLER
Adjudication Officer

cc: Mrs. Mary Leheny
250 Darragh Street
Pittsburgh 13, Pennsylvania

FL VB8-143
Jan 1956(R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

RECORD OF FUNERAL

Total No. 3290 Yearly No. 43 Date of Entry Aug. 27 1962

Name of Deceased Stillborn Kail (Male) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2701 Fifth Ave. 13 ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Joseph R. Kail

Address 2701 Fifth Ave. 13

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Aug. 27, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 27, 1962 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 Anoxia

Contributory Causes Rupture of Uterus

Certifying Physician Wm. R. A. D. Gillis (or Coroner)

His Address Mercy Hospital

Name of Father Joseph R. Kail

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Martha A. Jennie

Her Birthplace Dayton, Ohio

Date of Funeral Aug. 28, 1962 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. 6

Grave No. 16

Section No. 18

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket #1 Professional Services	35	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Cemetery Charges	30	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	65	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 ..... Rosh, California

RECORD OF FUNERAL

Total No. 3291 Yearly No. 44 Date of Entry Aug. 31 19 62

Name of Deceased Jean M. McNamara Ernest K. Jr.

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

Residence 43 Miltenberger St. 19 ☐Husband ☐Wife ☐Widow } Ernest K.

Charge to Ernest K. McNamara or ..... of } Age of Husband or Wife (if living) ..... Years

Address 43 Miltenberger St.

Order given by 2748 Bowman St 4 (or informant)

How Secured 331-19 70

If Veteran, Name of War

Occupation Housewife 171-16-6470 (Social Security Number)

Employer and Address

Date of Death Aug. 31, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 9 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Manuel Garvey (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. A. Mercy Hospital

Cause of Death Respiratory Failure

Contributory Causes

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroner Allegheny Co

Name of Father Robert Walter

His Birthplace

Maiden Name of Mother Jane McElligott

Her Birthplace

Date of Funeral Sept. 4, 1962 (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)	$	975 00
Casket Professional Services		710 00
Burial Vault or Box C.P. Case (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)		
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		140 00
Cremation		
Flowers, $ ..... 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		
14 line Death Notice in 2 Papers (Names of Newspapers) MAVOY FUNERAL HOME		12 50
PAID Nov. 2, 1962 PER		
Sales Tax		
Total Footing of Bill	$	1011 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCleary Funeral Home Date 9/1/62

The following selection was made in Our Showroom for the funeral of:

Joan McNamara

Casket Bkt & Service	710	00
Vault or Box ✓	100	00
Garment Flesh Dress	32	00
Slippers Flesh n/c.		
Blanket		
Miscel. Undergarments n/c		
Miscel. Cross & Tape - Cross Rental		
TOTAL	842	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3292 Yearly No. 45 Date of Entry Sept. 3 1962

Name of Deceased Edna Feeny - Nona Feeny (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 61 Madison Ave N.Y. City ☐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 Housekeeper 096-16-3155 (Social Security Number)

Employer and Address Hotels

Date of Death Sept. 3, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 8, 1879 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Penna

Resided in the State 40 (or U. S. or City or County) (Years) (Months)

Place of Death Bellevue Hospital N.Y.

Cause of Death Natural Causes

Contributory Causes

Certifying Physician Dr. E. Mark Beckman (or Coroner)

His Address: Bellevue Hospital

Name of Father John Boyd Barber

His Birthplace

Maiden Name of Mother Mary A. Vance

Her Birthplace

Date of Funeral Sept. 6, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mount Royal 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 (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		N/C
Total Footing of Bill	$	
Less	$	
Balance	$	

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

Miscellaneous

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

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

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

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

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

Signed .....

Address .....

Witness .....

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

CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF RECORDS AND STATISTICS

Borough of **MANHATTAN** New York, N. Y SEP 7 1962

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

DIVISION OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN
FILED
62 SEP 4 PM 6:19

Certificate of Death 56-62-118551

Certificate No.

1. NAME OF DECEASED (Print or Typewrite): EDNA (First Name) FEENY (Last Name)

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2. USUAL RESIDENCE: (a) State N.Y. (b) Co. N.Y. (c) City or Town N.Y.
(d) St. and No. 61 Madison Ave. Ave. St.
(e) Length of residence or stay in City of New York immediately prior to death 40 yrs.

3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

4. DATE OF BIRTH OF DECEDENT: (Month) Jan (Day) 8 (Year) 1879

5. AGE: 83 yrs. If under 1 year: mos. days. If LESS than 1 day: hrs. or min.

6. Occupation
a. Usual Occupation (Kind of work done during most of working life, even if retired): House Keeper
b. Kind of Business or Industry in which this work was done: Hotels

7. SOCIAL SECURITY NO. 096-16-3155

8. BIRTHPLACE (State or Foreign Country): Penna

9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? USA

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? NO
10b. IF YES, Give war or dates of service

11. NAME OF FATHER OF DECEDENT: JOHN BOYD SARBER

12. MAIDEN NAME OF MOTHER OF DECEDENT: MARY S VANCE

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16. PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Manhattan
(c) Name of Hospital or Institution (If not in hospital or institution, give street and number.) Bellevue
(d) If in hospital, give Ward No. C2

17. DATE AND HOUR OF DEATH: (Month) September (Day) 3 (Year) 1962 (Hour) 1:05 P.M.

18. SEX: Female
19. Approximate Age: 75

20. I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)* from June 29 1962, to Sept. 3 1962, 1:05P and last saw h ER alive at M on Sept. 3 1962

I further certify that death † WAS NOT caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES.

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

Witness my hand this 4th day of Sept. 1962
Signature E. Mark Beckman M.D.
Name of Physician E. MARK BECKMAN, M.D. (Print or typewrite)
Address Bellevue Hospital

13. NAME OF INFORMANT: John Mc Avoy — RELATIONSHIP TO DECEASED: friend — ADDRESS: 1700 Forbes St. Pittsburgh Penna
14a. Name of Cemetery or Crematory: Mt Royal Cem
14b. Location (City, Town or County and State): Pittsburgh Penna
14c. Date of Burial or Cremation: Sept 6, 1962
15. FUNERAL DIRECTOR: UNIVERSAL FUNERAL CHAPEL, INC. ADDRESS: 137 E. 52ND ST., N.Y. 22, N.Y.

BUREAU OF RECORDS AND STATISTICS — DEPARTMENT OF HEALTH — THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

CARL L. ERHARDT, Sc.D.
Director of Bureau

BY William Stern
Borough Registrar

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. THE REPRODUCTION OR ALTERATION OF THIS TRANSCRIPT IS PROHIBITED BY SECTION 3.21 OF THE NEW YORK CITY HEALTH CODE.

NOTICE: In issuing this transcript of the Record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

FUNERAL SERVICE DEPARTMENT

UNIVERSAL
FUNERAL CHAPEL
INCORPORATED

52nd street at lexington ave. • new york 22, n. y. • pl 3-5300

TO John B. McAvoy Funeral Home
1700 Forbest Street
Pittsburgh, Penna.

DATE September 6, 1962

RE EDNA FEENY a/k/a NONA FEENY, Deceased
REG. NO. L 5792

PROFESSIONAL SERVICES				
☐ A	Transferring remains between any two of the following points:— Grand Central Station, Pennsylvania Station, Idlewild Airport, Newark Airport, La Guardia Airport, Universal Funeral Chapel.	$30		
☐ B	Licensed Funeral Director where required to effect any of above transfers.	$20		
☐ C	Transferring remains and services of licensed Funeral Director as outlined in A & B above.	$50		
☒ D	Transferring to Universal Chapel with necessary licensed attendants; securing medical certificate and Health Department permit. Religious authorization if required and embalming. (When Funeral Director calls for remains.)	$65		65.00
☐ E	Same as D plus transferring to outgoing local rail or air terminal.	$90		
☐ F	Service at Universal Chapel Transferring remains to Chapel with necessary licensed attendants; securing medical certificate and Health Dept. permit; religious authorization if required; embalming and casketing; use of reposing rooms and suitable Chapel for services; organist and whatever other paraphernalia required. (Funeral Director to furnish casket.) Arranging and directing funeral.	$150		
☐ G	Use of Reposing Room and/or chapel for service, organ and whatever other paraphernalia required.	$75		
☐ H	Local removal to our Chapel. Securing medical certificate, Board of Health permit or both. (Licensed Funeral Director required.)	$30		
☐ I	Porter to Church or House and Church. (Each)	$7		
Removal (Add. Mileage)				
Casket				
Clothing				
Outercase				
Casketing & Dressing				15.00
CASH DISBURSEMENTS: We have advanced cash for the following, for your convenience, and as part of our service.				
Railroad Fare				
Pier Expenses				
Cemetery Expense				
Copies of Death Certificate Two			4.00	
Death Notices				
Telephone & Telegrams				
Add. Help at Hospital			2.00	
Minister	Denom.			
Hearse				
Cars @				
Flower Car @				

Received payment in full-September 8th, 1962 — Total Cash Disbursements 6.00

UNIVERSAL FUNERAL CHAPEL, INC. — Professional Services and Merchandise 70.00

Total $76.00

John L. O'Brien, Vice President

RECORD OF FUNERAL

Total No. 3293 Yearly No. 46 Date of Entry Sept. 8 19 62

Name of Deceased Stillbourn Whiting (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence R.D.1. Fredericktown Pa. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Melvin P. Whiting

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept. 8, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 8, 1962 Age Stillbourn (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 Diabetes Mellitus

Contributory Causes /

.....

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

His Address Medical Arts Bldg

Name of Father Melvin P. Whiting

His Birthplace ~~Fenwick~~ Ohio

Maiden Name of Mother Beverly J. Stevenson

Her Birthplace Leona

Date of Funeral Sept. 9, 1962 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 ~~Fraternal~~		25. 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		10. 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / 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)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	35. 00
Less ... Sept. 8, 1962	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

PAID

PER [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. 3294 Yearly No. 47 Date of Entry Sept. 9 1962

Name of Deceased Benjamin Bennati (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1908 Forbes Ave

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

Charge to: Mrs. Dolores Wernecke

Address 1908 Forbes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 209-07-8558 (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Sept. 9 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 1, 1888 Age 74-6-8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Howard E. Tucker (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death St. Francis Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes Coronary Heart Disease

.....

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

His Address St. Francis Hospital

Name of Father Unknown

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral Sept. 13 1962 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Hom. Penn Memorial Park

BENNATI
On Sunday, Sept. 9, 1962, Benjamin Bennati, husband of the late Teresa Betti, father of Mrs. Rose Wilson, Mrs. Dolores Wernecke and Henry Bennati; also seven grandchildren and two great-grandchildren. Funeral services in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., Thursday morning, 11 o'clock.

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$	1331 43
Casket 7' Professional Bronze		1095 00
Burial Vault or Box C.P. Case (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) (State Physician's or Coroner's)		
4 Certif. Copies of Death Certificates No.		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		100 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		72 80
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers (Names of Newspapers)		19 80
Sales Tax		
Total Footing of Bill	$	1391 60
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
1963	To Above Balance		$
Apr. 11	By Payment	$ 1321 43	$ 110 17
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
60.17 Free 50 Bal	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 ..... 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 .....

Witness ..... Address ..... (Firm Name of Funeral Directors.)

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 9/10/62

The following selection was made in Our Showroom for the funeral of:

BENJAMIN BENNATI

Casket w/Blanket & Service	1095	00
	100	00
Vault or Box		
Garment White Shirt	NC	
Slippers Underegarments	NC	
Blanket Velvet Slippers	NC	
Miscel.		
Miscel.	1195	00

The undersigned accept and approved the foregoing purchases. TOTAL _____

Signed _____

Signed _____

Signed _____

RECORD OF FUNERAL

Total No. 3295 Yearly No. 48 Date of Entry Sept 10 1962

Name of Deceased John J. Noonan 2k
☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 29 Lowan St. 13 ☐Husband ☐Wife ☐Widow } Anna Haywood
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Anna Noonan

Address 29 Lowan St. 13

Order given by Mrs. 24335 (or informant)
How Secured Rogers Local 37 - David Rogers

If Veteran, Name of War

Occupation Roofer 192-01-0033 (Social Security Number)

Employer and Address

Date of Death Sept. 10. 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 31. 1879 Age 83 (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 Mayview State Hospital

Cause of Death Thrombitis

Contributory Causes Carcinoma of Larynx

Certifying Physician Dr. Ruth B. Barbo (or Coroner)

His Address Mayview Pa.

Name of Father Richard Noonan

His Birthplace

Maiden Name of Mother Mary Luther

Her Birthplace

Date of Funeral Sept. 13. 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

NOONAN
On Monday, Sept. 10, 1962, John J. Noonan, husband of Anna Gaylord; father of Mrs. Mary Bannon, Mrs. Rose Mary, Mrs. Grace Zahn, Eva, Ann, Richard, Raymond and Leo Noonan; brother of Miss Eva Noonan. Late Church, Ves. and 11 Grandchildren and 20 great-grandchildren. Funeral from the EDWARD McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday morning at 9:30 o'clock. Requiem high mass in St. Agnes Church at 10 o'clock.

Lot No. 316
Grave No. 2 - XD
Section No. I
Block No.
Owner Eva Noonan

Miscellaneous

Complete Funeral (except outlays)	$ 1479 —
Casket	1095 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)	
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	140 00
Cremation	
Flowers, $ ..... 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	
15 line Death Notices in 4 Papers (Names of Newspapers)	27 00
McAVOY FUNERAL HO	
SS-OK	
Sales Tax	
Total Footing of Bill Nov 2, 1962	$ 1479 00
Less	$
Balance	$
Entered into Ledger, page ..... or below. PER	
Miscellaneous	

Date		Amount Paid	Balance
	To Above Balance		$
Sept 23 1962	By Payment	$ 206 10	$ 1273 10
Oct 15 62	" "	$ 1000 00	$ 273 10
Oct 17 62	" "	$ 30 00	$ 243 10
	" "	$	$
	" "	$	$

50 00 paid

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

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

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

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

Address .....

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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Funeral Home Date 9/10/62

The following selection was made in Our Showroom for the funeral of:

JOHN NOONAN

Casket w/Blanket & Service	1095	00
Vault or Box	200	00
Garment		
Slippers		
Blanket		
Miscel. Cemetery Vaults		N/C
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1095.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3296 Yearly No. 49 Date of Entry Sept. 14 1962

Name of Deceased Mary R. Dennison (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1121 Mary Ann St. 3 ☐Husband ☐Wife ☐Widow of James R. Dennison Years

Charge to: Owen E. Kirby

Address 1126 Meyer St. Pgh 4 Pa

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Sept. 14. 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 19 1892 Age 70 - 5 - 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death: Pneumonia

Contributory Causes Myocardial Infarction

& Congestive Heart Failure

Certifying Physician Dr. J. E. McClenahan (or Coroner)

His Address Mercy Hospital

Name of Father George Hummel

His Birthplace

Maiden Name of Mother Johanna Rheinthaler

Her Birthplace

Date of Funeral Sept. 18 1962 (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)	$	1000 —
Casket		735 00
Burial Vault or Box C.P. Case (State Kind)		100 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)		
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		145 00
Cremation		
Flowers, $ ... 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		
20 line Death Notices in 2 Papers (Names of Newspapers)		18 00
McAVOY FUNERAL HOME		
PAID Oct 12 1962		
Sales Tax		
Total Footing of Bill	$	1045 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

Witness

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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Funeral Home Date 9/15/62

The following selection was made in Our Showroom for the funeral of:

Mary Dennison

Casket	w/ Blanket & Service	735 00
Vault or Box		100 00
Garment	Blue Sheen Saree	31 00
Slippers	Undergarments	NC
Blanket	Crucifix Neated	NC
Miscel.	Crucifix on Top	NC
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL $866.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3297 Yearly No. 50 Date of Entry Sept. 16, 1962

Name of Deceased Julia Ann McCord (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 302 Muhlenberger St 19

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

Charge to Estate of Julia McCord

Address Mrs. Mabel Teague - 261-6498

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Sept. 16, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 27, 1880 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Gordon, 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 Joseph B. Dobbs (or Coroner)

His Address Coroner Alley Co.

Name of Father Daniel Clifford

His Birthplace

Maiden Name of Mother Julia Monoughan

Her Birthplace

Date of Funeral Sept. 20, 1962 (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

McCORD
Suddenly on Sunday, Sept. 16, 1962, Julia Clifford, wife of the late William McCord; sister of Sister M. Felicita, Nellie Walters, Mrs. Nora Norton and John Clifford. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Thursday morning at 9:30. Requiem high mass in the church of the Epiphany at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1395 00
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)	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)	
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, $ 5 ... Palms, $ ... Matting, $	72 80
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	15 00
Railroad / Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 5 Papers (Names of Newspapers)	24 75
Sales Tax Billed 11/1/62	
Total Footing of Bill	$ 1837 55
Less McAVOY FUNERAL HOME	$
Balance	$

Entered into Ledger, page ... or below.

Miscellaneous Nov 8, 1962

PAID

PER JRM

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

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

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

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

Signed

Witness ... Address

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 9/17/62

The following selection was made in Our Showroom for the funeral of:

Julia McCord

Casket	Wal/Blanket & Service	1395 00
Vault or Box		200 00
Garment		
Slippers	Light Blue Sheer Lacon	33 00
Blanket	Blue Crepe Slippers	nc
Miscel.	Undergarments	nc
Miscel.	Crucifix (Crested)	nc
	TOTAL	1628.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3298 Yearly No. 51 Date of Entry Sept 30, 1962

Name of Deceased Dorcas P. Champaign (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 351 Burrows St 13.

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

Mr. Elmer J. Champaign

Address: 351 Burrows St 13.

Order given by Robert O. Henrich (Informant)

How Secured 1315 Seitz St. 19. (Statements)

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Sept. 30, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 22, 1895 Age 67-7-8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Pine Grove Pa. Snyder Funeral Home

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pine Grove, Pa.

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

Place of Death Mercy Hospital

Cause of Death Acute Pyelonephritis with Renal Calculi Diabetes Mellitus

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

His Address: Mercy Hos

Name of Father Egra D. Henrich

His Birthplace

Maiden Name of Mother Clara C. Schnuck

Her Birthplace

Date of Funeral Oct. 3, 1962 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Hetzel Cemetery, Pine Grove, Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Mrs. Ruth Hanna

1317 Seitz St

Complete Funeral (except outlays)	784	60
Casket 1 Professional Services	775	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	28	00
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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 ~~or Motor~~ Tickets, $ Aeroplane Service, $	33	60
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)		
McAVOY FUNERAL HOME		
Sales Tax	8	39
Total Footing of Bill	841	60
Less		
Balance		

Entered PER Ledger page or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Oct. 6, 1962	By Payment	$564 60	$275 00		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Signed

Address

Witness

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCloy Funeral Home Date 9/30/62

The following selection was made in Our Showroom for the funeral of:

Mrs. Dorcas Champaign

Casket	w/Blanket & Service	775 00
Vault or Box		
Garment	Flesh Sheer Gown	28 00
Slippers		
Blanket		
Miscel.	Undergarments	NC
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 803.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3299 Yearly No. 52 Date of Entry Oct 1 19 62

Name of Deceased John D Izzo

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

Residence 635 Dunster St 26

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

Charge to Mrs. Ella Izzo

Address 635 Dunster St

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

How Secured .....

If Veteran, Name of War .....

Occupation Barber 169-28-3919 (Social Security Number)

Employer and Address .....

Date of Death Oct 1, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 26, 1903 Age 59-1-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Loreto Church

Clergyman Fr. Gordon (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 Joseph B. Dobbs (or Coroner)

His Address Coroner Allegheny Co.

Name of Father Carman Izzo

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Oct 5, 1962 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

IZZO

Suddenly on Monday, Oct. 1, 1962, John D., beloved husband of Ella Canton, father of Josella Izzo; brother of Mrs. Christina Rhad, Mrs. Mary Vowinckel, Nicholas and Joseph Izzo. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday morning at 9 o'clock. Requiem high mass in Our Lady of Loreto Church at 9:30 a. m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	1400	
Casket		1070	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)			
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		140	00
Cremation			
Flowers, $ ..... 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 3 Papers (Names of Newspapers)		16	20
Sales Tax			
Total Footing of Bill	$	1453	20
Less	$		
Balance	$		

McAVOY FUNERAL HOME PAID Nov 20, 1962

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, Cal.

F. H. HILL COMPANY, INC.

Form 147

Funeral Director JOHN McAVOY Date 10/2/62

The following selection was made in Our Showroom for the funeral of:

JOHN IZZO

Casket W/SERVICE	1,070	00
Vault or Box OVAL TOP	200	00
Garment		
Slippers	NC	
Blanket	NC	
Miscel.		
Miscel.		
TOTAL	1,270	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3300 Yearly No. 53 Date of Entry Oct 5 1962

Name of Deceased Joseph B. Gedid, Jr. (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 105 Southern Ave N. ☐Husband ☐Wife ☐Widow of Margaret Waselesky Age of Husband or Wife (if living) Years

Charge to Mrs Margaret Gedid

Address 105 Southern Ave N.

Order given by (or informant)

How Secured

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

Occupation Brakeman 190-05-0979 (Social Security Number)

Employer and Address Penna R.R.

Date of Death Oct 5 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 16 1919 Age 43 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Fr. Sphar (Address)

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh Pa

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

Place of Death D. O. A. South Side Hospital

Cause of Death Shock & Hemorrhage - Body

Contributory Causes Mangled due to being struck by train

Certifying Physician Joseph B. Dabb (or Coroner)

His Address Coroner Allegheny County

Name of Father Joseph B. Gedid Sr.

His Birthplace Lebanon

Maiden Name of Mother Hatfa Shoheen

Her Birthplace Lebanon

Date of Funeral Oct 8 1962 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

GEDID

Suddenly, on Friday, Oct. 5, 1962, Joseph G., Jr., husband of Margaret Gedid; father of Edwin J.; son of Waffa and the late Joseph G. Gedid, Sr.; brother of Mrs. Catherine Mostare, Mrs. Bernadette Vigilone, Mrs. Amelia Massullo, John, George, Edwin and Mitchell Gedid. Funeral from EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:15. Requiem high mass in Our Lady of Victory Church, Dunster St., at 10 o'clock.

Lot No. 253

Grave No. 2

Section No. T

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	498	00
Casket. ✱ Professional Services	117	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)		
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	165	00
Cremation		
Flowers, $ Palms, $ 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 1 Papers (Names of Newspapers)	6	30
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Jan 17, 1924 $	1553	30
Less $		
Balance $		

Entered into Ledger, page M or below.

Miscellaneous

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

Copy

Form Approved.
Budget Bureau No. 76-R009.5

VETERANS ADMINISTRATION

APPLICATION FOR BURIAL ALLOWANCE

IMPORTANT—Read Instructions on reverse before filling in form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL EXPEDITE ACTION ON YOUR CLAIM.

1. SOCIAL SECURITY NO. OF VETERAN	2. CLAIM NO.
190-05-9979	XC-3 804 830

3. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN	4. LAST NAME—FIRST NAME—MIDDLE NAME OF CLAIMANT
GEDID, Joseph George	GEDID, Margaret P.

PART I—INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH
4/6/19	Pgh. Pa.	10/5/62	Pgh. Pa.

9. DATE OF BURIAL	10. PLACE OF BURIAL	11. LEGAL DOMICILE AT TIME OF DEATH
10/8/62	Calvary Cemetery, Pgh. Pa.	105 Southern Ave. Pgh. 11, Pa.

12. LIVING RELATIVES *(Check)*
[X] SPOUSE [X] MOTHER [ ] FATHER

13. MARITAL STATUS
[ ] NEVER MARRIED [X] MARRIED
[ ] WIDOWED [ ] DIVORCED
(If ever married, fill in 14A and 14B)

14A. FULL NAME OF SPOUSE
Margaret P. Gedid

14B. ADDRESS OF SPOUSE *(If living)*
455 Norton Street
Pgh. 11, Pa.

15A. FULL NAME OF FATHER	16A. FULL NAME OF MOTHER
Joseph Gedid	Watfa Shaheen Gedid
15B. ADDRESS OF FATHER *(If living)*	16B. ADDRESS OF MOTHER *(If living)*
Deceased	1925 Lucina Ave Pgh. 10, Pa

SERVICE INFORMATION— NOTE: The following information should be furnished for the period of the Veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States.

17A. ENTERED SERVICE DATE	17A. ENTERED SERVICE PLACE	17B. SERVICE NO.	17C. SEPARATED FROM SERVICE DATE	17C. SEPARATED FROM SERVICE PLACE	17D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
1/12/43	Pgh. Pa.	33 418 754	10/9/45	Camp Pickett Va.	Pfc. 4th Div. 8th Inf. Regt. Co. L.

18. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 3, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

19A. WAS THE VETERAN AT THE TIME OF DEATH ON ACTIVE OR INACTIVE DUTY AS A MEMBER OF THE RESERVE FORCES OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR A MEMBER OF THE NATIONAL GUARD?
[ ] YES [X] NO *(If "Yes," fill in 19B and 19C)*

19B. TYPE OF DUTY AT TIME OF DEATH
[ ] ACTIVE [ ] INACTIVE

19C. BRANCH OF SERVICE

20. SOURCE FROM WHICH ABOVE INFORMATION WAS SECURED
Widow

PART II—INFORMATION RELATING TO VETERAN'S BURIAL

21. TOTAL EXPENSE OF BURIAL, FUNERAL, AND TRANSPORTATION	22A. HAVE BILLS BEEN PAID IN FULL?	22B. AMOUNT UNPAID
$ 1553.30	[ ] YES [X] NO *(If "No," fill in 22B)*	$ 1553.30

23A. HAS ANY AMOUNT BEEN ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	23B. AMOUNT	23C. SOURCE	24. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
[ ] YES [X] NO *(If "Yes," fill in 23B and 23C)*	$		[ ] YES [X] NO *(Before answering, read and comply with Instruction No. 7 on reverse)*

NOTE: If claim is made by person who paid the bills, fill in 25A and 25B.	25A. WHOSE FUNDS WERE USED?	25B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? *(If "Yes," fill in 25C)*	25C. AMOUNT AND SOURCE OF REIMBURSEMENT
▶	DNA	[ ] YES [ ] NO	$

NOTE: Where the claimant is a firm or other unpaid creditor, the following certification must be made by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

30. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES *(If signed by mark, fill in items 34A through 35B on reverse)*
Margaret P. Gedid

31. ADDRESS *(Number and street or rural route, city or P.O., zone number and State)*
455 Norton St. Pgh 11 Pa.

32. DATE	33. RELATIONSHIP TO VETERAN
11/5/62	Widow

I CERTIFY THAT the foregoing statements made in connection with this application for burial allowance on account of the above-named veteran are true and correct to the best of my knowledge and belief.

26. SIGNATURE OF CLAIMANT *(If signed by mark, 34A through 35B on reverse should be executed)* McAvoy FUNERAL HOME
Margaret P. Gedid

27. SIGNATURE AND CAPACITY OF PERSON SIGNING FOR FIRM

28. ADDRESS *(Number and street or rural route, city, or P.O., zone number and State)* 1700 Forbes St - Pgh. 19, Pa
~~455 Norton Street Pgh., 11, Pa~~

29. CREDITOR OR RELATIONSHIP TO DECEASED
FUNERAL DIRECTOR

PENALTY—The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-530 EXISTING STOCKS OF VA FORM 21-530,

WITNESSES TO SIGNATURE IF MADE BY "X" MARK	
NOTE: *Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.*	
34A. SIGNATURE OF WITNESS	34B. ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS	35B. ADDRESS OF WITNESS

INSTRUCTIONS FOR EXECUTING APPLICATION FOR BURIAL ALLOWANCE

(Under 38 USC, Section 902)

IMPORTANT—READ THESE INSTRUCTIONS CAREFULLY

1. WHO SHOULD FILE CLAIM.—*If expenses of the veteran's burial and funeral have not been paid, claim should be filed by the undertaker or other creditor.* If such expenses have been paid, claim should be filed by the person or persons whose personal funds were used to pay such expenses. If the expenses were paid from funds of the veteran's estate, claim should be filed by the executor or administrator thereof in which case there must also be submitted a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

2. TIME LIMIT FOR FILING CLAIM.—Claim must be filed with the Veterans Administration within 2 years from the date of the veteran's burial or cremation, otherwise the burial allowance will not be payable.

3. CAREFUL EXECUTION OF CLAIM NECESSARY.—All of the information required in this application must be furnished and every question must be answered fully and clearly. Answers must be written in a clear, legible hand or typewritten. If you do not know the answer to any question, say so. If any of the questions are not clear and you desire further information before attempting to answer the question involved, you should write to the Veterans Administration for instructions.

4. EXECUTION OF CLAIM BY UNDERTAKING FIRM.—The claim of an undertaking firm or corporation must be executed in the full name of the firm or corporation and show the official position or connection with the firm or corporation of the individual who signs the claim in its behalf, e.g.:

STONE FUNERAL HOME
By: John Doe, President.

5. PROOF OF VETERAN'S DEATH TO ACCOMPANY CLAIM.—The death of a veteran in a Government institution does not need to be proven by a claimant. Otherwise, the claimant must forward a copy of the public record of death or a copy of a coroner's report of death or of the verdict of a coroner's jury, certified by the custodian of such records. If proof of death has previously been furnished the Veterans Administration, it need not be again submitted with this application.

6. STATEMENT OF ACCOUNT TO ACCOMPANY CLAIM.—This claim must be accompanied by a statement of account (preferably on the printed billhead of the undertaker) showing the name of the veteran for whom the services were performed; the cost of the service rendered; all credits; and the name of the person or persons by whom payment in whole or in part was made. Where death of the veteran occurred while receiving authorized Veterans Administration care, the statement of account should be itemized to show the charge or charges made for use of the hearse. WHERE TOTAL PAYMENT HAS BEEN MADE FOR THE SERVICES PERFORMED, THE STATEMENT OF ACCOUNT SHOULD BE RECEIPTED IN THE NAME OF THE FIRM OR INDIVIDUAL PERFORMING THE SERVICES.

7. BURIAL ASSOCIATION OR BURIAL INSURANCE BENEFITS.—If the deceased veteran was a member of a burial association or if any insurance company is obligated to pay all or any part of the burial expenses, Question 24 should be answered "Yes". It will then be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

8. Bills or receipts filed in support of this claim become a part of the permanent record and may NOT be returned.

9. NOTE.—The payment of any fee in the preparation of this claim is prohibited.

U.S. GOVERNMENT PRINTING OFFICE : 1960 OF—542845

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvay Funeral Home Date 10/6/62

The following selection was made in Our Showroom for the funeral of:

Joseph Gedid, Jr.

Casket Welt & Service	1170	00
Vault or Box ✓	200	00
Garment		
Slippers		
Blanket		
Miscel. Process Top & Cross Metal N/C		
Miscel. Undergarments N/C		
TOTAL	1370	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 5301 Yearly No. 54 Date of Entry Oct. 6 19 62

Name of Deceased Antonina Galluzzo (What Race) 21

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1706 Locust St. 19

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

Charge to Mrs Mary Garisto

Address 2233 Poplar Ave. 16

Order given by Philip Galluzzo (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Oct 6 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 17 1879 Age 82 - 11 - 19 (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 Septicemic Shock

Contributory Causes

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

His Address Mercy Hospital

Name of Father Santo Greco

His Birthplace Italy

Maiden Name of Mother Mina Crisanti

Her Birthplace Italy

Date of Funeral Oct. 10, 1962 (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)	$	150 00
Casket 9 Professional Bronze		1240 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)		34 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
19 line Death Notices in 4 Papers (Names of Newspapers)		31 20
Sales Tax		
Total Footing of Bill	$	1626 20
Less 15.40	$	
PER Balance	$	

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

Miscellaneous

McAVOY FUNERAL HO
PAID
Oct 31 1962

GALLUZZO

On Saturday, Oct. 6, 1962, Antonia Arrigo, 83 years of age, wife of the late Joseph Galluzzo; mother of Mrs. John S. Garisto, Mrs. Frank Garofalo of California, Mrs. Anthony Carleo, August, Samuel, Anthony, Joseph, James, Philip, Thomas, Gallus, and the late Mrs. Josephine Scarpaci and Mrs. Mary Garofalo; sister of Salvatore Arrigo, also 29 grandchildren and 20 great-grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No. 6
Grave No. 8
Section No. 28
Block No.
Owner

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

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

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

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

Signed .....

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

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCleary Funeral Home Date 10/7/62

The following selection was made in Our Showroom for the funeral of:

Antoinette Galluzzo

Casket	Light & Serene	1240	00
	Vault	200	00
Vault or Box			
Garment	Flesh Dress	34	00
Slippers	Flesh Crepe n/c		
Blanket			
Miscel.	Cross on Top & Cross Rosted n/c		
Miscel.	Undergarments n/c		

The undersigned accept and approved the foregoing purchases. TOTAL 1474 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 33.02 Yearly No. 55 Date of Entry Oct 15 1962

Name of Deceased Florence L. McClain Lindner

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1627 Forbes Ave. Pg. (What Race)

☐ Husband ☐ Wife ☐ Widow of Adolph Lindner

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

Estate Charge to: Francis A. McGilkin - Att.

Address: 706 Plaza Bldg. - Pg. - At 1-6217

Order given by Mrs. Mary B. Hill (or informant)

How Secured B.P. 2 Salineville - Ohio

If Veteran, Name of War

Occupation Dog Groomer 299-34-5215 (Social Security Number)

Employer and Address Self

Date of Death Oct 15 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 28 1905 Age 56 - 9 - 17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman

Religion of the Deceased Protestant (Address)

Birthplace Toronto, Ohio

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Embolus

Contributory Causes -

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

His Address: Mercy Hospital

Name of Father William Ross McClain

His Birthplace

Maiden Name of Mother Martha Ann Allsam

Her Birthplace

Date of Funeral Oct. 18, 1962 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Mark Cemetery - Kossuth Pa.

LINDNER (McClain)

On Monday, Oct. 15 1962. Florence L. McClain, wife of the late Adolph L. Lindner, sister of Mrs. Mary B. Hill, Mrs. Margery J. Cecil, William and James McClain. Funeral service in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Thursday morning at 11 o'clock. Interment St. Mark's Cemetery Khot, Pa. Friends received Wednesday after 12 noon.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1168 00
Casket 4 Professional Service	795 00
Burial Vault or Box Cut Lowering Device (State Kind)	222 50
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress - (State Kind and Color)	25 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ - ..... Ambulance, $	80 00
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	35 00
Cremation	
Flowers, $ - .... Palms, $ ..... Matting, $	25 00
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ - .... Singers, $ .... Organist, $	25 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in ..... Papers	10 80
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1218 30
Less	$
PER Balance	$

McAVOY FUNERAL HOME

PAID Nov 19, 1962

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

Miscellaneous

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

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

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

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

Signed .....

Witness .....

Address .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McClung Funeral Home Date 10/16/62

The following selection was made in Our Showroom for the funeral of:

Florence McClain Lindner

Casket Dept & Service	795	00
Vault or Box		
Garment Flesh Lace Dress	25	00
Slippers Flesh Crepe N/C		
Blanket		
Miscel. Undergarments N/C		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 820 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3303 Yearly No. 56 Date of Entry Oct. 19 19 62

Name of Deceased Sam S. Bazar (What Race)

☐ Married ☐ Single ☒ Widowed ☑ Divorced

Residence 323 Amber St 6 ☐Husband ☐Wife ☐Widow } of Mary Ashey

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

Charge to Michael S. Bazari

Address 323 Amber St 6

Order given by Son 2 33 93 (or informant)

How Secured

If Veteran, Name of War

Occupation Ship Broker Salesman (Social Security Number)

Employer and Address

Date of Death Oct. 19, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 74 (Mo.) (Day) (Yr.) (Hour) (Mos.) (Days)

Services at St George S.A. Church

Clergyman Fr. James Meena (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 West Penn Hospital

Cause of Death Uremia & Electrolyte

Contributory Causes Imbalance - Pneumonia

Certifying Physician Dr. H. E. Hapman (or Coroner)

His Address West Penn Hospital

Name of Father Saloom Bazar

His Birthplace Syria

Maiden Name of Mother Barbara Kathy

Her Birthplace Syria

Date of Funeral Oct. 22, 1962 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Allegheny Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 9 Professional Oversized		765 00
Burial Vault or Box C.P. Case (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		3 00
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)		
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		165 00
Cremation		
Flowers, $ ..... Palms, $ ..... 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)		4 50
Sales Tax		
Total Footing of Bill	$	1053 50
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME PAID Nov. 17, 1962 JFM

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

Miscellaneous

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

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

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

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

Signed .....

Witness .....

Address .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCleary Funeral Home Date 10/20/62

The following selection was made in Our Showroom for the funeral of:

Sam Bazari

Casket	1 Service w/Blanket	765	00
Vault or Box	Cave Vault	100	00
Garment	Blue Stripe Suit	15	00
Slippers			
Blanket			
Miscel.	Men's Undergarments	3	00
Miscel.	Gold Filigree Casket (Crested)	NC	
	TOTAL	883	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3303 Yearly No. 57 Date of Entry Oct. 23 1962

Name of Deceased Howard A. McCaffrey Jr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 432 Dawson Ave - Carnegie Pa. ☐Husband ☐Wife ☐Widow of Laura J. Valente (What Race) Age of Husband or Wife (if living) Years

Charge to: Laura J. McCaffrey

Address. 432 Dawson Ave Carnegie Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teamster Supervisor 167-07-3852 (Social Security Number)

Employer and Address Newspaper

Date of Death Oct 23, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 27 1906 Age 56 - 4 - 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Garvey (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 Bleeding peptic esophageal

Contributory Causes. Ulcer. C. perforation with

left. atrium. Acute suppurative pyelonephritis

Certifying Physician Dr. Harold F. Epp (or Coroner)

His Address: Mercy Hospital

Name of Father James McCaffrey

His Birthplace

Maiden Name of Mother Della Ann O'Connor

Her Birthplace

Date of Funeral Oct. 27, 1962 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary

Lot No. 68

Grave No. 3

Section No. M

Block No. 1

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	1760 00
Casket		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)		
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		165 00
Cremation		
Flowers, $ Palms, $ Matting, $		104 00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		30 00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 4 Papers		19 80
McAVOY FUNERAL HOME		
5.5 oak		
PAID May 25, 1963		
Sales Tax		
Total Footing or Bill	$	1824 80
Less	$	
Balance	$	

PER 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

Address

Witness

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Cray Funeral Home Date 10/24/62

The following selection was made in Our Showroom for the funeral of:

Howard Mc Caffsey

Casket	1300	00
Vault or Box	200	00
Garment		
Slippers		
Blanket		
Miscel. White Mens Shirt	NC	
Miscel. Black Slippers	NC	

The undersigned accept and approved the foregoing purchases. TOTAL 1500.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3304 Yearly No. 58 Date of Entry Nov. 13, 19 62

Name of Deceased Loretta Haggerty (What Race) 24

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

Residence 3794 Bigelow

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 Nov. 13, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 31, 1876 Age 85-10-12 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev. Paul P. Bonnompierre (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 Visitation Home

Cause of Death Cardiac Decompensation

Contributory Causes A. S. H. D.

Certifying Physician Dr. S. J. Arch (or Coroner)

His Address 616 Chestnut Ave.

Name of Father James Haggerty

His Birthplace

Maiden Name of Mother Catherine Dolan

Her Birthplace

Date of Funeral Nov. 16, 1962 (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		275 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ .. Clothing 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)		
___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		2 10
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Nov. 15, 1962		
Total Footing of Bill	$	392 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. 3305 Yearly No. 59 Date of Entry Nov 23 19 62

Name of Deceased Stillborn Asmocida (What Race)

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

Residence 41 Marion St.

Charge to Anthony N. Asmocida

Address 41 Marion St.

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Nov 23 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 23 1962 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: I a. Erythroblastosis

Contributory Causes .....

.....

Certifying Physician Dr. Frederick Loehlein (or Coroner)

His Address Mercy Hospital

Name of Father Anthony Asmocida

His Birthplace Gary Ind

Maiden Name of Mother Elizabeth T. Marston

Her Birthplace Pittsburgh Pa.

Date of Funeral Nov 26, 1962 (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 Infant	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	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)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Nov 26 1962	$	30 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. 3306 Yearly No. 60 Date of Entry Nov. 28 1962

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

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1603 Blvd. of the Allies 19 ☐Husband ☐Wife ☐Widow of Marie L. Bradley

Charge to Charles J. Maloney Esq. Age of Husband or Wife (if living) Years

Address 237 Glen Drive 16

Order given by Lowell Zigler - attorney (or informant)

How Secured 430 Grant Bldg. 19

If Veteran, Name of War 7-81-1660

Occupation Chief Clerk - 190-32-8721 (Social Security Number)

Employer and Address City of Pgh.

Date of Death Nov. 28, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 14, 1885 Age 77-5-14 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Sterning (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death St. Joseph Hospital

Cause of Death Broncho Pneumonia

Contributory Causes Diabetes Mellitus

Certifying Physician Dr. John A. O'Donnell (or Coroner)

His Address St. Joseph Hospital

Name of Father Andrew Maloney

His Birthplace

Maiden Name of Mother Ellen Ryan

Her Birthplace

Date of Funeral Dec 1, 1962 (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. 543

Grave No. 6

Section No. 8 (S.)

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional bronze	1195	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	140	00
Cremation		
Flowers, $ ... 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 3 Papers	18	00
(Names of Newspapers) McAVOY FUNERAL HC		
Sales Tax		
Total Footing of Bill	$ 1582	00
Less	$	
Billed 4/24/63 Balance	$	
Entered into Ledger, page ... or below. PER JPM		
Miscellaneous		

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue fro

maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Avoy Funeral Home Date 11/29/62

The following selection was made in Our Showroom for the funeral of:

Andrew M Maloney

Casket and Services	1195	00
Vault or Box	200	00
Garment		
Slippers Black Velvet Slippers	NC	
Blanket Included	NC	
Miscel.		
Miscel.		
TOTAL	1395.	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3307 Yearly No. 61 Date of Entry Dec 13 1962

Name of Deceased Anthony (Antonio) Malta 71

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

Residence 2337 Fifth Ave 13 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Estate of

Address Joseph A. Rossi 1208 Plaza Bldg 19

Order given by Anthony Curigliano (or informant)

How Secured 1905 Peoples Ave 26

If Veteran, Name of War U.S. 1-7913

Occupation Bldg Service Employee 172-12-7556 (Social Security Number)

Employer and Address

Date of Death Dec 13 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman Fr. Morgan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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 A. S. H. D.

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

His Address West Penn Hospital

Name of Father Paul Malta

His Birthplace Italy

Maiden Name of Mother Rose Curigliano

Her Birthplace Italy

Date of Funeral Dec 17 1962 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		675 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		145 00
Cremation		
Flowers, $ ..... 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		
55 6k line Death Notices in Papers		7 20
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	946 20
Less PER	$	
Balance	$	

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

Miscellaneous

MEMORIAL FUNERAL HOME
PAID
Jan. 24, 1963
PER JFM

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

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

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

Signed .....

Witness .....

Address .....

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

JOSEPH A. ROSSI
ATTORNEY AT LAW
1208 PLAZA BUILDING
PITTSBURGH, PA.
ATLANTIC 6696

atlantic 1-6696

January 18, 1963

Mc Avoy Funeral Home
1700 Forbes Avenue
Pittsburgh 19, Pennsylvania

Re: Estate of Antonio Malta, Deceased

Gentlemen:

I enclose, herewith, check in the amount of $946.20, in payment of burial expenses incurred in behalf of the above decedent. You will receipt the statement and return same to me, together with two (2) additional copies, as I had instructed.

I would also appreciate your advices with reference to your negotiations to secure a contribution from the Department of Health, Education and Welfare, Social Security Administration, Bureau of Old-Age and Survivors Insurance, which I am informed you had initiated.

If said contribution is received from the Department, by you, please forward the check to me, as it will be a part of the estate.

Yours truly,

Joseph A. Rossi

jar/a

Enclosures

F. H. HILL COMPANY, INC.

Form 147

Funeral Director JOHN M^c AVOY Date 12-13-62

The following selection was made in Our Showroom for the funeral of:

MR MALTA

Casket W/SERVICE	675	00
Vault or Box		
Garment		
Slippers BLACK - ONE PAIR	NC	
Blanket	NC	
Miscel.		
Miscel.		
	TOTAL 675	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3308 Yearly No. 62 Date of Entry Dec 19 1962

Name of Deceased Adele Tobia (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced 17 Years

Residence Adele Tobia 1425 Bennington Ave or ☐Husband ☐Wife ☐Widow of Elias

Charge to Miss Mary Tobia Age of Husband or Wife (if living)

Address 1425 Bennington Ave 17

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec 19 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 6 1895 Age 67 4 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman (Address)

Religion of the Deceased Moronite Catholic

Birthplace Republic Lebanon

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

Place of Death Shadyside Hospital

Cause of Death Coronary Occlusion

Contributory Causes A.S.H.D.

Diabetes Mellitus

Certifying Physician Dr. J. Salerno (or Coroner)

His Address Shadyside Hospital

Name of Father Elias Mishir

His Birthplace Lebanon

Maiden Name of Mother Nazha Casey

Her Birthplace Lebanon

Date of Funeral Dec 22 1962 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. 130

Grave No. 5

Section No. 4

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)		$
Casket		1295 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)		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)		
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, $ 4 ... Palms, $ ... Matting, $		72 80
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 MAHOY FUNERAL HOME Papers		9 00
(Names of Newspapers)		
Jan 17 1963		
Sales Tax		
Total Footing of Bill		$ 1627 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 12/20/1962

The following selection was made in Our Showroom for the funeral of:

Adele Fabia

Casket	and Service	1295 00
Vault or Box		100 00
Garment	Blue Sheer Gown	28 00
Slippers	Blue Crepe Slippers	no
Blanket	Included	
Miscel.	White Undergarments	no
Miscel.	Last Supper Plaque	no
	TOTAL	1423 00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 33099 Yearly No. 63 Date of Entry Dec. 30 19 62

Name of Deceased Mary Taylor

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

Residence 2080 Bentley Dr. 19

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

Charge to: George P. Taylor

Address 2080 Bentley Dr.

Order given by Dr. 16419 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 168-07-2921 (Social Security Number)

Employer and Address

Date of Death Dec 30, 1962 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 31, 1909 Age 52-11-30 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev. Paul Bassompierre (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: Metastatic Ca. of Ovary

Contributory Causes. Hydronephrosis

Secondary Uremia

Certifying Physician (or Coroner)

His Address: Mercy Hospital

Name of Father Joseph Pavlakovic

His Birthplace

Maiden Name of Mother Kathryn Kolar

Her Birthplace:

Date of Funeral Jan 2, 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by:

Cemetery Crematory } Calvary Cemetery

TAYLOR
On Sunday, Dec. 30, 1962, Mary Pavlakovic, wife of George P. Taylor; mother of Kathryn, Mary, Ann, Angela, Philip, and George Taylor Jr.; also one grandchild; sister of Mrs. Catherine Orban, Mrs. Amelia Shosten, Mrs. Anna Kowger, Joseph and Rudolph Pavlakovic. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1709 Fornes Ave., on Thursday morning at 9:30. Requiem high mass in St. Brigid Old Holy Trinity Church, Centre Ave. at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket	820	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)	46	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, $	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)		
Sales Tax	982	00
Total Footing of Bill	$	
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

Date		Amount Paid	Balance
1962	To Above Balance		$
	By Payment	$ 430 —	$
1/1-9/63	" "	$ 480 —	$ 152 —
	" "	$ 530 —	$
	" "	$	$
	" "	$	$

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 McCleary Funeral Home Date 12/30/62

The following selection was made in Our Showroom for the funeral of:

Mary Taylor

Casket Bkt. & Service	820	00
Vault ~~or Box~~	100	00
Garment Blue Nylon Dress	46	00
Slippers Blue Crepe Slippers N/C		
Blanket		
Miscel. Undergarments N/C		
Miscel. Cross on Top & Cross Mated N/C		
	TOTAL 966	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3310 Yearly No. 1 Date of Entry Jan 1 19 63

Name of Deceased Stillborn (Male) Schalle (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 729 Lockinvar Dr. 37

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

Charge to Edward J. Schalle

Address 729 Lockinvar Dr. 37

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Jan 1, 1963 - (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 1, 1963 Age Stillborn (Mo.) (Day) (Yr.) (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 Immaturity

Contributory Causes Prematurity

Certifying Physician Dr. R. McKeown (or Coroner)

His Address Mercy Hospital

Name of Father Edward J. Schalle

His Birthplace

Maiden Name of Mother Barbara Ann Tedrowski

Her Birthplace

Date of Funeral Jan 2, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } N.A. Catholic

Diagram of Lot or Vault

Lot No.

Grave No. 2

Section No. 2

Block No. 18

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Sevices	30	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	10	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / 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)		
McAVOY-FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	40 00
Less Jan 2, 1963	$	
Balance	$	
Entered into Ledger page ... or below. PER		
Miscellaneous		

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

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

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

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3311 Yearly No. 2 Date of Entry Jan 2 19 63

Name of Deceased Rose Gigliotti

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

Residence 4916 Brownsville Rd 36

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

Charge to Gloria Popale

Address 1744 Skyline Dr 36

Order given by Bernet Gigliotti (or informant)

How Secured 3857 Oakwood St 27

If Veteran, Name of War WW I 2337

Occupation Housewife - Wm Kehew - Zurich (Social Security Number)

Employer and Address Glass

Date of Death Jan 2 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 16 1909 Age 53-8-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Catherines Church

Clergyman Fr Theodore De Masi (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 Malignancy Lymphoma

Contributory Causes

Certifying Physician Dr R J Klimaschewski (or Coroner)

His Address: Mercy Hospital

Name of Father Ernest Fasena

His Birthplace Italy

Maiden Name of Mother Ernesta Pasquini

Her Birthplace Italy

Date of Funeral Jan 7 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

GIGLIOTTI

Suddenly, on Wednesday, Jan. 2, 1963, Rose Farina, wife of the late Ernest Gigliotti; mother of Mrs. Gloria Popale; sister of Joseph and James Farina; grandmother of Tina Rose Popale. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:15. Solemn requiem high mass in St. Catherine's Church, Beechview, at 10 o'clock.

Lot No. 537

Grave No. 9

Section No. 20

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	2130 00
Casket		1900 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)		39 00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery 1 @ $		21 84
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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)		8 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		140 00
Cremation		
Flowers, $ ... 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 8 Papers (Names of Newspapers)		48 00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	2381 84
Less	$	
Balance	$	

PAID 1/6/1963

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 Mc Avoy Funeral Home Date 1/2/63

The following selection was made in Our Showroom for the funeral of:

Rose Migliotti

Casket and Services	1900	00
Vault or Box	200	00
Garment Flesh Nylon Gown	39	00
Slippers Flesh Crepe slippers	NC	
Blanket ✓ Included	NC	
Miscel. White Undergarments	NC	
Miscel. Crucifix on Top	NC	
TOTAL	2139.	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3313 Yearly No. 3 Date of Entry Jan 3 19 63

Name of Deceased Madge Robertson 21
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1905 Dobbs Ave 19 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Bonnie Beye

Address 522 Galveston Ave 12

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 3, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 20 1891 Age 72 - 1 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Wm. Kiehl (Address)

Religion of the Deceased Protestant

Birthplace England

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

Place of Death St. Johns Hospital

Cause of Death Respiratory Failure

Contributory Causes Cerebral Hemorrhage
A. S. H. D.

Certifying Physician Dr. Wm. S. Lichtes (or Coroner)

His Address St. Johns Hospital

Name of Father Joseph Duckworth

His Birthplace England

Maiden Name of Mother Mary McRae

Her Birthplace England

Date of Funeral Jan 7, 1963 M. (Date) (Day of Week) (Hour)

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

Miscellaneous 1106

Complete Funeral (except outlays)	$	
Casket		725 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)		41 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		170 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers		2 00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Jan 7, 1963		
Sales Tax		
Total Footing of Bill	$	1096 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. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3313 Yearly No. 4 Date of Entry Jan 16 1963

Name of Deceased Madge (Magdaline) Mc Gary

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

Residence: 1010 Cedar Ave 12

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

Charge to: John F. Mc Gary

Address: 1010 Cedar Ave

Order given by Miss Kathleen Daugherty (or informant)

How Secured 3136 N Lake Ave Wapt 3

If Veteran, Name of War Ft. 32348

Occupation Housewife 921-1939 (Social Security Number)

Employer and Address

Date of Death Jan 16 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 16 1907 Age 55 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Elwood City, Pa

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

Place of Death Mercy Hospital

Cause of Death Carcinoma of left tonsil

Contributory Causes Cerebral metastases, Bronchopneumonia

Certifying Physician Dr C. R. Perryman (or Coroner)

His Address: Mercy Hospital

Name of Father Michael Mc Carthy

His Birthplace

Maiden Name of Mother Margaret Mancken

Her Birthplace

Date of Funeral Jan 19 1963 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. 5

Section No. 27

Block No. 10

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 6 Professional Services		775 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		41 00
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 00
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery charges		95 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		15 00
Railroad / 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 1 Papers (Names of Newspapers)		5 50
Billed 3/17/63		
Sales Tax		
Total Footing of Bill	$	1032 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

Address

Witness

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director John McClurg Funeral Home Date Jan 17 1963

The following selection was made in Our Showroom for the funeral of:

Madge McGary

Casket ✓ Services	775 00
Vault or ~~Box~~ Cement	100 00
Garment ✓	41 00
Slippers	
Blanket ✓	N/C
Miscel. Slipper & Underwear	N/C
Miscel.	
TOTAL	916.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3314 Yearly No. 5 Date of Entry Jan 23 1963

Name of Deceased Peter J. Donohoe

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

Residence 530 Weyman Rd 36 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Vincent McCaffrey

Address 530 Weyman Rd 36

Order given by T.W. 4-2309 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired (Social Security Number)

Employer and Address

Date of Death Jan 23 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 79 (Mo.) (Day) (Yrs.) (Yrs.) (Mos.) (Days)

Services at Epiphany 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 530 Weyman Rd

Cause of Death Acute Coronary Occlusion

Contributory Causes

Certifying Physician Jos. B. Dobbs Coroner (or Coroner)

His Address Valley Co.

Name of Father Patrick Donohoe

His Birthplace

Maiden Name of Mother Anna Carr

Her Birthplace

Date of Funeral Jan 26 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

KENDERES
On Friday, Jan. 25, 1963, Mi-cheal, husband of the late Mary Dlak, father of Mrs. Anne Gun-ther, Mrs. Elizabeth Denlinger, Mrs. James and William Ken-dera. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1760 Forbes Ave. on Tuesday morning at 10:30. Service in the Protestant Reformed Church, 221 Johnston Ave. at 11 o'clock.

Diagram of Lot or Vault

Lot No. 530

Grave No. 5

Section No. 1

Block No.

Owner James Donohoe Brother

Miscellaneous

Complete Funeral (except outlays)	$ 1075 —
Casket Professional Services	850 00
Burial Vault or Box (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Clothing (State Kind and Color)	30 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	95 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	25 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 3 Papers (Names of Newspapers)	16 50
Sales Tax	
Total Footing of Bill	$ 1118 50
Less	$
Balance	$

PAID JAN 11, 1964

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 1/24/03

The following selection was made in Our Showroom for the funeral of:

Peter Donahue

Casket Belt. & Service	850	00
Vault or Box Canepproof Case	100	00
Garment		
Slippers Black Velvet n/c		
Blanket		
Miscel. Cross on Top n/c		
Miscel.		
TOTAL	$950	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3315 Yearly No. 6 Date of Entry Jan 25 1963

Name of Deceased Michael Henderson (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2016 Forbes Ave. 19

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

Charge to Wm. Henderson (Henderson)

Address 800 Braddock Ave. 26

Order given by Fr. (or informant) Lo 1-6157

How Secured

If Veteran, Name of War

Occupation Maintenance Worker 194-26-4802 (Social Security Number)

Employer and Address

Date of Death Jan 25 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 4 1868 Age 94 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Hungarian Reformed Church

Clergyman Rev Alexander Bokor (Address)

Religion of the Deceased Protestant

Birthplace Austria Hungary

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

Place of Death Weber Nursing Home

Cause of Death: Senility, Cardiac Failure

Contributory Causes

Certifying Physician Dr Louis M Koelbel (or Coroner)

His Address 3360 Sarah Ave.

Name of Father Michael Henderson

His Birthplace

Maiden Name of Mother Anna Hoyda

Her Birthplace

Date of Funeral Jan 29 1963 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Versailles Cemetery

DONAHOE

On Wednesday, Jan. 23, 1963, Peter J. Donahoe, uncle of Rev. James P. McCaffrey, C. S. Sp., Mrs. (Winifred McNemey, Gerald, Wilbert, Vincent, Paul, and Eugene McCaffrey. Funeral from the DONAHOE-McAVOY FUNERAL HOME, on Saturday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No. Range 21

Grave No. 9

Section No. M

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1080 —
Casket Professional Services		850 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)		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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		(95 00)
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 25 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 ..... Papers		11 00
McAVOY FUNERAL HOME (Name of Newspaper)		
Billed		
Feb 2 1963		
Sales Tax		
Total Footing of Bill	$	1196 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director M.C AVOY FUNERAL HOME Date 1-26-63

The following selection was made in Our Showroom for the funeral of:

Kendres

Casket W/SERVICE	850	00
Vault or Box	200	
Garment GRAY STRIP SUIT	38	00
Slippers BLACK	N C ~~C~~	
Blanket	N	C
Miscel.		
Miscel.		
	TOTAL 1088	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3316 Yearly No. 7 Date of Entry Jan. 27 1963

Name of Deceased Isaac Ristom 71

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

Residence 653 N. 8th Ave

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

Charge to Marjorie Ristom 655 N. 8th

Address 653 N. 8th Ave. - Ho 3-6116

Order given by ~~Mrs. Ristom~~ - Ev. 1-5880 (or informant)

How Secured Grace Johnson Esq.

If Veteran, Name of War

Occupation Construction Worker

Employer and Address 210-14-1309 (Social Security Number)

Date of Death Jan. 27, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 12, 1914 Age 48 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. George Syrian Orthodox Church

Clergyman

Religion of the Deceased Syrian Orthodox (Address)

Birthplace Pittsburgh, Pa.

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

Place of Death Homestead Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Jos. B. Dobbs - Coroner (or Coroner)

His Address Alleg. Co.

Name of Father Annis Ristom

His Birthplace Shefidon Iran

Maiden Name of Mother

Her Birthplace Syria

Date of Funeral Jan. 31, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Lebanon

RISTOM
On Sunday, Jan. 27, 1963, Isaac, husband of Maxine Yost; brother of Mrs. Arthur Kelly, George, Norman and Samuel Ristom. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 4100 Forbes Ave. Funeral services in St. George's Syrian Church, Dawson St., on Thursday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1720 00
Casket 9. Professional Services		140 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)		42 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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		10 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 6 Papers		30 00
(Names of Newspapers) McAVOY FUNERAL HO		
Bill 3/18		
Sales Tax		
Total Footing of Bill	$	1797 00
Less	$	
PER Balance M	$	
Entered into Ledger, page ... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3/18/63	To Above Balance		$		To Balance Forward		$
	By Payment		$		By Payment	$	$
	" "		$		" "	$	$
	" "		$		" "	$	$
	" "		$		" "	$	$
	" "		$		" "	$	$

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

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

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

Witness ... Signed ...

Address ...

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 1-27-63

The following selection was made in Our Showroom for the funeral of:

Isaac Kistam.

Casket W/SERVICE	1400	00
	200	00
Vault or Box		
Garment GRAY SUIT	42	00
Slippers	N	C
Blanket	N	C
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1,642 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 33.17 Yearly No. 8 Date of Entry Jan. 28 19 63

Name of Deceased Joseph V. Riley

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 416 Jucunda St 10

☐ Husband ☐ Wife ☐ Widow of } Helen Reid (What Race) Age of Husband or Wife (if living) ..... Years

Charge to Estate of Joseph V. Riley

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Surveyor (Social Security Number)

Employer and Address City of Pittsburgh

Date of Death Jan 28, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 22, 1902 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Cyprians Church

Clergyman Rev Thomas Heaney (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: Myocardial Infarction

Contributory Causes Shock

.....

Certifying Physician ..... (or Coroner)

His Address: .....

Name of Father William A. Riley

His Birthplace .....

Maiden Name of Mother Catherine H. McCormick

Her Birthplace .....

Date of Funeral Feb. 2, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

RILEY
On Monday, Jan. 28, 1963, Joseph, husband of Helen (nee Reid), father of Catherine and William Riley, brother of Mrs. Nellie Nicholson, also three grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 5940 Forbes Ave., on Saturday morning at 9:30. Solemn requiem Mass in St. Cyprian Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 1730 —
Casket	1365 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)	
1 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. Cemetery Charges	$ 140 00
Outlay for Lot	
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	
11 line Death Notices in 4 Papers (Names of Newspapers)	33 00
McAVOY FUNERAL HOME Mar 4, 1963	
Sales Tax	
Total Footing of Bill	$ 1795 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 McCleary Funeral Home Date 1/29/63

The following selection was made in Our Showroom for the funeral of:

Joseph C. Riley

Casket Velvet & Service	1365	00
Vault ~~or Box~~	200	00
Garment		
Slippers Black Velvet N/C		
Blanket		
Miscel.		
Miscel.		
TOTAL	1565	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3318 Yearly No. 9 Date of Entry Jan. 29, 1963

Name of Deceased Hattie Catherine Nicholson (What Race) W

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

Residence 517 Bank St., Carnegie, Pa.

Charge to Estate of Hattie Nicholson

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death Jan. 29, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown (Mo.) (Day) (Yr.) Age Abt. 64 (Yrs.) (Mos.) (Days)

Services at St. Lukes, Carnegie (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pgh., Pa.

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

Place of Death 416 Jacunda St.

Cause of Death Cancer of Breast

Contributory Causes Metastases to spine

Certifying Physician Dr. Jno. P. McCallum (or Coroner)

His Address 514 Bettzhoover Ave.

Name of Father Thos. A. Riley

His Birthplace

Maiden Name of Mother Catherine M. McConnell

Her Birthplace

Date of Funeral February 1, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Olivet Cemetery

NICHOLSON
On Tuesday, Jan. 29, 1963 Hattie Riley, wife of the late John Nicholson; sister of the late Joseph V. Riley. Friends from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Friday morning at 9:15. Solemn requiem high mass in St. Luke's Church, Carnegie at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		1365 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)		42 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 Chgs.		50 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, $ ... 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)		20 00
McAVOY FUNERAL HOME		
Sales Tax Mar. 7, 1963		
Total Footing of Bill	$	1733 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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McQueary Funeral Home Date 1/29/63

The following selection was made in Our Showroom for the funeral of:

Hattie Nicholson

Casket Mkt. & Service	1365	00
Vault ~~or Box~~	200	00
Garment Blue Nylon Dress	42	00
Slippers Blue Velvet n/c		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1607 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3319 Yearly No. 10 Date of Entry January 30, 1963

Name of Deceased Cecelia L. Jenks (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 207 Jumonville St. (19) ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Agnes Silverman

Address

Order given by 471-0472 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife Social Security Number: None

Employer and Address

Date of Death January 30 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 9 1888 Age 74 (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 D. O. A. Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Bernhardt Levy (or Coroner)

His Address: 3500 Fifth Ave.

Name of Father Henry Brandt

His Birthplace

Maiden Name of Mother Margaret Inman

Her Birthplace

Date of Funeral February 2 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

JENKS — On Wednesday, Jan. 30, 1963, Cecilia L. Morral, wife of the late Carl Jenks; mother of Mrs. Marie Rose, Mrs. Helen Pekert, Mrs. Agnes Silverman, sister of Mrs. Helen Himber, Mrs. Jennie Kocher and Charles Morral; also 7 grandchildren and one great-grandchild. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 3500 Forbes Ave. on Saturday morning at 9:00. Requiem High Mass in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No. 76

Section No. 14

Block No. 9 Row

Owner

Miscellaneous

Complete Funeral (except outlays)	140	—
Casket	115	00
Burial Vault or Box (State Kind)	10	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)		
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	14	00
Cremation		
Flowers, $ ..... 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		
15 line Death Notices in 4 Papers (Names of Newspapers)	30	00
Sales Tax		
Total Footing of Bill $	147	00
Less $		
Balance $		

McAVOY FUNERAL HOME — PAID — Feb 4 1963 — PER John

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

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
March 2	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Signed

Address

Witness

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

F. H. HILL COMPANY, INC. Form 147

Funeral Director McAvoy Funeral Home Date 1/30/63

The following selection was made in Our Showroom for the funeral of:

Cecilia L. Jents

Casket and Service	1150	00
Vault or Box		
Garment Blue Steel Gown	33	00
Slippers Blue Crepe	NC	
Blanket Included	NC	
Miscel. Undergarments	NC	
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1183.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3320 Yearly No. 11 Date of Entry Jan. 31, 1963 19...

Name of Deceased John W. Sommers (What Race) W.

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1627 Primrose Ave., Apt. 16 ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) ..... Years
or Single of

Charge to Mrs. Alice Unger

Address 1627 Primrose Ave., Apt. 16,

Order given by 561-1921 (or informant)

How Secured

If Veteran, Name of War W. W. II

Occupation Laborer 172-20-2296 (Social Security Number)

Employer and Address

Date of Death January 31, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 23, 1927 Age 36 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death V. A. Hospital - Oakland

Cause of Death Bronchopneumonia

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father James A. Sommers

His Birthplace

Maiden Name of Mother Helen H. Murray

Her Birthplace

Date of Funeral February 5, 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

SOMMERS On Thursday, Jan. 31, 1963, John W., son of the late James (Scotty) and Nellie Murray. Beloved brother of Mrs. Clara Rubinger, Mrs. Arlie Unger, James and Patrick Sommers; brother of Mrs. Susan Murray. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Foothill Ave., on Tuesday, morning at 9:20. Requiem High mass in St. Agnes Church at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		1012 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) (State Physician's or Coroner's)		
2 Certif. Copies of Death Certificates No.		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		96 00
Cremation		
Flowers, $ ..... 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 3 Papers (Names of Newspapers)		18 00
Billed 3/ McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1242 00
Less 55-OK V.A. OK July 10/63 PAID	$	
Balance	$	
Entered into Ledger, page M or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
3/19/63	By Payment	$ 801 04	$ 440 96
	" "	$ 190 96	$ - 0 -
July 10/63	" " V.A.	$ 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.

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

Address .....

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

VETERANS ADMINISTRATION
REGIONAL OFFICE
107 SIXTH STREET
PITTSBURGH 22, PENNSYLVANIA

3011-212A

June 24, 1963

CLAIM NUMBER:
XC 07504568 01
J W SOMMERS

MCAVOY FUNERAL HOME
A/C J W SOMMERS
1700 FORBES AVE
PITTSBURGH 19 PA

Gentlemen:

An award in the amount and for the purpose "X'd" below has been approved. A check covering this amount will be mailed to you soon.

☐ 1. $_____ for benefits due and unpaid at the time of death of the above payee. This check has no bearing on any other VA payments which you may be receiving or for which you may have filed claim.

☐ 2. $_____ as reimbursement for expenses of the above payee's last sickness and burial from benefits due and unpaid at the time of death.

☒ 3. $250.00 as an allowance covering the veteran's funeral and burial expenses.

NOTE: If you are an undertaker or other creditor and 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 the award, please return the check prior to negotiation to the Regional Disbursing Office, Treasury Department, Chicago, Illinois, together with a letter stating the reason for its return.

Very truly yours,

K. A. Miller

K. A. MILLER
Adjudication Officer

Copy
Mrs. Alice Unger
1627 Princess Ave.
Pittsburgh 16, Pa.

FL 21-841
Sep 1962

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

Form Approved.
Budget Bureau No. 76–R009.5

VETERANS ADMINISTRATION

APPLICATION FOR BURIAL ALLOWANCE

IMPORTANT—Read Instructions on reverse before filling in form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL EXPEDITE ACTION ON YOUR CLAIM.

1. SOCIAL SECURITY NO. OF VETERAN	2. CLAIM NO. XC–

3. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN	4. LAST NAME—FIRST NAME—MIDDLE NAME OF CLAIMANT

PART I—INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH

9. DATE OF BURIAL	10. PLACE OF BURIAL	11. LEGAL DOMICILE AT TIME OF DEATH

12. LIVING RELATIVES *(Check)*	13. MARITAL STATUS	14A. FULL NAME OF SPOUSE
☐ SPOUSE ☐ MOTHER ☐ FATHER	☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED *(If ever married, fill in 14A and 14B)*	14B. ADDRESS OF SPOUSE *(If living)*

15A. FULL NAME OF FATHER	16A. FULL NAME OF MOTHER
15B. ADDRESS OF FATHER *(If living)*	16B. ADDRESS OF MOTHER *(If living)* RA INF.

SERVICE INFORMATION— NOTE: The following information should be furnished for the period of the Veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States.

17A. ENTERED SERVICE DATE	17A. ENTERED SERVICE PLACE	17B. SERVICE NO.	17C. SEPARATED FROM SERVICE DATE	17C. SEPARATED FROM SERVICE PLACE	17D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
17 APRIL 5th 45	PGH. PA	RA33993941	JUNE 13-52	FT. BENNING GA	PRIVATE, FIRST CLASS ARMY

18. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 3, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME	19A. WAS THE VETERAN AT THE TIME OF DEATH ON ACTIVE OR INACTIVE DUTY AS A MEMBER OF THE RESERVE FORCES OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR A MEMBER OF THE NATIONAL GUARD? ☐ YES ☐ NO *(If "Yes," fill in 19B and 19C)*

19B. TYPE OF DUTY AT TIME OF DEATH ☐ ACTIVE ☐ INACTIVE	19C. BRANCH OF SERVICE	20. SOURCE FROM WHICH ABOVE INFORMATION WAS SECURED

PART II—INFORMATION RELATING TO VETERAN'S BURIAL

21. TOTAL EXPENSE OF BURIAL, FUNERAL, AND TRANSPORTATION $	22A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☐ NO *(If "No," fill in 22B)*	22B. AMOUNT UNPAID $

23A. HAS ANY AMOUNT BEEN ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☐ NO *(If "Yes," fill in 23B and 23C)*	23B. AMOUNT $	23C. SOURCE	24. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? ☐ YES ☐ NO *(Before answering, read and comply with Instruction No. 7 on reverse)*

NOTE: If claim is made by person who paid the bills, fill in 25A and 25B. ▶	25A. WHOSE FUNDS WERE USED?	25B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO *(If "Yes," fill in 25C)*	25C. AMOUNT AND SOURCE OF REIMBURSEMENT $

NOTE: Where the claimant is a firm or other unpaid creditor, the following certification must be made by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

30. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES *(If signed by mark, fill in items 34A through 35B on reverse)*

31. ADDRESS *(Number and street or rural route, city or P.O., zone number and State)*

32. DATE

33. RELATIONSHIP TO VETERAN

I CERTIFY THAT the foregoing statements made in connection with this application for burial allowance on account of the above-named veteran are true and correct to the best of my knowledge and belief.

26. SIGNATURE OF CLAIMANT *(If signed by mark, 34A through 35B on reverse should be executed)*

27. SIGNATURE AND CAPACITY OF PERSON SIGNING FOR FIRM

28. ADDRESS *(Number and street or rural route, city, or P.O., zone number and State)*

29. CREDITOR OR RELATIONSHIP TO DECEASED

PENALTY—The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

WITNESSES TO SIGNATURE IF MADE BY "X" MARK NOTE: *Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.*	
34A. SIGNATURE OF WITNESS	34B. ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS	35B. ADDRESS OF WITNESS

INSTRUCTIONS FOR EXECUTING APPLICATION FOR BURIAL ALLOWANCE

(Under 38 USC, Section 902)

IMPORTANT—READ THESE INSTRUCTIONS CAREFULLY

1. WHO SHOULD FILE CLAIM.—*If expenses of the veteran's burial and funeral have not been paid, claim should be filed by the undertaker or other creditor.* If such expenses have been paid, claim should be filed by the person or persons whose personal funds were used to pay such expenses. If the expenses were paid from funds of the veteran's estate, claim should be filed by the executor or administrator thereof in which case there must also be submitted a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

2. TIME LIMIT FOR FILING CLAIM.—Claim must be filed with the Veterans Administration within 2 years from the date of the veteran's burial or cremation, otherwise the burial allowance will not be payable.

3. CAREFUL EXECUTION OF CLAIM NECESSARY.—All of the information required in this application must be furnished and every question must be answered fully and clearly. Answers must be written in a clear, legible hand or typewritten. If you do not know the answer to any question, say so. If any of the questions are not clear and you desire further information before attempting to answer the question involved, you should write to the Veterans Administration for instructions.

4. EXECUTION OF CLAIM BY UNDERTAKING FIRM.—The claim of an undertaking firm or corporation must be executed in the full name of the firm or corporation and show the official position or connection with the firm or corporation of the individual who signs the claim in its behalf, e.g.:

STONE FUNERAL HOME
By: John Doe, President.

5. PROOF OF VETERAN'S DEATH TO ACCOMPANY CLAIM.—The death of a veteran in a Government institution does not need to be proven by a claimant. Otherwise, the claimant must forward a copy of the public record of death or a copy of a coroner's report of death or of the verdict of a coroner's jury, certified by the custodian of such records. If proof of death has previously been furnished the Veterans Administration, it need not be again submitted with this application.

6. STATEMENT OF ACCOUNT TO ACCOMPANY CLAIM.—This claim must be accompanied by a statement of account (preferably on the printed billhead of the undertaker) showing the name of the veteran for whom the services were performed; the cost of the service rendered; all credits; and the name of the person or persons by whom payment in whole or in part was made. Where death of the veteran occurred while receiving authorized Veterans Administration care, the statement of account should be itemized to show the charge or charges made for use of the hearse. WHERE TOTAL PAYMENT HAS BEEN MADE FOR THE SERVICES PERFORMED, THE STATEMENT OF ACCOUNT SHOULD BE RECEIPTED IN THE NAME OF THE FIRM OR INDIVIDUAL PERFORMING THE SERVICES.

7. BURIAL ASSOCIATION OR BURIAL INSURANCE BENEFITS.—If the deceased veteran was a member of a burial association or if any insurance company is obligated to pay all or any part of the burial expenses, Question 24 should be answered "Yes". It will then be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

8. Bills or receipts filed in support of this claim become a part of the permanent record and may NOT be returned.

9. NOTE.—The payment of any fee in the preparation of this claim is prohibited.

U.S. GOVERNMENT PRINTING OFFICE : 1960 OF—542845

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCleary Funeral Home Date 2/1/63

The following selection was made in Our Showroom for the funeral of:

John W. Sommer

Casket Bkt. & Sonnet	1012	00
Vault or Box		
Garment		
Slippers Black Velvet N/C		
Blanket		
Miscel. Underclothes N/C		
Miscel. Cross on Top N/C		

The undersigned accept and approved the foregoing purchases. TOTAL 1012 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3321 Yearly No. 12 Date of Entry February 2, 1963

Name of Deceased Ruth B. Bailey W.

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

Residence: 3219 Ward St. Pgh. 13, Pa. ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Raymond W. Bailey

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Waitress 169-28-0279 (Social Security Number)

Employer and Address .....

Date of Death Feb. 2 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 10 1927 Age 35 10 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Eugene Grabovsky (Address)

Religion of the Deceased Protestant

Birthplace Germany

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

Place of Death Mercy Hospital

Cause of Death Inanition due to small absorption syndrome

Contributory Causes Following gastrectomy for peptic ulcer

Certifying Physician John Krause (or Coroner)

His Address: .....

Name of Father Fritz Klemansoff

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Feb. 6, 1963 (Date) / (Day of Week) (Hour) M.

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny Cemetery

BAILEY
On Saturday, Feb. 2, 1963, Ruth C. Klemansoff, wife of Raymond W. Bailey, mother of Linda, Jackie and Carolyn Bailey. Friends received at the EDWARD J. McCANON FUNERAL HOME, 1750 Murray Ave. Funeral services on Wednesday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Services	750	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)		
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	165	00
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $	31	20
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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in 3 Papers (Names of Newspapers)	12	00
Billed 3/11/63		
Sales Tax		
Total Footing of Bill	$	111 20
Less	$	
Balance	$	

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

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
2/7/63	By Payment	$ 700 00	$
4/20/63	" "	$ 100 00	$ 312 20
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

Signed .....

Address .....

Witness .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 2/2/63

The following selection was made in Our Showroom for the funeral of:

Ruth Bailey

Casket and Services	750	00
Vault or Box Cave Proof	100	00
Garment		
Slippers Blue Nylon Lace	32	00
Blanket Blue Crepe Flyleaf	NC	
Miscel. Toilet Undergarments	NC	
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 882.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3322 Yearly No. 13 Date of Entry February 2, 1963.

Name of Deceased John Kovkonya (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1208 Gibbon Street ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Kenneth Wm. Barkhurst

Address 3600 Kestner Ave. 27

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

How Secured .....

If Veteran, Name of War .....

Occupation G.R. Laborer 211-07-7867 (Social Security Number)

Employer and Address .....

Date of Death Feb. 2, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 0 0 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Yugoslavia

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

Place of Death .....

Cause of Death Massive intracerebral hemmorrhage

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Feb. 6, 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Greenwood Cemetery O'Hara Disp.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket		565 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		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, $		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 (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	657 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.

Witness .....

Signed .....

Address .....

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

DATE	INTER. NO.	PURCHASER OR FUNERAL DIRECTOR	NAME OF INTERRED	CASH RECEIVED	CASH SALE OR TRANSACTION	OLD BALANCE	CHARGES	PAYMENTS	NEW BALANCE
						ACCOUNTS RECEIVABLE			
2/6/63	24629	McAvoy Funeral Home	John Kruhonja	80 00	80 00				

THIS IS YOUR RECEIPT

THIS IS YOUR BALANCE

GREENWOOD CEMETERY

321 KITTANNING PIKE
SHARPSBURG
PITTSBURGH 15, PA.

GREENWOOD CEMETERY

INTERMENT RECORD

Interment No. 24629

Deed No.

Name Of Interred Kruhonja, John
Funeral Director McAvoy Funeral Home
Place Of Death Mercy Hospital
Cause Of Death Massive Intra Cerebral Hemorrage

Age 81 Date Of Death 2/3/63 Date Of Interment 2/5/63
Section 3 Range 8 Lot Tier Row 3
Grave 30

GREENWOOD CEMETERY
321 Kittanning Pike
Pittsburgh 15, Pa.

PITTSBURGH, PA. 7 FEB 1963

"ABCD" MAIL FOR BETTER BUSINESS SERVICE
5 U.S. POSTAGE

McAvoy Funeral Home
1700 Forbes St
Pgh 19 Pa

RECORD OF FUNERAL

Total No. 33223 Yearly No. 14 Date of Entry February 7, 19 63

Name of Deceased Thomas L. Clark (What Race) N

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1414 Buena Vista Street ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Margaret Eckert

Address: 340 Craft Ave Pgh 13,

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

How Secured .....

If Veteran, Name of War .....

Occupation: Mailer 187-01-8898 (Social Security Number)

Employer and Address Pgh. Press

Date of Death: February 7, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth: May 24, 1898 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Agnes Church

Clergyman ..... (Address)

Religion of the Deceased: Catholic

Birthplace: Pittsburgh, Pa.

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

Place of Death: 1414 Buena Vista St.

Cause of Death: Undetermined natural causes

Contributory Causes .....

Certifying Physician: Jos. R. Dobbs Coroner (or Coroner)

His Address: .....

Name of Father: Albert Venton

His Birthplace .....

Maiden Name of Mother: Emma Clark

Her Birthplace .....

Date of Funeral: Feb. 13, 1963 (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

CLARK
On Thursday, Feb. 7, 1963, Thomas L., cousin of Mrs. Margaret Eckert, Mrs. Catherine Tusinello, Thomas and Peter Bonacci. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday morning at 9:30. Requiem high mass in St. Agnes' Church at 10 o'clock.

Diagram of Lot or Vault

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

Miscellaneous .....

Complete Funeral (except outlays)	$ 175 00
Casket	140 00
Burial Vault or Box ... Steel (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)	
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	120 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	62 40
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 ..... Papers	13 50
McAVOY FUNERAL HOME (Names of Newspapers)	
MAR 6 1963	
Sales Tax	
Total Footing of Bill	$ 1826 90
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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director JOHN McAVOY Date 2/8/63

The following selection was made in Our Showroom for the funeral of:

THOMAS CLARK

Casket W/SERVICE	1400	00
Vault or ~~Box~~ SEALER	200	00
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3324 Yearly No. 15 Date of Entry February 15, 1963

Name of Deceased Louis E. Helfmann M.

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

Residence 725 Bayridge Ave. Apt. 26 ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Evelyn Hunsicker

Address

Order given by (or informant)

How Secured

If Veteran, Name of War 9158

Occupation Platform Loader 169-07- (Social Security Number)

Employer and Address

Date of Death February 15 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 27 1900 Age 62 10 18 (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 Uremia

Contributory Causes Hypostatic Pneumonia Diabetes Mellitus

Certifying Physician George Kovallis (or Coroner)

His Address Mercy Hospital

Name of Father William Helfmann

His Birthplace

Maiden Name of Mother Mamie Wagner

Her Birthplace

Date of Funeral February 19, 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Minersville Cemetery

HELFMANN
On Friday, Feb. 15, 1963, Louis, beloved father of Norman Helfmann, husband of Evelyn Hunsicker, friend, received at the EDWARD MAHON FUNERAL HOME, 1700 Perkiomen Ave. Funeral services on Tuesday at 1:30 p. m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1451 00
Casket Professional Services		1090 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)		
⊥ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		78 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		
1 line Death Notices in 2 Papers (Names of Newspapers)		7 00
MAHON FUNERAL HOME		
Bill rec'd 3/18/63		
Sales Tax		
Total Footing of Bill	$	1471 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. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director JOHN McAVOY Date 2-16-63

The following selection was made in Our Showroom for the funeral of:

Ina Helfmann

Casket W/SERVICE	1090	00
Vault or ~~Box~~	200	00
Garment		
Slippers		
Blanket	NC	
Miscel.		
Miscel.		
TOTAL	1290	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3325 Yearly No. 16 Date of Entry February 18, 1943

Name of Deceased Frank Carnemolla (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1808 Fusting St., Pghs. 12, Pa. ☐Husband ☐Wife ☐Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mrs Jean Carnemolla

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Husbander None (Social Security Number)

Employer and Address

Date of Death February 16, 1943 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 1, 1877 Age 86 8 17 (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 Acute & Chronic Pyelonephritis

Contributory Causes

Certifying Physician H. H. D. Mochladlar (or Coroner)

His Address: Mercy Hospital

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral February 23, 1943 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Calvary Cemetery
Crematory }

CARNEMOLLA — On Monday, Feb. 14, 1943, Frank, beloved husband of Jean Carnemolla; dear father-in-law of Ralph Ricci; father of seven grandchildren and 20 great grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	107 60
Casket. Professional Service		8 00
Burial Vault or Box (State Kind)		1 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		19 00
Cremation		
Flowers, $ ... 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 2 Papers (Names of Newspapers)		10 00
Bills 3/1/43		
Sales Tax		
Total Footing of Bill	$	1126 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

Mar 22 1943

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

Address

Witness

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCleary Funeral Home Date 2/19/63

The following selection was made in Our Showroom for the funeral of:

Frank Carnemolla

Casket and Service	800	00
Vault or Box		
Garment		
Slippers		
Blanket ✓ Blanket Included	no	
Miscel. Crucifix (nested)	no	
Miscel. Crucifix (on top)	no	

The undersigned accept and approved the foregoing purchases. TOTAL 800.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3326 Yearly No. 17 Date of Entry February 19, 1963

Name of Deceased Anna C. La Scola (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 411 S. Craig St.

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

Charge to Joseph La Scola

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation

(Social Security Number)

Employer and Address

Date of Death February 19, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Cathedral

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 M. D. C. Montefiore Hospital

Cause of Death Acute Coronary Thrombosis

Contributory Causes

Certifying Physician Jos. B. Nobbs, Coroner (or Coroner)

His Address

Name of Father Salvatore Catanzaro

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral February 23, 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

LaSCOLA
On Tuesday, Feb. 19, 1963, Anna C. Catanzaro, wife of the late Vincent LaScola, mother of Virginia, Mary, Joseph and the late Thomas LaScola. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1300 Forbes Ave., Friday morning at 11:15. Solemn Requiem mass in St. Paul's Cathedral, at 12 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)		1150 00
Casket Professional Services		820 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)		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)		
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		140 00
Cremation		
Flowers, $ ..... Palms, $ ..... 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 2 Papers (Names of Newspapers)		15 00
Sales Tax April 23 '63		
Total Footing of Bill	$	1205 00
Less PEN P.C. Billed 3/19/63	$	
Balance	$	

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

Miscellaneous

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

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

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

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

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

Address .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCleary Funeral Home Date 2/19/63

The following selection was made in Our Showroom for the funeral of:

Anna LaScala

Casket	and Service	$200.00
Vault or Box		
Garment	Blue Sheer Gown	28.00
Slippers		
Blanket	Undergarments	no
Miscel.	Cross on Top	no
Miscel.	Cross Mounted	no
	TOTAL	$248.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3337 Yearly No. 18 Date of Entry February 19 63

Name of Deceased Baby Chiappetta

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

Residence 646 Cypler Street, Pgh. 24

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

Charge to John D. Chiappetta

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death ..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth February 20 1963 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

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 Magee Women's Hospital

Cause of Death Prolapsed Chord

Contributory Causes .....

.....

Certifying Physician Felix A. Miller (or Coroner)

His Address: .....

Name of Father John D. Chiappetta

His Birthplace .....

Maiden Name of Mother Jean E. Conley

Her Birthplace .....

Date of Funeral February 22, 1963 (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	20 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	10 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in ... Papers (Name of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 30 00
Less .... PAID	$
Balance	$

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

Miscellaneous .....

.....

DEATH FUNERAL HOME PAID Sep. 28, 1962 PER JKN

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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. 3328 Yearly No. 19 Date of Entry February 23, 1963.

Name of Deceased Frank S. Schipani N.
(What Race)

☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 1021 Hickory St., Pgh. 19, Pa. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Sally Schipani

Address .....

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

How Secured .....

If Veteran, Name of War .....

Occupation Laborer (Social Security Number)

Employer and Address .....

Date of Death February 23, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 22, 1908 Age 54 (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 Pulmonary Bronchos

Contributory Causes Pneumonia

.....

Certifying Physician John R. Miller (or Coroner)

His Address Mercy Hospital

Name of Father Ralph Schipani

His Birthplace .....

Maiden Name of Mother Angela Lisa

Her Birthplace .....

Date of Funeral February 27, 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

SCHIPANI ... On Saturday, February 23, 1963, Frank S., husband of Sally Rocco, father of Mary, James, O'Connor and Raymond Schipani, son of the late Angelo Lisa and the late Salvatore Schipani, brother of Mrs. Theresa Costa, Mary [illegible] Anthony Pacy, Lucia [illegible] and Samuel Schipani. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1720 Sylvan Ave., on Wednesday morning at 9:30 a.m. to Epiphany Church for a solemn requiem high mass. Interment Calvary Cemetery.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

M .....

Complete Funeral (except outlays)	$ 1870 —
Casket Professional Services	15 25 00
Burial Vault or Box (State Kind)	2 00 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. (State Physician's or Coroner's)	8 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	140 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, $	30 00
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
McAVOY FUNERAL HOME	
15 line Death Notices in 4 Papers	30 00
(Names of Newspapers) Mar. 26, 63	
Sales Tax	
Total Footing of Bill	$ 1758 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 Date 2/24/63

The following selection was made in Our Showroom for the funeral of:

Frank Sabiguess

Casket and Service	1525	00
Vault or Box	200	00
Garment		
Slippers Black Slippers	NC	
Blanket Included	NC	
Miscel. Last Supper Plaque	NC	
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1725.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3329 Yearly No. 20 Date of Entry February 24 1963

Name of Deceased Michael A. Medrow (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 102 Klein Ave., Turtle Creek, Pa. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to D. P. A.

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death February 24 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth February 21 Age — 2 (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 Anoxia

Contributory Causes Intra vascular Septic defect - Pulmonary Atelectasis

Certifying Physician J. J. McCarthy (or Coroner)

His Address 3700 Fifth Ave.

Name of Father Edward A. Medrow

His Birthplace

Maiden Name of Mother Rose Marie Rosso

Her Birthplace

Date of Funeral February 25, 1963 (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. 33

Section No. 17

Block No. Row 6

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket Professional Services		70 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, $ ..... 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) McAVOY FUNERAL HOME		
Sales Tax Mar 3 1963		
Total Footing of Bill	$	100 00
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

RECORD OF FUNERAL

Total No. 3330 Yearly No. 21 Date of Entry February 24, 1963

Name of Deceased Timothy J. Barry (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2970 Matthew Ave., Pgh. 16, Pa. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to David J. Riordan

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 206-01-2389 (Social Security Number)

Employer and Address

Date of Death February 24, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 85 (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. Kane Hospital

Cause of Death Terminal Bronchopneumonia

Contributory Causes Cerebral & generalized Arteriosclerosis

Certifying Physician (or Coroner)

His Address

Name of Father William J. Barry

His Birthplace

Maiden Name of Mother Mary A. Neary

Her Birthplace

Date of Funeral February 28, 1963 (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

BARRY
On Sunday, Feb. 24, 1963, Timothy J. (formerly of Chaplain St.), son of the late William J. and Mary A. Barry; brother of David Barry. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1500 Forbes Ave., on Thursday, Feb. 28, at 8:30 a.m. to St. Mary's Cemetery. Mass to be said in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

	$	
Complete Funeral (except outlays)		
Casket, Professional Service	800	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)	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)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot, Cemetery Charges	95	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $	25	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 5 Papers (Names of Newspapers)	35	00
Billed 3/12/63		
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	1081	00
Less May 5, 1967		
Balance		

PAID
PER

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

Miscellaneous

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

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

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

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

Signed .....

Witness .....

Address .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McCrary Date 2/25/63

The following selection was made in Our Showroom for the funeral of:

Timothy Barry

Casket	and Service	$800	00
Vault or Box		100	00
Garment	Blue Suit	35	00
Slippers	Black Velvet Playjes	NC	
Blanket	Included	NC	
Miscel.	Undergarments	NC	
Miscel.	Cross (on top)	NC	

The undersigned accept and approved the foregoing purchases. TOTAL $835.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 33331 Yearly No. 22 Date of Entry February 26, 1963

Name of Deceased Anna Serenyenka (What Race) W

☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 424 Rebecca Ave.

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

Charge to Mr. Stephen Serenyenka

Address 6620 Woodlawn Road

Order given by Verona Par. Ph. 12386
(or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number) None

Employer and Address

Date of Death Feb. 26, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 7, 1899 Age 63 (Yrs.) 3 (Mos.) 21 (Days)

Services at St. Michaels R. C. Church

Clergyman (Address)

Religion of the Deceased

Birthplace Czechoslavakia

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

Place of Death John J. Kane Hospital

Cause of Death Metastatic Carcinoma

Contributory Causes Cancer of Breast

Certifying Physician J. Cassady (or Coroner)

His Address John J. Kane Hospital

Name of Father John Hromosko

His Birthplace

Maiden Name of Mother Rosalie —

Her Birthplace

Date of Funeral March (Date) 4, (Day of Week) 1963 (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Alexanders Cemetery

SERENYENKO
Our Thursday, Feb. 28, 1963
Anna Hromosh, wife of Stephen Serenyenko, mother of Mrs. Helen Salaga, Mrs. Mary Orsel and Steve Serenyenko, also grandmother of seven grandchildren. ROVAN and AVOY FUNERAL HOME, 1700 Forbes Ave. Funeral services Monday morning in St. Michael's R. C. Church, Vine St. at 10 a.m. Private services Sunday night at 7 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1295 —
Casket 9 Professional Service		1075 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)		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)		
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, $		25 00
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 2 Papers (Name of Newspapers)		13 00
McAVOY FUNERAL HOME		
PAID apr 3, 1963		
Sales Tax		
Total Footing of Bill	$	1348 00
Less	$	
Balanced	$	

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Avoy Date 2/28/63

The following selection was made in Our Showroom for the funeral of:

Anna Sorenuntz

Casket	and Service	1075 00
Vault or Box		200 00
Garment	Blue Sheer Gown	32 00
Slippers	Blue Crepe Slippers	no
Blanket		
Miscel.	White Undergarment	no
Miscel.		
	TOTAL	1307.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3322 Yearly No. 23 Date of Entry March 4, 1963

Name of Deceased Mary F. Heneghan (What Race) W.

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

Residence 206 W. Ohio Street

Charge to Mrs. Nora McConahe

Address 441 Hays Ave 10

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

How Secured .....

If Veteran, Name of War .....

Occupation Registered Nurse 206-03-1455 (Social Security Number)

Employer and Address .....

Date of Death March 1 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Peters, N. A. 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 West Penna Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes .....

.....

Certifying Physician Dr. Spangler (or Coroner)

His Address West Penn. Hospital

Name of Father Michael Kennedy

His Birthplace .....

Maiden Name of Mother Nora Maloney

Her Birthplace .....

Date of Funeral March 5 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

HENEGHAN
On Friday, March 1, 1963, Mary (Conroy), R. N., wife of the late Michael Heneghan; aunt of Mrs. Ann Monahe, Mrs. Catherine Peterson, Mrs. Nora McConahe, Agnes and John Lyons. Funeral from the RAYMOND J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday morning at 9 o'clock. Requiem High Mass in the Church of the Epiphany at 10 o'clock.

Diagram of Floor Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1030 00
Casket. 2 Grey Bronze Covered Bronze		850 00
Burial Vault or Box Cave Crest Cover (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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		15 00
Railroad / 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)		11 00
Sales Tax Billed 4/19/63		
Total Footing of Bill	$	1073 00
Less McAVOY FUNERAL HOME	$	
Balance	$	

Entered into Ledger page 10 or below.

Miscellaneous

PAID Apr. 29 1963

PER Mdc

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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 McCleary Funeral Home Date 3/1/63

The following selection was made in Our Showroom for the funeral of:

Mary Monaghan

Casket Delt. & Service	850	00
~~Vault or~~ Box Concrete Container	100	00
Garment		
Slippers		
Blanket		
Miscel. Undergarments n/c		
Miscel. Cross, Rosary & Rosted n/c		
	950	00

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3333 Yearly No. 24 Date of Entry March 1 1963.

Name of Deceased Robert C. Lignos (What Race) W

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

Residence 1870 Fifth Avenue

Charge to Peter Lignos

Address 5923 Halpine Rd. Rockville, Md

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

How Secured .....

If Veteran, Name of War .....

Occupation Contractor (Social Security Number)

Employer and Address .....

Date of Death March 1, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 29, 1887 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas G. O. Church

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Greece

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

Place of Death Mercy Hospital

Cause of Death Extensive lacerations of

Contributory Causes Cerebral hemorrhage

& Intra Cranial Hemorrhage

following fracture of skull

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Constantine Lignos

His Birthplace .....

Maiden Name of Mother Irene Lignos

Her Birthplace .....

Date of Funeral March 5 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

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

Manufactured by .....

Cemetery } St. Nicholas G. O. Cemetery

Crematory }

LIGNOS
On Friday, March 1, 1963, Robert C., husband of the late Ella Fletcher, father of Mrs. Irene Kalafatis, Mrs. Johanna Constantine, Mrs. Georgia Hatsos, James, William and Lewis Lignos; also 15 grandchildren and 13 great-grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral services at St. Nicholas G. O. Church Tuesday afternoon at 1:30.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 515 —
Casket	500 00
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	
Cremation	
Flowers, $ ..... Palms, $ ..... 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 1 Papers	6 50
McAVOY FUNERAL HOME (Names of Newspapers)	
Sales Tax May 20, 1963	
Total Footing of Bill	$ 531 50
Less	$
PER J P 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	$ 515 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 McAvoy Funeral Home Date 3/3/63

The following selection was made in Our Showroom for the funeral of:

Mr. Lyons

Casket Mkt. & Service	500	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel. Crosses Metal n/c		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 500 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3334 Yearly No. 25 Date of Entry March 11, 1963

Name of Deceased Edward L. Wilhelm (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 800 Ensign Avenue City, 24 ☐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 Elevator Operator (Social Security Number) 162-18-1413

Employer and Address .....

Date of Death March 11, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 28, 1883 Age 79 (Yrs.) 8 (Mos.) 3 (Days) (Mo.) (Day) (Yr.)

Services at Chapel

Clergyman Jerry McConnell (Address)

Religion of the Deceased .....

Birthplace Wheeling, W. Va.

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

Place of Death McClowen-Metten Funeral Home

Cause of Death Acute Glomerular Nephritis

Contributory Causes A. S. H. D.

.....

Certifying Physician John R. Glendenning (or Coroner)

His Address Wilkinsburg, Pa.

Name of Father Jacob Wilhelm

His Birthplace .....

Maiden Name of Mother Wilhelmina Koch

Her Birthplace .....

Date of Funeral March 14, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Allegheny Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Jerry McConnell 687-2000

Complete Funeral (except outlays)	$	
Casket Professional Services	995	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)	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)		
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, $ ... 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 1 Papers (Names of Newspapers)	5	00
Sales Tax		
Total Footing of Bill	$	1367 00
Less	$	
Balance	$	

McAVOY FUNERAL
PAID
Mar 7, 1964
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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 3/12/63

The following selection was made in Our Showroom for the funeral of:

Edward F. Welhelm

Casket Mkt. # Spruce	995	00
Vault ~~or Box~~	200	00
Garment Navy Gabardine	39	00
Slippers		
Blanket		
Miscel. Undergarments n/c		
Miscel.		
TOTAL	1234	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 2335 Yearly No. 26 Date of Entry Mar 11 1963

Name of Deceased Michael J. Cawley (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2000 Grove St 19

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

Charge to Mrs. Mary Cawley

Address 2000 Grove St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Maintenance Employee 171-18-5497 (Social Security Number)

Employer and Address

Date of Death Mar. 11, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt. 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman Rev. Paul P. Bassompierre (Address)

Religion of the Deceased Catholic

Birthplace England

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

Place of Death 2000 Grove St.

Cause of Death Cerebral Thrombosis

Contributory Causes Cerebral Arteriosclerosis

Generalized Arteriosclerosis

Certifying Physician Dr. Vern Shawen (or Coroner)

His Address Mercy Hospital

Name of Father Thomas Cawley

His Birthplace

Maiden Name of Mother Bridget Cox

Her Birthplace

Date of Funeral Wed. 15, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary - Azusa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Services	250	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 4 ... @ $	24	00
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
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		
15 line Death Notices in 1 Papers (Names of Newspapers)	7	50
McAVOY FUNERAL HOME		
Billed 4/3/63 Apr 2, 1963		
Sales Tax		
Total Footing of Bill	$	297 50
Less	$	
2/22/63 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. 3336 Yearly No. 27 Date of Entry Mar 12 1963

Name of Deceased Stillborn Esposito 21
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 23 D. - Denver Drive McKeesport Pa ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to Earl A. Esposito

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Mar 12, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 12, 1963 Age Stillborn (Mo.) (Day) (Yr.) (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 Monteflore Hospital

Cause of Death Intercurrent Infection

Contributory Causes probably Influenza

Certifying Physician Dr. Reinhold Lewy (or Coroner)

His Address 3500 Fifth Ave

Name of Father Earl Anthony Esposito

His Birthplace Italy

Maiden Name of Mother Mercedes Ann McAvoy

Her Birthplace Pittsburgh, Pa.

Date of Funeral Mon 13, 1963 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		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		N/C
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.

Witness ... Signed ...

Address ...

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

RECORD OF FUNERAL

Total No. 3337 Yearly No. 28 Date of Entry Mar. 14 19 63

Name of Deceased Fred De Luca

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

Residence 1008 Vickroy St. 19

☐ Husband ☐ Wife ☑ Widow } of Rose Conte DeLuca

Age of Husband or Wife (if living) Years

Charge to Mrs. Rose De Luca

Address 1008 Vickroy St.

Order given by Chester De Luca (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer - 193-05-8776 (Social Security Number)

Employer and Address City of Pgh.

Date of Death Mar 14 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 12 1910 Age 62-2-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Lucca Italy

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

Place of Death 1008 Vickroy St.

Cause of Death Coronary Occlusion

Contributory Causes Bronchial Asthma

Certifying Physician Dr. Reinhardt Lenz (or Coroner)

His Address 3500 Fifth Ave.

Name of Father Caesar De Luca

His Birthplace Italy

Maiden Name of Mother Adele Gelli

Her Birthplace Italy

Date of Funeral Mar 18 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory



DeLUCA

Suddenly, on Thursday, March 14, 1963, Fred, husband of Rose Conte; father of Mrs. Adeline Kellington and Chester DeLuca; grandfather of Mesdames Eurena, Rose Ann and William Kellington. Funeral from the EDWARD J. MEAVOY FUNERAL HOME, 1000 Forbes Ave., on Monday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket "Professional Services"		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)		
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		165 00
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, $ ... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 3 Papers (Names of Newspapers)		18 00
Sales Tax (called 4/1/63)		
Total Footing of Bill MEAVOY FUNERAL HOME	$	1714 00
Less	$	
Balance 1963	$	

PAID

Entered into Ledger, page 21 ... 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

Address

Witness

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

Form 147

F. H. HILL COMPANY, INC.

Funeral Director Mc Avoy Funeral Home Date 3/14/63

The following selection was made in Our Showroom for the funeral of:

Fred DeLuca

Casket and Service	1300	00
Vault or Box		
Garment White Shirt	NC	
Slippers Black Velour Slippers	NC	
Blanket Included	NC	
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1300.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3338 Yearly No. 29 Date of Entry MARCH 24 1963

Name of Deceased MARTHA E. PETERSON (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 120 Kirkpatrick St. 19 ☐Husband ☐Wife ☒Widow } William A. Peterson

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

Charge to Jack Peterson

Address 1204 Conahan St. W'pt.

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number) None

Employer and Address .....

Date of Death March 24 1963 (Mo.) (Day) (Yr.) (Hour)

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

Services at St. Hyacinth Church (Address)

Clergyman .....

Religion of the Deceased .....

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

Resided in the State .....

Place of Death Montefiore Hospital

Cause of Death Uremia

Contributory Causes Pyelonephritis

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Jan Krupske

His Birthplace .....

Maiden Name of Mother Mary Tadajewska

Her Birthplace .....

Date of Funeral March 27 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Stanislaus, Millvale Pa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1540 00
Casket A Professional Services		1170 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)		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)		
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	$	60 00
Outlay for Lot		
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		31 20
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		40 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) McAVOY FUNERAL HOME		26 00
Sales Tax Aug. 12, 1964		
Total Footing of Bill	$	1582 20
Less	$	42 00
PER Balance	$	

PAID

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

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
4/27/63	Jack Peterson By Payment Note	$ 539 32	$ 1042 88		By Payment	$	$
Aug 11 64	" "	$	$ 503 56		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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 McCleary Funeral Home Date 3/24/63

The following selection was made in Our Showroom for the funeral of:

Martha Peterson

Casket Dept. # Bronze	1170	00
Vault ~~or Box~~ ✓	200	00
Garment Fleck Mufford Dress	52	00
Slippers		
Blanket		
Miscel. Cross on Top	n/c	
Miscel. Undergarments	n/c	
	1422	00

The undersigned accept and approved the foregoing purchases. TOTAL

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3339 Yearly No. 30 Date of Entry MARCH 25 1963

Name of Deceased OLLIE L. BROWN (What Race) N

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence Box 5, North Union Twp., Fayette Co. Pa. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Hazel Robinson

Address Box 5 - Mt. Braddock, Pa.

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

How Secured .....

If Veteran, Name of War .....

Occupation Maid 211-14-9093 (Social Security Number)

Employer and Address .....

Date of Death March 25 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 77 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Welch - Virginia

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

Place of Death Box 5, North Union Twp. Fayette Co. Pa.

Cause of Death: Carcinoma of Liver

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address: .....

Name of Father ~~Lynch~~ Leach Brown

His Birthplace .....

Maiden Name of Mother Caroline Peake

Her Birthplace .....

Date of Funeral March 28 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Hopwood Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket. ~~Prof~~ Professional Services		1475 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)		45 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		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, $ ~~1~~ ... 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		
11. line Death Notices in 4 Papers (Names of Newspapers)		33 00
Sales Tax		1878 00
Total Footing of Bill	$	
Less	$	
Balance	$	

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

Miscellaneous .....

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

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

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

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

Signed .....

Witness .....

Address .....

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

1878.

Mr. McAvoy:

I am writing this letter in reference to my mother Ollie L. Brown who died on March 25th. I have signed over $255 from the Social Security to you. I have checked all insurance of which there is none. At this time I am not able to pay you any thing as my husband is 100% disabled from the service. The only thing I can do is give you the addresses of my two brothers. Robert J. Bledsoe 1421 SHRADER St. San Francisco California. and Jess L. Bledsoe 17 SANTIAGA Drive De Bary Florida P.O. Box 763. I will try my best from time to time to send you a few dollars. I would appreciate if you let me know what you hear from my brothers.

Mrs. Hazel Robinson
Box 5
Mt. Braddock Pa.

7/3/63

Mrs. S. A. Robinson
Box 5
Mt. Braddock Pa.

MOUNT BRADDOCK
JUL 3
5 PM
1963



McAnany Funeral Home
1700 Forbes Ave.
Pittsburgh 19
Pa.

MARTIN BURIAL VAULT COMPANY, INC.
3815 DAWSON STREET PITTSBURGH 13, PA.
24 HR. TELEPHONE SERVICE — MUseum 2-1500

J. Lee Bledsoe
17 Santiago Road
De Berry, Fla.

Robert J. Bledsoe
1421 Shrader St.
San Francisco, Calif

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Avoy Funeral Home Date 3/25/63

The following selection was made in Our Showroom for the funeral of:

Mrs. Ollie Brown

Casket and Service	1475	00
Vault or Box	200	00
Garment Floral Nylon Print Gown	45	00
Slippers		
Blanket ✓ Included	NC	
Miscel. ✓ Floral Crepe Slippers	NC	
Miscel. ✓ White Undergarments	NC	

The undersigned accept and approved the foregoing purchases. TOTAL 172 00

Signed

Signed

Signed

242

RECORD OF FUNERAL

Total No. 3340 Yearly No. 31 Date of Entry MARCH 26 1963

Name of Deceased NORA R. MONTGOMERY (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1508 E. Locust St. Phila. Pa. ☐ Husband ☐ Wife ☒ Widow } or ..... of } James Montgomery Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Marie Leonard

Address 510 S. Highland Ave.

Order given by Phila. Pa. (or informant)

How Secured

If Veteran, Name of War

Occupation Janitress (Social Security Number)

Employer and Address

Date of Death March 26, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman

Religion of the Deceased Roman Catholic (Address)

Birthplace Scranton, Pa.

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

Place of Death 1508 E. Locust St.

Cause of Death Coronary Occlusion

Contributory Causes Coronary Heart Disease

Certifying Physician (or Coroner)

His Address

Name of Father James L. Galle

His Birthplace

Maiden Name of Mother Catherine Gallagher

Her Birthplace

Date of Funeral March 30 1963 (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)	$	840
Casket #. Professional Services		615 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)		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)		
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, $		15 00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1. Line Death Notices in 1. Papers (Names of Newspapers)		12 00
July 2, 1963		
Sales Tax		
Total Footing of Bill	$	869 00
Less	$	
Bill 2 4/24/63 Balance	$	
Entered into Ledger, page ..... or below.		

MONEY FUNERAL HO

PAID

PER JKM

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
July 2 1963	By Payment	$ 800 00	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Witness .....

Signed .....

Address .....

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

F. H. HILL COMPANY, INC.

Form 147

Funeral Director Mc Coy Date 3/26/63

The following selection was made in Our Showroom for the funeral of:

Nora Montgomery

Casket	and Service	615 00
Vault or Box		100 00
Garment	Blue Sheer Gown	28 00
Slippers	Blue Crepe Slippers	NC
Blanket	Included	NC
Miscel.	Med White Undergarments	NC
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 743 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3341 Yearly No. 37 Date of Entry MARCH 28 1963

Name of Deceased FRANCIS J. MARDIS

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

Residence: 3 S. Cowan St. Conemaugh, Pa.

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

Charge to: Mrs. Helen McGrath

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Shoe Salesman Social Security Number

Employer and Address

Date of Death March 25, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 95 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Johnstown, Pa.

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

Place of Death Mercy Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Cerebral Arterio-sclerosis

Certifying Physician Dr. D. E. Tarman (or Coroner)

His Address: Mercy Hospital

Name of Father Joseph Mardis

His Birthplace

Maiden Name of Mother Josephine Ryan

Her Birthplace

Date of Funeral April 1, 1963 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

MARDIS
On Thursday, March 28, 1963, Francis J., husband of Kathryne Garland; father of Charles Marcus. Also, three grandchildren; uncle of Mrs. Helen McGrath. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:30. Requiem high mass in the church of the Sorrowful Mother at 10 o'clock.

Diagram of Lot or Vault

Lot No. 199
Grave No. 3
Section No. K
Block No. 1
Owner

Miscellaneous

Complete Funeral (except outlays)	$	670 00
Casket ... Furn. Services		425 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)		
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		140 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		15 00
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers (Names of Newspapers)		11 00
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$	693 00
Less	$	
Balance April 18 1963	$	

Entered into Ledger, page ... or below.

PER M.A.L.

Miscellaneous

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days 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. 3347 Yearly No. 33 Date of Entry APRIL 3 19 63

Name of Deceased IRENE M. DIEDERICH M.
(Married) (Single) (Widowed) (Divorced) (What Race)

Residence 116 S. 17th. Street, Pgh. 3, Pa. (Husband/Wife/Widow of) Age of Husband or Wife (if living) Years

Charge to Howard A. Diederich

Address Same

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Card Shop Owner 192-28-3356 (Social Security Number)

Employer and Address

Date of Death April 3 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 15 1893 Age 69 6 18 (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

Cause of Death Cancer of Pancreas

Contributory Causes Liver Metastases, Jaundice

Certifying Physician William A. Bazkowski (or Coroner)

His Address 94 S. 18th St. Pgh. 3, Pa.

Name of Father John A. M. Candlish

His Birthplace

Maiden Name of Mother Anna B. Finks

Her Birthplace

Date of Funeral April 8 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Allegheny County Memorial

Diagram of Lot or Vault

Lot No.
Grave No.
Section No. 100
Block No. 2 B
Owner

Miscellaneous

Complete Funeral (except outlays)	$	1650 —
Casket		1325 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)		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)		
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, $		
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 ... Papers (Name of Newspapers) McAVOY FUNERAL HOME		36 00
55-94		
Sales Tax Sept 18, 1962		
Total Footing of Bill	$	1719 00
Less	$	
Balance	$	

PAID
PER JFM

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ... Address ...

Revised by W. W. Feineman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Date 4/4/63

The following selection was made in Our Showroom for the funeral of:

Irene Diederich

Casket and Service	1325	00
Vault or Box	200	00
Garment Blue Linen Gown	34	00
Slippers Blue Crepe Slippers	no	
Blanket ✓ Included	no	
Miscel. ✓ White Undergarments	no	
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 1559 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3343 Yearly No. 34 Date of Entry APRIL 17 1963

Name of Deceased JOSEPH C. ROLEWSKI (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 1728 Forbes Ave, Pgh. 19, Pa.

☐Husband ☐Wife ☐Widow } of Josephine Passaro

Age of Husband or Wife (if living) Years

Charge to: Michael J. Rolewski

Address: 1728 Forbes Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death April 13, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age 57 0 17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes

Certifying Physician Joseph B. Dolby, Coroner (or Coroner)

His Address:

Name of Father Martin Rolewski

His Birthplace

Maiden Name of Mother Katherine Kozjanski

Her Birthplace

Date of Funeral April 16, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Stanislaus, Millvale

ROLEWSKI
On Friday, April 12, 1963, Joseph C., husband of the late Josephine Passaro, father of Mrs. Mary Catherine Waldorf and Michael J. Rolewski; also our grandchild. Funeral from the EWD. J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday morning at 9:30. Requiem High Mass in the Church of the Epiphany, at 10 a. m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 920 —
Casket Professional Service	760 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	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 / Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1 / 9 line Death Notices in Papers (Name of Newspapers)	12 00
Sales Tax	
Total Footing of Bill	$ 951 00
Less Per Statement Rendered	$
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 4/13/63

The following selection was made in Our Showroom for the funeral of:

Joseph C. Rolewska

Casket Dept. + Service	760	00
Vault or Box		
Garment		
Slippers		
Blanket		
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 760 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3344 Yearly No. 35 Date of Entry APRIL 15 19 63

Name of Deceased MARGARET HUFF (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Residence 1927 Forbes Ave 19

Charge to JOSEPH HUFF

Address 1927 FORBES AVE GR 1-4853

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 207-18-4184 (Social Security Number)

Employer and Address

Date of Death Apr (Mo.) 15 (Day) 1963 (Yr.) (Hour)

Date of Birth 4 (Mo.) 4 (Day) 1908 (Yr.) Age (Yrs.) (Mos.) (Days)

Services at Chapel

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 MERCY HOSPITAL

Cause of Death Pulmonary Edema

Contributory Causes Renal Failure

Certifying Physician (or Coroner)

His Address

Name of Father John Kiechel

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Apr 18 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } SUNSET VIEW Deed #5719

Huff
On Monday, April 15, 1963, Margaret, of 1927 Forbes Ave., wife of Joseph J. mother of Mrs. Constance Fries, Mrs. Catherine Ginthentzos; four grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 2700 Bureau Ave. Services Thursday 10 a. m.

Diagram of Lot or Vault

Lot No.
Grave No. 4
Section No. R
Block No. 244A
Owner V

Miscellaneous

Complete Funeral (except outlays)	$
Casket. Professional Services	820 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)	31 00
Slippers, $ 5.00 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	
Cremation	
Flowers, $ Palms, $ 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 HO	
9 line Death Notices in 1 Papers (Names of Newspapers) Apr 8 1963 PAID	17 50
Sales Tax PER	
Total Footing of Bill	$ 1073 50
Less Statement Revised	$
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

Name of Cemetery Sunset View Memorial Park, Inc. Date April 17, 1963

Telephone No. 661-4040

Funeral Director Edward J. McAvoy

Address 1700 Forbes Ave.

City Pgh. 19, Pa.

Dear Mr. McAvoy:

This is to confirm our telephone conversation of this date. Please be advised that our records reveal the following:

LOT OWNER Joseph J. Huff

ADDRESS 1927 Forbes Ave.

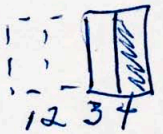
CITY Pgh. 19, Pa.

GARDEN Prayer LOT NO. 244-A SPACES 3-4 DEED NO. 5719

Total number of Burial spaces owned by Lot Owner - 2

After this burial: Number of spaces used - 1

Number of spaces remaining - 1



This account has a Balance Due.

$ ..... Additional payment required

$ 95.00 Interment fee (Tent service, complete).

$ 95.00 Total Due and Payable prior to the following burial:

ROAD

NAME OF DECEASED Margaret Huff RELATIONSHIP TO LOT OWNER Wife

BURIAL DATE April 18, 1963 TIME AT CEMETERY 10:30 A.M LOT NO. 244-A GRAVE NO. 4 TYPE OF VAULT Millvale Delux

Please tear along the perforation

RECORD OF FUNERAL

Total No. 3345 Yearly No. 36 Date of Entry APRIL 27 1963

Name of Deceased THOMAS NEE WHITE
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1401 CHELTON AVE. PGH. 24, PA. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: MRS. NORA NEE

Address 1401 CHELTON AVE PGH 24, PA

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation PLUMBERS LABORER 211-01-3566
(Social Security Number)

Employer and Address RETIRED

Date of Death APRIL 21 1963
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 23, 1892 Age 71
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at CHURCH OF RESSURTION BROOKLINE

Clergyman ..... (Address)

Religion of the Deceased C

Birthplace IRELAND

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death HOME

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address: .....

Name of Father THOMAS NEE

His Birthplace .....

Maiden Name of Mother BARBARA CONROY

Her Birthplace .....

Date of Funeral APRIL 25 1963 9A M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } CALVARY

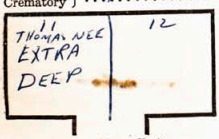


Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		825 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)		42 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 00
Certif. Copies of Death Certificates No. 5 (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		140 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		30 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in ..... Papers		15 00
PGH. PRESS (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1157 00
Less	$	
Balance	$	

MEMOY FUNERAL HOME
June 11, 1963
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. 3346 Yearly No. 37 Date of Entry Apr. 27 19 63

Name of Deceased Dwight M. Briggs (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1806 Forbes Ave 19

☐Husband ☐Wife ☐Widow } Ella Chilcote
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Robert Briggs

Address 1806 Forbes Ave

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Carpenter 206-03-0663A (Social Security Number)

Employer and Address .....

Date of Death Apr. 27 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 13 18 Age 8 2 10 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Jerry McConnell (Address)

Religion of the Deceased Protestant

Birthplace .....

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 Generalized Arteriosclerosis

.....

Certifying Physician Dr. Valvo (or Coroner)

His Address Mercy Hospital

Name of Father Benjamin Briggs

His Birthplace .....

Maiden Name of Mother Mary Mattas

Her Birthplace .....

Date of Funeral Apr. 30 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket	580	00
Burial Vault or Box One-piece (State Kind)	100	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	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, $	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	6	00
McAVOY FUNERAL HO (Names of Newspapers)		
Sales Tax Sept. 15, 1967		
Total Footing of Bill	$ 778	00
Less	$	
PER Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
May 13 63	By Payment	$ 630 98	$ 147 02
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3347. Yearly No. 38. Date of Entry May 4 1963

Name of Deceased Mary T. Ireland (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 23 Miltenberger St 19 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Anne Cadilli

Address 2348 Allenby Ave 20

Order given by Lo 1-0479 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death May 4 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown (Mo.) (Day) (Yr.) Age abt 85 yrs (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hering (Address)

Religion of the Deceased Catholic

Birthplace England

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 2348 Allenby Ave

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Dr. L. J. Bennett (or Coroner)

His Address Medical Arts Bldg

Name of Father John Forrester

His Birthplace

Maiden Name of Mother Mary O'Dowd

Her Birthplace

Date of Funeral May 8 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

IRELAND
On Saturday, May 4, 1963, Mary T. Forrester, wife of the late Elias Ireland, mother of Mrs. Anne M. Cadilli. Funeral from the EDWARD J. McAVOY FUNERAL HOME on 62nd Corner Ave. on Wednesday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No. 30

Section No. 11

Block No. 5

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 1155	00
Casket 7 Professional Steamer	935	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)	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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges	90	00
Cremation		
Flowers, $ ..... 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 (Names of Newspapers)	20	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1200	00
Less	$	
Balance	$	

PAID MAY 18, 1963

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. 3348 Yearly No. 39 Date of Entry May 11 19 63

Name of Deceased Martha M. Meyers (What Race) 2

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence The Biglows - Biglow Square 19 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate of Martha M. Meyers

Address Ernest A. Nassar - Attorney

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Stenographer 240-01-3942 (Social Security Number)

Employer and Address United Steel Workers

Date of Death May 11, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15, 1895 Age 67-8-26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Garvey (Address)

Religion of the Deceased Catholic

Birthplace Landeck, Ohio

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Montefiore Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Generalized Arteriosclerosis Diabetes Mellitus

Certifying Physician Dr. M. Blank (or Coroner)

His Address Montefiore Hospital

Name of Father Joseph Meyers

His Birthplace .....

Maiden Name of Mother Emma Schaffer

Her Birthplace .....

Date of Funeral May 15, 1963 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Holy Cross Cemetery Akron, Ohio

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	
Casket - Professional Services	1500 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing; $	5 00
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	32 00
Slippers, $ ..... Hose, $	5 00
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to Akron, Ohio	32 60
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	195 00
Cremation	
Flowers, $ .... Palms, $ .... Matting, $	62 40
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ .... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ 25 .... 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 2 Papers (Names of Newspapers)	11 00
McAVOY FUNERAL ! PAID Jun 15 1963	
Sales Tax	
Total Footing of Bill $	1926 00
Less ..... PER Jpm $	
Balance $	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 33 49 Yearly No. 40 Date of Entry May 17 1963

Name of Deceased Giovanna (Joann) Farina

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) It

Residence 37 Marion St 19 ☐Husband ☐Wife ☐Widow } of Carmello Farina

Charge to: Mrs. Carmello Farina Age of Husband or Wife (if living) ..... Years

Address 37 Marion 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 May 17 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 15 1888 Age 74 5 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Gearing (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death Angelus Nursing Home

Cause of Death Bronchopneumonia

Contributory Causes Cerebral Thrombosis

Cerebral Arteriosclerosis

Certifying Physician Dr. Jean C. Kaiser (or Coroner)

His Address 6311 Meadow St

Name of Father Carmello Malone

His Birthplace Italy

Maiden Name of Mother Mary D'Amico

Her Birthplace Italy

Date of Funeral May 21 1963 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)	$ 1130	—
Casket	925	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)	36	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... 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	22	00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax June 5, 1963		
Total Footing of Bill	$ 1176	00
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. 3350 Yearly No. 41 Date of Entry May 20 19 63

Name of Deceased Mary Sam (What Race) Ar.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1614 Colwell St ☐Husband ☐Wife ☐Widow of Shaheen Sam

Charge to Phillips Murray Age of Husband or Wife (if living) Years

Address 1917 Forbes Ave Pgh 19 Pa

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutier 183-26-5341A (Social Security Number)

Employer and Address

Date of Death May 20 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 100 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Garvey (Address)

Religion of the Deceased Catholic Converted

Birthplace Republic of Lebanon

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Mayview State Hospital

Cause of Death Pneumonia

Contributory Causes

Certifying Physician Dr. J. B. Karlub (or Coroner)

His Address Mayview Pa

Name of Father Joseph Abouk

His Birthplace Lebanon

Maiden Name of Mother Yalek Miner

Her Birthplace Lebanon

Date of Funeral May 23 1963 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)	$ 1100	00
Casket	895	00
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing; $		
Dressing Body, $ ... Underwear, $	6	00
Suit or Dress (State Kind and Color)	30	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		
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	90	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 10 Singers, $ ... Organist, $		
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	5	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	1135	00
Less $		
Balance $		

McAVOY FUNERAL HOME

PAID June 11, 1963

PER JJ Rose

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. 3351 Yearly No. 42 Date of Entry May 23 1963

Name of Deceased Neels P. Jensen - Neal Niels Jensen Sr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1716 Locust St.

☐ Husband ☐ Wife ☐ Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Estate (5406 Wilkins Ave)

Address Jack Palkovic 606 Beaver Ave Bldg. Mc Keesport

Order given by ..... (or informant)

How Secured Herbert Miller 2265 Centre Ave 471-3553

If Veteran, Name of War .....

Occupation Tailor 211-01-3585 (Social Security Number)

Employer and Address Mr. Herbert Miller

Date of Death May 23 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 23 1884 Age 78 - 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Murgyn (Address)

Religion of the Deceased Protestant

Birthplace Denmark Sweden

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Pittsburgh Hospital

Cause of Death C. A. H. D.

Contributory Causes .....

Certifying Physician Dr. James F. O'Keefe (or Coroner)

His Address The Bigelow

Name of Father Neal Jensen

His Birthplace Sweden

Maiden Name of Mother E. Elizabeth

Her Birthplace Sweden

Date of Funeral May 27 1963 (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. F-66

Section No. 30

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket J. Fessenger Jenner	650	00
Burial Vault or Box One price Civ (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)		
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	165	00
Cremation		
Flowers, $ ..... 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 FUNERAL Papers	10	00
(Names of Newspapers)		
PAID May 3 1963		
Sales Tax		
Total Footing of Bill	$	942 00
Less ..... PER John	$	
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. 3352 Yearly No. 43 Date of Entry May 26 1963

Name of Deceased William G. Wilhelm (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1110 Forbes Ave 19

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Estate

Address Attorney Hahalyak

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Laborer (Social Security Number)

Employer and Address .....

Date of Death May 26 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 6 1912 Age 52-2-20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Munyon (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 1110 Forbes Ave

Cause of Death Arteriosclerotic Heart

Contributory Causes Diabetes - C Coronary Artery insufficiency

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address Cramer-Alley Co.

Name of Father Edward F. Wilhelm

His Birthplace .....

Maiden Name of Mother Sadie E. McFadden

Her Birthplace .....

Date of Funeral May 29 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Allegheny Cemetery

WILHELM
On Sunday, May 26, 1963, William G., son of the late Edward F. and Sadie E. McFadden Wilhelm; brother of Mrs. Anna Harby, Mrs. Edna Higgins, Edward and Walter Wilhelm. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 7500 Forbes Ave. Funeral services on Wednesday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No. 340

Grave No. .....

Section No. 28

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		1425 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)		26 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 @ $ 23.00		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		105 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		73 50
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		
10 line Death Notices in 2 Papers (Names of Newspapers)		10 00
Sales Tax		
Total Footing of Bill	$	1885 50
Less PER	$	
Balance	$	

McAVOY FUNERAL H... Nov 7 1964

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. 3353 Yearly No. 44 Date of Entry May 29 1943

Name of Deceased William Scanlon (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence: 11 Stevenson St. 19

Charge to: Mrs Mary Scanlon

Address: 11 Stevenson St

Order given by: John Scanlon (or informant)

How Secured: 4265 N. 6th Ave

If Veteran, Name of War: Hialeah, Fla.

Occupation: Laborer 173-12-2389 (Social Security Number)

Employer and Address

Date of Death: May (Mo.) 29 (Day) 1943 (Yr.) (Hour)

Date of Birth: Oct. (Mo.) 19 (Day) 1916 (Yr.) Age 46 (Yrs.) 7 (Mos.) 16 (Days)

Services at: Chapple

Clergyman: Dr. Jack Munyon

Religion of the Deceased: Protestant (Address)

Birthplace: Chanceroy Ga

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death: D. of H. Mercy Hospital

Cause of Death: Undetermined Natural

Contributory Causes: Causes

Certifying Physician: Jos. P. Dibbs (or Coroner)

His Address: Coroner Alleghany Co.

Name of Father: John Scanlon

His Birthplace

Maiden Name of Mother: Mary Dongeusan

Her Birthplace

Date of Funeral: June 1, 1943 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Alleghany Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous: Hudson 3-2360

Mrs Clyde Alexander

913-4th St. N. Charleroi Pa.

Complete Funeral (except outlays)	$	750 00
Casket		458 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)		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)		1 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		165 00
Cremation		
Flowers, $ ..... 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)		9 00
55-04: to Jos. Mary Scanlon		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	795 00
Less June 20, 1943	$	
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

256

RECORD OF FUNERAL

Total No. 3354 Yearly No. 45 Date of Entry May 30 19 63

Name of Deceased Anna Zacher (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 4744 Marquez St 13 ☐Husband ☐Wife ☐Widow } of David Zacher Age of Husband or Wife (if living) ..... Years

Charge to Jahad Zacher - 621-1333

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death May 30, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 70 years (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. George S. O. Church

Clergyman Fr. Meena (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 4744 Marquez St

Cause of Death Intra Abdominal Hemorrhage

Contributory Causes Abdominal Aneurysm Arteriosclerosis

Certifying Physician Dr. P. J. Rumbel (or Coroner)

His Address 3500 Ninth Ave

Name of Father Ayoob John

His Birthplace Syria

Maiden Name of Mother Nighah Yong

Her Birthplace Syria

Date of Funeral June 3, 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt. Lebanon

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 4 Professional Services		1350 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)		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		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, $		
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 3 Papers (Name of Newspapers)		16 50
Sales Tax		
Total Footing of Bill	$	1711 50
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME PAID Feb 8, 1964

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Aug. 14, 63	To Above Balance	801 74	$		To Balance Forward		$
Sept 20	By Payment	$ 300 00	$		By Payment	$	$
Nov 5 63	" "	$ 250 00	$ 349 74		" "	$	$
Nov 9 63	" "	$ 50 00	$ 299 74		" "	$	$
	" "	$ 1401 74	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days 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. 3355 Yearly No. 46 Date of Entry June 14 1963

Name of Deceased Mate Buntich 74

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 500 Herring Rd. 27 ☐Husband ☐Wife ☐Widow or ..... of Magdalene Zuke Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lucy Elsther

Address 469 Greenlee Rd. 27

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Packer 206-01-8393 (Social Security Number)

Employer and Address .....

Date of Death June 11 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas R.C. Church

Clergyman Rev. Myso (Address)

Religion of the Deceased Catholic

Birthplace Yugoslavia

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death South Side Hospital

Cause of Death: Cerebral Thrombosis

Contributory Causes Arteriosclerosis and pulmonary edema Cerebral Arteriosclerosis

Certifying Physician Dr. Joy H. Silverberg (or Coroner)

His Address 3500 Eighth Ave

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral June 19 1963 (Date) (Day of Week) (Hour) M

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } St. Nicholas R.C. Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	1090	—
Casket 4 Professional Services	845	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)	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)		
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, $	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	18	00
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill $	1130	00
Less ..... July 16 1963 $		
Balance $		

PAID

Entered into Ledger page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3356 Yearly No. 47 Date of Entry June 7 1963

Name of Deceased Sr. M. Immaculata - Catherine Kerrigan (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

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 June 7 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 18, 1883 Age 79-9-19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Marys Convent

Clergyman Catholic (Address)

Religion of the Deceased .....

Birthplace Penna

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Bronchopneumonia

Contributory Causes C. V. A.

.....

Certifying Physician Dr. John C. Shaver (or Coroner)

His Address Mercy Hospital

Name of Father Michael J. Kerrigan

His Birthplace .....

Maiden Name of Mother Ellen Hays

Her Birthplace .....

Date of Funeral June 10, 1963 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	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)		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	300	00
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

McAVOY-GREEN HOME
PAID
6-17-63

PER

Miscellaneous .....

.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	..... $	..... $	.....	To Balance Forward	..... $	..... $
.....	By Payment	..... $	..... $	.....	By Payment	..... $	..... $
.....	" "	..... $	..... $	.....	" "	..... $	..... $
.....	" "	..... $	..... $	.....	" "	..... $	..... $
.....	" "	..... $	..... $	.....	" "	..... $	..... $
.....	" "	..... $	..... $	.....	" "	..... $	..... $

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3357 Yearly No. 48 Date of Entry June 25 1963

Name of Deceased Dominic (Dominick) Giggi (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1212 Gilbert St. 19

Charge to Estate

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Bldg. Service Employee (Social Security Number)

Employer and Address

Date of Death June 25 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 16 1889 Age 74 10 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Guglielmo Parish Church

Clergyman Msgr. Daniel Kenny (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Pgh. Sanitarium

Cause of Death Metastatic Carcinoma

Contributory Causes of Colon

Certifying Physician Dr. Richard L. Kelly (or Coroner)

His Address 3600 Forbes Ave.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral June 28 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cmetery

Row No. 3

Grave No. 99

Section No. 16

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	
Casket ? Professional Services	750	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)		
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	145	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 20 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		
.... line Death Notices in ..... Papers	10	00
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax July 28 1963		
Total Footing of Bill	$	1027 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. 3358 Yearly No. 49 Date of Entry July 2 19 23

Name of Deceased Patrick A. Leheny

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 250 Darragh St. 13

☐ Husband ☒ Wife ☐ Widow } or ..... of } Mary A. Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary A. Leheny

Address 250 Darragh St. 13

Order given by 621-5965 (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Stone Keeper 167-09-6096 (Social Security Number)

Employer and Address Duquesne Light Co.

Date of Death July (Mo.) 2 (Day) 1963 (Yr.) (Hour)

Date of Birth Mar. (Mo.) 3 (Day) 1883 (Yr.) Age 80 (Yrs.) 3 (Mos.) 29 (Days)

Services at St. Agnes Church

Clergyman Fr. Morgan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death St. Margaret Memorial Hospital

Cause of Death Carcinoma of Lung

Contributory Causes A. S. H. D.

Certifying Physician Dr. P. A. McKeating (or Coroner)

His Address

Name of Father Patrick Leheny

His Birthplace

Maiden Name of Mother Margaret Dorner

Her Birthplace

Date of Funeral July 5 1963 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. 374

Grave No. 3

Section No. F

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1495 —
Casket		1185 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)		
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		140 00
Cremation		
Flowers, $ ..... 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 (Name of Newspaper)		12 00
July 26, 1963.		
Sales Tax		
Total Footing of Bill	$	1564 00
Less ... PER ... John	$	
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. 3359 Yearly No. 59 Date of Entry July 10 1963

Name of Deceased Mary J. Naugle

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 1715 Forbes Ave 19

☐ Husband ☐ Wife ☐ Widow of } John N. Naugle Age of Husband or Wife (if living) Years

Charge to: John N. Naugle

Address 1715 Forbes Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 192-18-0849 (Social Security Number)

Employer and Address

Date of Death July 10 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 7 1912 Age 51-4-3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Geo. Berry Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Presbyterian Hospital

Cause of Death: Subarachnoid Hemorrhage

Contributory Causes. Ruptured berry aneurysm

Post operative cerebral edema

Certifying Physician Dr. Norman Abbott (or Coroner)

His Address 630 Washington Rd.

Name of Father Antonio Bocasso

His Birthplace

Maiden Name of Mother Josephine Patena

Her Birthplace

Date of Funeral July 15 1963 (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)	1330	00
Casket	850	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	57	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)		
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	140	00
Outlay for Lot	89	25
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges	35	00
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	21	60
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill July 8, 1963	1380	25
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. 3360 Yearly No. 51 Date of Entry July 15 1963

Name of Deceased Mary Gallagher (Sr. M. Muriel) 74 (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 3333 Fifth Ave 19 ☐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 July 15 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 10 1889 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

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 Hypertensive Cardio Vascular Disease

Certifying Physician Dr. Falvo (or Coroner)

His Address Mercy Hospital

Name of Father William Gallagher

His Birthplace .....

Maiden Name of Mother Ellen M. Hogan

Her Birthplace .....

Date of Funeral July 18 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory Mt. Thomas Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) ..... $		
Casket ... 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 (Names of Newspapers)		
Sales Tax Nov 5 1963		
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.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3361 Yearly No. 52 Date of Entry Aug. 8 1963

Name of Deceased Edna C. O'Brien — Sr. M. Neri (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence Mercy Hospital

Charge to Sisters of Mercy

Address 3333 S. 16th Ave.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Teacher (Social Security Number)

Employer and Address .....

Date of Death Aug. 8, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 16, 1888 Age 74 - 11 - 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mercy Hospital

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Kansas

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Pneumonia, Bronchopneumonia

Contributory Causes Bleeding Duodenal Ulcer

Certifying Physician John C. Shaver (or Coroner)

His Address Mercy Hospital

Name of Father Timothy O'Brien

His Birthplace .....

Maiden Name of Mother Bridget Joyce

Her Birthplace .....

Date of Funeral Aug. 10, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } St. Vincent's Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket	340	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)		
McAVOY FUNERAL HOME PAID Nov 5, 1963		
Sales Tax		
Total Footing of Bill	$	340 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 .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3362 Yearly No. 53 Date of Entry Aug. 11 19 63

Name of Deceased Peter Zelenenko (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence P.O. Box 127A - R.D. 2 Valencia Pa. middlesex Twp

☒ Husband ☐ Wife ☐ Widow of Valencia Borough

Age of Husband or Wife (if living) Years

Charge to Mrs Helen Hildebrandt

Address P.O. Box 127A - R.D. 2, Valencia Pa

Order given by 898-1028 (or informant)

How Secured

If Veteran, Name of War

Occupation Metal Salvage 140-07-4206A (Social Security Number)

Employer and Address

Date of Death Aug. 11, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 20, 1885 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Michaels R.O. Church

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 P.O. Box 127A - R.D. 2 Valencia

Cause of Death Coronary Thrombosis

Contributory Causes Hard of hearing

Certifying Physician J. Clinton Atwell (or Coroner)

His Address 137 St. Jefferson St Butler Pa

Name of Father John P. Zelenenko

His Birthplace Russia

Maiden Name of Mother Martha —

Her Birthplace Russia

Date of Funeral Aug. 14, 1963 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.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket 7 Professional Bronze	925	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)		
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		
line Death Notices in Papers (Names of Newspapers)	10	00
Sales Tax		
Total Footing of Bill	$ 1136	00
Less	$	
Statement 8/5/64 Balance	$	
Entered into Ledger, page or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Sept 15 1963	By Payment	$ 200 00	$ 936 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. 3363 Yearly No. 54 Date of Entry Aug. 21, 1963 19....

Name of Deceased Concetta Famiggi 71 (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1717 Fustin St 19 ☐ Husband ☒ Wife ☐ Widow } John Famiggi

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to John Famiggi

Address 1717 Fustin 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. 21, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 27, 1892 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr Daniel Feeney (Address)

Religion of the Deceased Catholic

Birthplace Palermo, Italy

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 Hypertensive Cardio Vascular Disease

Certifying Physician Dr. John C. Shower (or Coroner)

His Address Mercy Hospital

Name of Father Frank Agnello

His Birthplace Italy

Maiden Name of Mother Virginia Dastoli

Her Birthplace Italy

Date of Funeral Aug. 24, 1963 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)	$	1400 00
Casket Professional Services		1070 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)		42 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)		4 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Awning Charges		95 00
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		25 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Name of Newspaper)		17 50
McAVOY FUNERAL HOME		
PAID		
Sales Tax		
Total Footing of Bill Aug 29 1963	$	1453 50
Less	$	
PER JR 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. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3364 Yearly No. 55 Date of Entry Aug. 25 19 63

Name of Deceased George F. Sack 71

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1604 Trinity St. 6

☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Charge to Mrs. Emma Sack

Address 1604 Trinity St. 6

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation Mechanic 190-07-7891 (Social Security Number)

Employer and Address ...

Date of Death Aug. 25, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 14, 1906 Age 56 - 8 - 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity 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 Shadyside Hospital

Cause of Death Cerebral Vascular

Contributory Causes Accident

Certifying Physician Dr. J. F. Fouty (or Coroner)

His Address Shadyside Hospital

Name of Father George Sack

His Birthplace ...

Maiden Name of Mother Theresa Gurmanka

Her Birthplace ...

Date of Funeral Aug. 28, 1963 (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. 55

Grave No. 3

Section No. 5

Block No. ...

Owner ...

Miscellaneous ...

Complete Funeral (except outlays) ... $	1210	—
Casket	870	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)		
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	140	00
Cremation		
Flowers, $ ... 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		
13 line Death Notices in 2 Papers (Name of Newspapers)	26	
McAVOY FUNERAL HOME		
Sales Tax ... OCT 20 1963		
Total Footing of Bill ... $	1254	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. 3365 Yearly No. 56 Date of Entry Aug 27 1963

Name of Deceased Lillian A. Duncan (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 133 Wyncha St

☐Husband ☐Wife ☐Widow } of Robert Duncan Age of Husband or Wife (if living) ..... Years

Charge to Mrs Esther Hooper

Address 133 Wyncha St

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife 182-32-0648 (Social Security Number)

Employer and Address .....

Date of Death Aug 22 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 5 1874 Age 89 - 0 - 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gospel 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 Congestive heart failure

Contributory Causes A S H D

.....

Certifying Physician Dr. K. Kerschmidt (or Coroner)

His Address Mercy Hospital

Name of Father John Duncan

His Birthplace .....

Maiden Name of Mother Annie Gavin

Her Birthplace .....

Date of Funeral Aug 31 1963 (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)	$	1790 00
Casket a Professional Service		1325 00
Burial Vault of Box (State Kind)		200 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)		
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		145 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		78 75
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		30 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		20 00
McAVOY MEMORIAL CHAPEL		
PAID		
Sales Tax Oct 14 1963		
Total Footing of Bill	$	1840 00
Less	$	
PER Mgr Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3366 Yearly No. 57 Date of Entry Sept. 6 1963

Name of Deceased Nicka Poppas M.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1718 Locust St. ☐Husband ☐Wife ☐Widow of Maritsa Papanestor Age of Husband or Wife (if living) Years

Charge to Mrs. Mariko Poppas

Address 1718 Locust St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Candy maker (Social Security Number)

Employer and Address

Date of Death Sept. 6, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 11 1890 Age 73-6-22 (Mo.) (Day) (Yr.) (Mos.) (Days)

Services at St. Nicholas A.O. Church

Clergyman Fr. Gregory

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 Montefiore Hospital

Cause of Death CL. R. Leuy

Contributory Causes

Certifying Physician (or Coroner)

His Address 3500 Fifth Ave

Name of Father Alexander Poppas

His Birthplace

Maiden Name of Mother Athena Loumbris

Her Birthplace

Date of Funeral Sept. 9, 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Nicholas Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		575 00
Burial Vault or Box (State Kind)		40 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		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 / 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)		5 50
McAVOY NAME PAID		
Sales Tax		
Total Footing of Bill, 1967	$	641 50
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.

Witness ... Signed ...

Address ...

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3367 Yearly No. 58 Date of Entry Sept. 24 19 63

Name of Deceased Elizabeth Roberts (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 73 Marion St. 19

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Eugene Roberts

Address 73 Marion 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 Sept. 24. 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 25. 1963 Age 4 - 29 (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 Pneumonia

Contributory Causes Gastro enteritis

.....

Certifying Physician Dr. & Mrs J. Stengel (or Coroner)

His Address Mercy Hospital

Name of Father Eugene Roberts

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Louisa Chappetta

Her Birthplace Pittsburgh Pa.

Date of Funeral Sept. 25. 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 2 Professional Bearers	770	00
Burial Vault or Box (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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	15	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $	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 ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 936	00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
Sept. 24. 63	By Payment	$ 300 00	$ 636 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. 3368 Yearly No. 59 Date of Entry Sept. 24 19 63

Name of Deceased Emilie H. Helmig (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 315 Gist Street (Boro)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Pearl Spahmer

Address 315 Gist St (Boro

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Retired Interior Decorator (Social Security Number)

Employer and Address .....

Date of Death Sept. 24 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 17 1877 Age 91 - 6 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman .....

Religion of the Deceased Protestant (Address)

Birthplace Pittsburgh, Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 315 Gist St. (Boro

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Henry Helmig

His Birthplace .....

Maiden Name of Mother Henrietta Muscheid

Her Birthplace .....

Date of Funeral Sept. 26, 1963 (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. 188

Grave No. 4

Section No. 22

Block No. Plan 3

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	2000 —
Casket		1675 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)		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)		
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		165 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		26 25
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		20 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in .... Papers (Names of Newspapers)		12 85
Sales Tax		
Total Footing of Bill	$	2080 10
Less ... PER ...	$	
Balance	$	

MCAVOY FUNERAL HOME
Oct. 20, 1963

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. 3369 Yearly No. 60 Date of Entry Sept 29 19 63

Name of Deceased Stellora Blaney (Married ☐ Single ☒ Widowed ☐ Divorced ☐) (What Race) N

Residence: 2531 Plainview Ave (☐Husband ☐Wife ☐Widow or ..... of) Age of Husband or Wife (if living) ..... Years

Charge to: William J Blaney

Address: 2531 Plainview Ave 26

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept 29 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 29 1963 Age Stellora (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Magee Womens Hospital

Cause of Death Uncpia

Contributory Causes Vein Previes

.....

Certifying Physician Dr Murray (or Coroner)

His Address: .....

Name of Father William J Blaney

His Birthplace .....

Maiden Name of Mother Pauline J Tontarski

Her birthplace .....

Date of Funeral Sept 30 1963 (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 Bronze	20	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	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		
McAVOY FUNERAL HOME		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sept 30, 1963		
Sales Tax		
Total Footing of Bill	$	30 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. 2372 Yearly No. 61 Date of Entry Oct. 1 19 63

Name of Deceased Joseph (Domalewski) Donley M.

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2041 S. Fifth Ave 19 ☐Husband ☐Wife ☐Widow or ..... of Elizabeth Donley Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Elizabeth Donley

Address 2041 Fifth Ave 19

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Truck Driver 201-14-8500 (Social Security Number)

Employer and Address .....

Date of Death Oct 1 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 16 1907 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Cleary (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 Stomach

Contributory Causes .....

.....

Certifying Physician Dr. J. D. O'Donnell (or Coroner)

His Address Mercy Hospital

Name of Father Joseph Donley

His Birthplace .....

Maiden Name of Mother Victoria Hvozna

Her Birthplace .....

Date of Funeral Oct. 5, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } St. Stanislaus Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	184	00
Casket	139	50
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	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 / 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	19	50
(Name of Funeral Home) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Oct 23, 1963 PAID ..... $	1693	50
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 .....

RECORD OF FUNERAL

Total No. 3371 Yearly No. 62 Date of Entry Oct. 3 1963

Name of Deceased Bridget Mullen 71

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1309 Gibbon St 19 ☐Husband ☐Wife ☐Widow } of Bartley

Age of Husband or Wife (if living) ..... Years

Charge to: Michael Mullen

Address 1309 Gibbon 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. 3 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 16 1896 Age 67 - 2 - 17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hearing (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 Dr. L. D. O'Donnell

Contributory Causes Hypertensive A. & H. D.

.....

Certifying Physician Dr. L. D. O'Donnell (or Coroner)

His Address Mercy Hospital

Name of Father Michael Connelly

His Birthplace Ireland

Maiden Name of Mother Nora Walsh

Her Birthplace Ireland

Date of Funeral Oct. 7 1963 (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 .....

Mr. & Mrs. Hanover

7803 McKnight Rd. Pgh. 37, Pa.

Complete Funeral (except outlays)	$
Casket	595 00
Burial Vault or Box Concrete Grave (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	30 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	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, $ 15 Singers, $ .... Organist, $	15 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1 line Death Notices in 2 Papers (Names of Newspapers)	15 00
Sales Tax	
Total Footing of Bill	$ 850 00
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

McAVOY FUNERAL HOME
Feb. 20, 1964
PER

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Oct. 20 1963	To Above Balance	350 00	$ 501 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. 3372 Yearly No. 63 Date of Entry Oct 7 19 63

Name of Deceased George A. Reisdorf (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 311 Jumonville St. 19 ☐Husband ☐Wife ☐Widow of Margaret Bauer

Charge to Mrs. Margaret Reisdorf Age of Husband or Wife (if living) ..... Years

Address 311 Jumonville St. 19

Order given by Co. 1 2303 (or informant)

How Secured

If Veteran, Name of War

Occupation Structural Fitter 274-07-6541 (Social Security Number)

Employer and Address

Date of Death Oct 7 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13 1895 Age 67 - 9 - 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Jack Morgan (Address)

Religion of the Deceased Catholic Protestant

Birthplace Pittsburgh Pa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Montefiore Hospital

Cause of Death Hemorrhage from upper respiratory tract

Contributory Causes C.A. of Larynx

Certifying Physician Dr. R. Levy (or Coroner)

His Address Montefiore Hospital

Name of Father Jacob Reisdorf

His Birthplace

Maiden Name of Mother Ida Lewis

Her Birthplace

Date of Funeral Oct 10 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	1150 00
Casket Professional Services		875 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)		
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		175 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... 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		
.... line Death Notices in ..... Papers		18 00
McAVOY FUNERAL HOME PAID Nov 13 1963		
Sales Tax		
Total Footing of Bill	$	1193 00
Less	$	
PER Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Nov	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay 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. 3373 Yearly No. 64 Date of Entry Oct. 11 19 63

Name of Deceased Elizabeth A. Bynane (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 436 Arrano Ave 16 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Arthur Hanley

Address 436 Arrano Ave 16

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Janitress (Social Security Number)

Employer and Address Allegheny Co.

Date of Death Oct. 11. 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 9. 1875 Age 87-10-2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

nyc

Clergyman Rev. J. J. Henry (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 Holy Ghost Home

Cause of Death Cerebral Hemorrhage

Contributory Causes Generalized arteria

sclerosis

Certifying Physician Dr. John N. Bardonner (or Coroner)

His Address 832 165 Route 8 Allison Park Pa

Name of Father Edmund Bynane

His Birthplace .....

Maiden Name of Mother Mary Pratt

Her Birthplace .....

Date of Funeral Oct. 15, 1963 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Calvary

BYNANE
On Friday, Oct. 11, 1963, Elizabeth A., aunt of Catherine and Loretta Bynane. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Perrysville Ave., on Tuesday morning at 9:30. Requiem Mass at 10 o'clock in the Epiphany R. C. Church. Visitation Monday 2-4 and 7-10 p. m.

Diagram of Lot or Vault

Lot No. 503

Grave No. .....

Section No. 24

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	971	50
Casket	750	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)	36	00
	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)		
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, $	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 2 Papers	9	00
McAVOY FUNERAL HOME PAID Oct 9, 1964		
Sales Tax		
Total Footing of Bill	1014	00
Less		
PER JNB 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. 3374 Yearly No. 65 Date of Entry Oct. 15 19 63

Name of Deceased Sr. M. Theodosia - Catherine Mc Auliffe (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence St. Xaviers Academy - Latrobe, Pa ☐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. Religious (Social Security Number)

Employer and Address .....

Date of Death Oct. 15, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 12, 1879 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Xaviers Academy

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ireland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Bronchial Pneumonia

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address Mercy Hospital

Name of Father Michael Mc Auliffe

His Birthplace Ireland

Maiden Name of Mother Johanna Riordan

Her Birthplace Ireland

Date of Funeral Oct. 17, 1963 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } St. Xaviers Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket		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		
..... McAVOY FUNERAL HOME		
....line Death Notices in ..... Papers		
(Names of Newspapers) Nov. 4, 1963		
Sales Tax		
Total Footing of Bill	$	3 00 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.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3375 Yearly No. 66 Date of Entry Oct. 20 19 63

Name of Deceased Nellie K. Kilbourn (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1506 Locust St. Pa.

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Miss Helen Johns

Address 1506 Locust St. Pa.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Retired Waitress (None.) (Social Security Number)

Employer and Address .....

Date of Death Oct. 20, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 86 yrs. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Gearin (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 1506 Locust St.

Cause of Death: A. S. H. D.

Contributory Causes: Generalized Arteriosclerosis

Certifying Physician Dr. John M. Johnston (or Coroner)

His Address 1506 Locust St.

Name of Father Thomas Kilbourn

His Birthplace Ireland

Maiden Name of Mother Ellen Gregson

Her Birthplace Ireland

Date of Funeral Oct. 24, 1963 (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. 6

Section No. C

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	1627	00
Casket Professional Service	1285	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)	44	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	140	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, $ 50 Singers, $ .... Organist, $	35	00
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in FUNERAL PAPERS	15	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	1712	00
Less .... PER		
Balance		

Nov. 2 1963

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. 3376 Yearly No. 67 Date of Entry Oct 23 1963

Name of Deceased Joseph J. Dougherty Ag. 215-20-2233 (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 721 Eureka St 10 ☐ Husband ☐ Wife ☐ Widow or ____ of Helen Agatha

Charge to Mrs. Helen Dougherty Age of Husband or Wife (if living) ____ Years

Address 721 Eureka St 10

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War WW2

Occupation Truck Driver 161-18-8498 (Social Security Number)

Employer and Address ____

Date of Death Oct 23 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 5 1914 (Mo.) (Day) (Yr.) Age 49 Yrs. 1 Mos. 18 Days

Services at Chapel

Clergyman Rev. Jack Runyon (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

Resided in the State ____ (or U. S. or City or County) (Years) (Months)

Place of Death V.A. Hospital Pgh 40 Pa

Cause of Death Liver failure secondary

Contributory Causes Tb Pneumonia

Certifying Physician ____ (or Coroner)

His Address V.A. Hospital

Name of Father Joseph Dougherty

His Birthplace ____

Maiden Name of Mother Ida Beller Griffith

Her Birthplace ____

Date of Funeral Oct 26 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Homewood (Soldiers plot)

Diagram of Lot or Vault

Lot No. 500

Grave No. 23

Section No. 27

Block No. Range C

Owner ____

Miscellaneous ____

Complete Funeral (except outlays)	1040	00
Casket 7 Professional Bronze	810	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)	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 ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergyman, $ 20 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 ____		
____ line Death Notices in ____ Papers	21	50
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax ____		
Total Footing of Bill $	1089	50
Less Nov 20 1963 $		
Balance $		

PAID

Entered into Ledger, page ____ or below.

PER ____

Miscellaneous ____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from maturity at the rate of ____ % per annum.

Signed ____

Witness ____ Address ____

Revised by W. W. Feineman, Long Beach, California

Copy.

Form Approved.
Budget Bureau No. 76-R009.5

VETERANS ADMINISTRATION

APPLICATION FOR BURIAL ALLOWANCE

IMPORTANT—Read Instructions on reverse before filling in form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL EXPEDITE ACTION ON YOUR CLAIM.

1. SOCIAL SECURITY NO. OF VETERAN	2. CLAIM NO.
161-18-8498	XC-

3. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN	4. LAST NAME—FIRST NAME—MIDDLE NAME OF CLAIMANT
DOUGHERTY Joseph JAMES	DOUGHERTY HELEN

PART I—INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH
9-5-14	Pittsburgh, PA.	10-23-63	VA. Hosp. Pgh. 40, PA

9. DATE OF BURIAL	10. PLACE OF BURIAL	11. LEGAL DOMICILE AT TIME OF DEATH
10-26-63	Homewood Cemetery	

12. LIVING RELATIVES *(Check)*
☑ SPOUSE ☐ MOTHER ☐ FATHER

13. MARITAL STATUS
☐ NEVER MARRIED ☑ MARRIED ☐ WIDOWED ☐ DIVORCED
(If ever married, fill in 14A and 14B)

14A. FULL NAME OF SPOUSE: Helen Dougherty

14B. ADDRESS OF SPOUSE *(If living)*: 721 - Eureka Street, Pittsburgh 10, PA.

15A. FULL NAME OF FATHER: Joseph Dougherty

16A. FULL NAME OF MOTHER: Ida Belle (Griffith) Dougherty

15B. ADDRESS OF FATHER *(If living)*

16B. ADDRESS OF MOTHER *(If living)*

SERVICE INFORMATION— NOTE: The following information should be furnished for the period of the Veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States.

17A. ENTERED SERVICE DATE	17A. ENTERED SERVICE PLACE	17B. SERVICE NO.	17C. SEPARATED FROM SERVICE DATE	17C. SEPARATED FROM SERVICE PLACE	17D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
12-13-43	Pgh. PA	923 21 69	12-23 45	SAMPSON New YORK	FIREMAN First Class

18. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 3, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

19A. WAS THE VETERAN AT THE TIME OF DEATH ON ACTIVE OR INACTIVE DUTY AS A MEMBER OF THE RESERVE FORCES OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR A MEMBER OF THE NATIONAL GUARD?
☐ YES ☐ NO *(If "Yes," fill in 19B and 19C)*

19B. TYPE OF DUTY AT TIME OF DEATH
☐ ACTIVE ☐ INACTIVE

19C. BRANCH OF SERVICE: U.S.N

20. SOURCE FROM WHICH ABOVE INFORMATION WAS SECURED: Discharge Papers

PART II—INFORMATION RELATING TO VETERAN'S BURIAL

21. TOTAL EXPENSE OF BURIAL, FUNERAL, AND TRANSPORTATION: $

22A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☐ NO *(If "No," fill in 22B)*

22B. AMOUNT UNPAID: $

23A. HAS ANY AMOUNT BEEN ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☐ NO *(If "Yes," fill in 23B and 23C)*

23B. AMOUNT: $

23C. SOURCE

24. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? ☐ YES ☐ NO *(Before answering, read and comply with Instruction No. 7 on reverse)*

NOTE: If claim is made by person who paid the bills, fill in 25A and 25B.

25A. WHOSE FUNDS WERE USED?

25B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO *(If "Yes," fill in 25C)*

25C. AMOUNT AND SOURCE OF REIMBURSEMENT: $

NOTE: Where the claimant is a firm or other unpaid creditor, the following certification must be made by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

30. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES *(If signed by mark, fill in items 34A through 35B on reverse)*

31. ADDRESS *(Number and street or rural route, city or P.O., zone number and State)*

32. DATE

33. RELATIONSHIP TO VETERAN

I CERTIFY THAT the foregoing statements made in connection with this application for burial allowance on account of the above-named veteran are true and correct to the best of my knowledge and belief.

26. SIGNATURE OF CLAIMANT *(If signed by mark, 34A through 35B on reverse should be executed)*: Helen Dougherty

27. SIGNATURE AND CAPACITY OF PERSON SIGNING FOR FIRM: 721 Eureka St. Pgh. 10 Pa.

28. ADDRESS *(Number and street or rural route, city, or P.O., zone number and State)*: Wife

29. CREDITOR OR RELATIONSHIP TO DECEASED

PENALTY—The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1960 **21-530** EXISTING STOCKS OF VA FORM 21-530, JAN 1958, WILL BE USED.

WITNESSES TO SIGNATURE IF MADE BY "X" MARK	
NOTE: *Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.*	
34A. SIGNATURE OF WITNESS	34B. ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS	35B. ADDRESS OF WITNESS

INSTRUCTIONS FOR EXECUTING APPLICATION FOR BURIAL ALLOWANCE

(Under 38 USC, Section 902)

IMPORTANT—READ THESE INSTRUCTIONS CAREFULLY

1. WHO SHOULD FILE CLAIM.—*If expenses of the veteran's burial and funeral have not been paid, claim should be filed by the undertaker or other creditor.* If such expenses have been paid, claim should be filed by the person or persons whose personal funds were used to pay such expenses. If the expenses were paid from funds of the veteran's estate, claim should be filed by the executor or administrator thereof in which case there must also be submitted a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

2. TIME LIMIT FOR FILING CLAIM.—Claim must be filed with the Veterans Administration within 2 years from the date of the veteran's burial or cremation, otherwise the burial allowance will not be payable.

3. CAREFUL EXECUTION OF CLAIM NECESSARY.—All of the information required in this application must be furnished and every question must be answered fully and clearly. Answers must be written in a clear, legible hand or typewritten. If you do not know the answer to any question, say so. If any of the questions are not clear and you desire further information before attempting to answer the question involved, you should write to the Veterans Administration for instructions.

4. EXECUTION OF CLAIM BY UNDERTAKING FIRM.—The claim of an undertaking firm or corporation must be executed in the full name of the firm or corporation and show the official position or connection with the firm or corporation of the individual who signs the claim in its behalf, e.g.:

STONE FUNERAL HOME
By: John Doe, President.

5. PROOF OF VETERAN'S DEATH TO ACCOMPANY CLAIM.—The death of a veteran in a Government institution does not need to be proven by a claimant. Otherwise, the claimant must forward a copy of the public record of death or a copy of a coroner's report of death or of the verdict of a coroner's jury, certified by the custodian of such records. If proof of death has previously been furnished the Veterans Administration, it need not be again submitted with this application.

6. STATEMENT OF ACCOUNT TO ACCOMPANY CLAIM.—This claim must be accompanied by a statement of account (preferably on the printed billhead of the undertaker) showing the name of the veteran for whom the services were performed; the cost of the service rendered; all credits; and the name of the person or persons by whom payment in whole or in part was made. Where death of the veteran occurred while receiving authorized Veterans Administration care, the statement of account should be itemized to show the charge or charges made for use of the hearse. WHERE TOTAL PAYMENT HAS BEEN MADE FOR THE SERVICES PERFORMED, THE STATEMENT OF ACCOUNT SHOULD BE RECEIPTED IN THE NAME OF THE FIRM OR INDIVIDUAL PERFORMING THE SERVICES.

7. BURIAL ASSOCIATION OR BURIAL INSURANCE BENEFITS.—If the deceased veteran was a member of a burial association or if any insurance company is obligated to pay all or any part of the burial expenses, Question 24 should be answered "Yes". It will then be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

8. Bills or receipts filed in support of this claim become a part of the permanent record and may NOT be returned.

9. NOTE.—The payment of any fee in the preparation of this claim is prohibited.

U.S. GOVERNMENT PRINTING OFFICE : 1960 OF—542845

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 10/23/63

The following selection was made in Our Showroom for the funeral of:

Joseph J. Dougherty

Casket AND SERVICE	810	00
Vault or ~~Box~~	200	00
Garment BLUE SUIT	35	00
Slippers		
Blanket	NC	
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL $1045.00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 33.77 Yearly No. 68 Date of Entry Oct 27 1963

Name of Deceased Mary Young (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 71 Magee St 19

☐Husband ☐Wife ☐Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Martin & Coleman Lydon

Address 246 McKee Place 13

Order given by 682-7257 (or informant)

How Secured Mu 2-0623-Coleman

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Oct 22 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 24 1918 Age 45 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Hanney (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 Cardio Vascular Renal

Contributory Causes Disease

Certifying Physician Jos. B. Dabbs Coroner (or Coroner)

His Address:

Name of Father Coleman Lydon

His Birthplace

Maiden Name of Mother Ellen O'Toole

Her Birthplace

Date of Funeral Oct 30 1963 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. 474

Grave No. 3

Section No. M

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	1140 00
Casket A Professional Funeral		875 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)		96 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Chgs		145 00
Cremation		
Flowers, $ ..... 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 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 McAVOY FUNERAL HOME		
Total Footing of Bill	$	1189 00
Less	$	
Nov 2 1963 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. Peiseman, Long Beach, California

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 10/28/63

The following selection was made in Our Showroom for the funeral of:

MARY Young

Casket 1 AND SERVICE	875	00
Vault or Box		
Garment Black Crepe Dress	46	00
Slippers		
Blanket	N	C
Miscel.		
Miscel.		

The undersigned accept and approved the foregoing purchases. TOTAL 921 00

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3378 Yearly No. 49 Date of Entry Nov 6 19 63

Name of Deceased Robert C. Bledsoe (What Race) N

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5719 Bryant St. ☐Husband ☐Wife ☐Widow of Sadie L. Bledsoe

Charge to Sadie L. Bledsoe Age of Husband or Wife (if living) ..... Years

Address 5719 Bryant St.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Pvt. Detective 170-14-8340 (Social Security Number)

Employer and Address .....

Date of Death Nov. 6, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 27, 1886 Age 77-3-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Jack Morgan (Address)

Religion of the Deceased Protestant

Birthplace Spartanburg, N.C.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death St. Joseph Hospital

Cause of Death Acute Coronary Occlusion

Contributory Causes A. H. D. - Congestive Failure

Certifying Physician Dr. F. G. Aaron (or Coroner)

His Address St Joseph Hospital

Name of Father Jess Bledsoe

His Birthplace .....

Maiden Name of Mother Jennie Rupe

Her Birthplace .....

Date of Funeral Nov 11, 1963 (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)	$	2070 -
Casket Professional Services		177 75
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)		42 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		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, $		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		
.... line Death Notices in ..... Papers (Names of Newspapers)		7 50
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	2154 50
Less PAID Dec 7, 1964	$	
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. Peirman, Long Beach, California

RECORD OF FUNERAL

Total No. 3379 Yearly No. 70 Date of Entry Nov. 14 1963

Name of Deceased John Boyko (What Race) 21

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 2305 Sarah St. 3 ☐Husband ☐Wife ☐Widow of Marie Boyko

Charge to: Miss Anna Boyko Age of Husband or Wife (if living) Years

Address 2305 Sarah St. 3

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Truck Driver 167-10-5582 (Social Security Number)

Employer and Address Pgh Press

Date of Death Nov. 14 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 6 1914 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Cosmas 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 2305 Sarah St.

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Alexander Boyko

His Birthplace

Maiden Name of Mother Stella Chikowski

Her Birthplace

Date of Funeral Nov. 18 1963 (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 1 Professional Services	1475	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)		
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	140	00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $	72	50
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, $ ... 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 (Name of Newspapers)	15	00
McAVOY FUNERAL HOME		
PAID may 6 1964		
Sales Tax		
Total Footing of Bill	$ 1929	50
Less	$	
Billed 5/4/64 PER Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
4/15/64	By Payment W.A. Am	$ 250 00	$ 1654 50		By Payment	$	$
	" " Soc Sec	$ 265 00	$ 1424 50		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Address

Witness

Revised by W. W. Peineman, Long Beach, California

282

RECORD OF FUNERAL

Total No. 3380 Yearly No. 71 Date of Entry Dec 4 19 63

Name of Deceased John Marulis (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1308 Fifth Ave 19 ☐Husband ☐Wife ☐Widow of } Age of Husband or Wife (if living) Years

Charge to Estate

Address C. D. Diamontopulos Esq

Order given by Nick Berger Bldg 18 (or informant)

How Secured Mike Gola 65 Van Buren

If Veteran, Name of War Co I 97 21

Occupation Painter 161-18-2950 (Social Security Number)

Employer and Address

Date of Death Dec 4 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Nicholas N. O. Cemetery

Clergyman Fr. Gregory (682-3866) (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 Carcinoma of Pancreas

Contributory Causes w metastases

Certifying Physician Dr. Geo. H. Pfahl (or Coroner)

His Address Mercy Hospital

Name of Father Unknown

His Birthplace Greece

Maiden Name of Mother Unknown

Her Birthplace Greece

Date of Funeral Dec 6, 1964 (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)	$	
Casket 7 Professional Series		925 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)		35 00
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)		
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 Chgs		185 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		40 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)		8 00
Bill		
Sales Tax		
Total Footing of Bill	$	1321 00
Less PER	$	
Balance	$	

McAVOY FUNERAL
MAY 13, 1964

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
2/21/64	By Payment	$ 222 60	$ 1099
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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. 3381 Yearly No. 72 Date of Entry Dec 5 1963

Name of Deceased Frank Pasquarelli (What Race) A.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1728 Watson St. Pa. ☐Husband ☐Wife ☐Widow or ..... of } Marie C. Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Marie Pasquarelli

Address: 1728 Watson St Pa.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Laborer 186-12-3908 (Social Security Number)

Employer and Address U.S. Steel Corp.

Date of Death Dec. 5, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 26, 1892 Age 71 - 1 - 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Geary (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death 1727 Watson St.

Cause of Death C. S. H. D.

Contributory Causes Coronary Arteriosclerosis Generalized Arteriosclerosis

Certifying Physician Geo. H. Clark (or Coroner)

His Address: 3944 Nantasket St. Pgh. 7, Pa.

Name of Father Luigi Pasquarelli

His Birthplace Italy

Maiden Name of Mother Archangelle Maggio

Her Birthplace Italy

Date of Funeral Dec. 7. 1963 (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)	$	1180 00
Casket 7 Professional Bronze		900 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)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Cemetery Charges		95 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 5.. 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)		15 00
Sales Tax		
Total Footing of Bill	$	1228 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
1-3-64	To Above Balance	900 00	$
2-6-64	By Payment	$ 200 00	$ 128 00
	" " Disc	$	$ 93 00
	" "	$	$ 80 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 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 .....

Address .....

Witness .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3382 Yearly No. 73 Date of Entry Dec 6 1963

Name of Deceased Jennie Cunningham (What Race) N.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 729 Meyrtle St 27

☐ Husband ☐ Wife ☐ Widow } Dominic Age of Husband or Wife (if living) ..... Years

Charge to Stanley Cunningham

Address 729 Meyrtle St 27

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Jantress (Retired) (Social Security Number)

Employer and Address .....

Date of Death Dec 6 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 10 1879 (Mo.) (Day) (Yr.) Age 84 10 26 (Yrs.) (Mos.) (Days)

Services at St. Norbert 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 729 Meyrtle St.

Cause of Death Probable Coronary Occlusion

Contributory Causes A. S. H. D.

Unemployed Arteriosclerosis

Certifying Physician Dr. T. R. Saracco (or Coroner)

His Address 2307 Brownsville Rd.

Name of Father Patrick Ryan

His Birthplace .....

Maiden Name of Mother Mulvaney

Her Birthplace .....

Date of Funeral Dec 9, 1963 (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. 348

Grave No. 6

Section No. H

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	1150 —
Casket		1569 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)		33 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. 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		
.... line Death Notices in ..... Papers		20 00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID Jan 21, 1964		
Sales Tax		
Total Footing of Bill	$	1920 00
Less	$	
PER J.K.M. 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 .....

RECORD OF FUNERAL

Total No. 3383 Yearly No. 74 Date of Entry Dec. 7 19 63

Name of Deceased James A. Patton 71 (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2018 Fowler Ave 19

☐ Husband ☐ Wife ☐ Widow } Sadie Age of Husband or Wife (if living) Years

Charge to: James R. Patton

Address 1324 Letterhill St 16

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Lumber (Ret.) 192-01-9896 (Social Security Number)

Employer and Address

Date of Death Dec. 7, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 7, 1888 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rev. Paul Brumpriere (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 2018 Fowler Ave.

Cause of Death: Carcinoma of Liver

Contributory Causes

Certifying Physician Dr. L.J. Barrett (or Coroner)

His Address: Medical Arts Bldg.

Name of Father Anthony Patton

His Birthplace

Maiden Name of Mother Mary Mc Coy

Her Birthplace

Date of Funeral Dec. 11, 1963 (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. 583

Grave No. 5

Section No. 1

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	1290	00
Casket	975	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)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot Cemetery Charges	95	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $	20	00
Railroad / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 5 Papers (Names of Newspapers)	35	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill April 27 1964	1328	00
Less		
Balance 0 0 0		

PAID

Entered into Ledger page ~~or below.~~ RFR

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
Jan. 14, 64	By Payment	$ 1000 00	$ 328 00
Mar. 5, 64	" "	$ 73 00	$ 255 00 SS
April 27 64	" " SS	$ 255 00	$ -0-
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3384 Yearly No. 75 Date of Entry Dec. 10 19 63

Name of Deceased Florence A. Sanfilippo (What Race) N

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 7541 Susquehanna St #8

☐ Husband ☐ Wife ☐ Widow of Louis Age of Husband or Wife (if living) Years

Charge to Louis Sanfilippo

Address 7541 Susquehanna St. #8

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec 10, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 15, 1927 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mother of Sorrows Carmel Church

Clergyman Fr. Cherdini (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 163 S. 17th St.

Cause of Death Malignant Tumor of Brain

Contributory Causes

Certifying Physician Joseph P. Dobbs (or Coroner)

His Address Carmel - Alley Co.

Name of Father George H. Bogerlein

His Birthplace

Maiden Name of Mother Florence Jenkins

Her Birthplace

Date of Funeral Dec. 14, 1963 (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. 248

Grave No. 6

Section No. 21

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket	825	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)	36	00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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 Chg	290	00
Cremation		
Flowers, $ ... Palms, $ ... 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 3 ... Papers	18	50
2nd Stat. (Names of Newspapers) 3/14/64		
Sales Tax		
Total Footing of Bill	$ 1270	50
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Apr. 1, 1964	By Payment	$ 1039.44	$ 231.06		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness

Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3385 Yearly No. 76 Date of Entry Dec. 14 1963

Name of Deceased George A. Sheridan Jr. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 1620 Fifth Ave. 19

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Estate - Mrs Leonora Moore

Address: 2 Bedford St. 3

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Retired (Soldier) (Social Security Number)

Employer and Address .....

Date of Death Dec. 14. 1963. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 13. 1883. Age 80. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Rt. Rev. Paul Breuninger (Address)

Religion of the Deceased Catholic

Birthplace Iowa

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 Joseph B. Dabbs (or Coroner)

His Address: Coroner - Alleg Co.

Name of Father James Sheridan

His Birthplace .....

Maiden Name of Mother Catherine Mc Loughlin

Her Birthplace .....

Date of Funeral Dec. 18. 1963. 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. 12

Grave No. 5

Section No. M. A.

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

Complete Funeral (except outlays)	$ 2126	00
Casket 7 Professional Services	1725	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	140	00
Cremation		
Flowers, $ .... Palms, $ .... Matting, $	63	00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $	25	00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers	23	00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax Dec. 30, 1964		
Total Footing of Bill	$ 2180	00
Less ... PER Wm	$	
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

RECORD OF FUNERAL

Total No. 3386 Yearly No. 77 Date of Entry Dec 19 1963

Name of Deceased Sadie Patton (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2018 Forbes Ave 19 ☐Husband ☐Wife ☒Widow } of James A.

Charge to James R. Patton or ..... of } Age of Husband or Wife (if living) ..... Years

Address ~~3049~~ 1324 Littlehill St 16

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Dec 19, 1963 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 30 1892 Age 71 10 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Holy Trinity Church

Clergyman Fr. Paul Bassimpierre (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 Thrombosis

Contributory Causes A.S.H.D.

Certifying Physician Dr. John Shuer (or Coroner)

His Address Mercy Hospital

Name of Father Edward Hess

His Birthplace .....

Maiden Name of Mother Mary McCarthy

Her Birthplace .....

Date of Funeral Dec 23 1963 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket 9 Professional Services	1195	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)	43	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	00
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	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, $	20	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 4 Papers (Names of Newspapers)	28	00
McAVOY FUNERAL HOME PAID May 15, 1964		
Sales Tax		
Total Footing of Bill	$ 1586	00
Less	$	
PER J.J.M. Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

Date		Amount Paid	Balance
	To Above Balance		$
2/24/64	By Payment	$ 1000 00	$
2/25/64	" "	$ 496 80	$ 89 20
3/15/64	" "	$ 89 00	$
	" "	$ PAID	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3387 Yearly No. 1 Date of Entry Jan. 10 1964

Name of Deceased Marshall J. Mc Gluscan (What Race) N.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1934 Fifth Ave 19

☐Husband ☐Wife ☐Widow } Ida Blanco
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Optical Pastures & Cement Masons

Address 1001 - 1991 Fifth Ave 19

Order given by Thos. A. Newman - Ft. 10231
(or informant)

How Secured

If Veteran, Name of War

Occupation Pastures 210-03-9209
(Social Security Number)

Employer and Address

Date of Death Jan. 10, 1964
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt. 58
(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 Monterosa Hospital

Cause of Death: Undetermined Natural Causes

Contributory Causes

Certifying Physician Jos. B. Dobbs Coroner
(or Coroner)

His Address:

Name of Father Joseph Mc Gluscan

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace:

Date of Funeral Jan. 13, 1964 M.
(Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	400	00
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 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. 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	175	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... 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)	10	00
Sales Tax Jan 20, 1964		
Total Footing of Bill ..... $	726	00
Less PER ..... $		
Balance ..... $		

MAYO FUNERAL HOME PAID

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	126 00			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

PHONE 281-0231

Operative Plasterers and Cement Masons' International Association of the United States and Canada

Local Union No. 31

1901 FIFTH AVENUE PITTSBURGH, PENNSYLVANIA 15219

1125 - 17th St. N.W.
Washington 6 D.C.

January 28, 1964.

Mr. John McAvoy
1700 Forbes Ave.,
Pittsburgh 19, Pa.

Dear Sir:

Enclosed is the Application for Death Benefit for Marshall McIlveen, that is to be completed by yourself.

Please complete and return in the Self Addressed Envelope and we will forward same to National Headquarters.

Death Certificate should accompany application and I hope this can be had, from some source.

Sincerely Your's

Thomas A Nauman Sec-Treas
Thomas A Nauman
Plasterers Union Local No. 31
1901 Fifth Avenue.,
Pittsburgh 19, Pa.

RECORD OF FUNERAL

Total No. 3388 Yearly No. 2 Date of Entry Jan. 22 19 64

Name of Deceased Howard Forti (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1806 Forbes Ave 19

☐ Husband ☐ Wife ☐ Widow } Mary (Forbish)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Forti

Address 1806 Forbes Ave 19

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation R.R. Mechanic (Social Security Number)

Employer and Address .....

Date of Death Jan. 22, 19 64 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 19, 1895 Age 68 4 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Greystone Church

Clergyman Msgr. Daniel Garvey (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 Generalized Arteriosclerosis

Contributory Causes .....

.....

Certifying Physician Dr. R. F. Klewastowski (or Coroner)

His Address Mercy Hospital

Name of Father Paul Forti

His Birthplace Italy

Maiden Name of Mother Philomena —

Her Birthplace Italy

Date of Funeral Jan. 27, 1964 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery (Effort, Pa.)

Lot No. Sec. Row

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	1195 00
Casket		865 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 Export, Pa.		30 00
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 Chgs.		55 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $ Etc.		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 / 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		12 00
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Jan 5, 1964		
Total Footing of Bill	$	1323 00
Less	$	
PER JPM Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Funeral Home Date 1/23/64

The following selection was made in Our Showroom for the funeral of:

Leonard Fortin

Casket Mkt. & Service	865	00
Vault ~~or Box~~	200	00
Garment		
Slippers		
Blanket		
Miscel. Blue Tie N/C		
Miscel.		
TOTAL	1065	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3389 Yearly No. 3 Date of Entry Feb 4 19 64

Name of Deceased John Devine 71
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3333 Fifth Ave 13 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Sr M Catherine McAuley Mercy Hospital

Address Mercy Hospital

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Janitor 171-14-4044 (Social Security Number)

Employer and Address .....

Date of Death Feb 4 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 17 1893 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Gaspar Church

Clergyman Msgr Daniel Hurley (Address)

Religion of the Deceased Catholic

Birthplace Penna

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Moyamen State Hospital

Cause of Death Acute Pulmonary Edema

Contributory Causes Pneumonitis

.....

Certifying Physician Dr Marianne Dawlsby (or Coroner)

His Address: Moyamen State Hospital

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Feb 7 1964 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Calvary Cemetery Road

Lot No. 4

Grave No. 22

Section No. 16

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket Professional Services	325	00
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	22	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	145	00
Cremation		
Flowers, $ ..... 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 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)		
.....		
3% G.R.		
Sales Tax PER		
Total Footing of Bill	$	614	00
Less	$	
Balance	$	

MEMORY FUNERAL HOME
FEB 9 1964
PAID

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
2/9/64	By Payment Msgr Lawrence Stokes	$ 300 00	$ 314 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

WARNING: It is illegal to duplicate this copy by photostat or photograph.

HVS-20112-300M—8-62
(100 Cert. per book)

(Fee for this Certificate, $1.00)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH
VITAL STATISTICS

№ 580673

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 29

Full Name of Deceased: John (First) Desire (Middle) ——— (Last)

Usual Address: 3333 (Number) Fifth Ave. (Street) - Forest 13. (City or town) Allegheny (County) - Pa. (State)

Place of Death: Mayview State Hospital (City, Borough or Township) - Allegheny (County) - Pennsylvania

Date of Death: Feb. 4, 1964 Social Security No. 121-14-7044 Race White

Marital Status: Never Married Sex Male Date of Birth March 17, 1889

Occupation: Janitor Birthplace Pennsylvania

If Veteran, which War ——— Veteran's Serial No. ———

MEDICAL CERTIFICATE

Part I. Death was caused by:

		Interval Between Onset and Death
Immediate Cause (a)	Acute pulmonary edema	
Due To (b)	Pneumonitis	
Due To (c)		

Part II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

Accident, Suicide or Homicide ——— How did injury occur ———

Name and Title of Person Who Certified Cause of Death (M.D., ~~D.O.~~, ~~Coroner~~): Marianne Donolby

Address ——— (Street) Mayview, Pa. (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 State Vital Statistics, Harrisburg, Pennsylvania for permanent filing.

DEPARTMENT OF HEALTH COMMONWEALTH OF PENNSYLVANIA

Feb 7 1964
Date of Issue of This Certification

James M. Lutz 76-034
Local Registrar of Vital Statistics — District No.

341 Western Ave - Carnegie Pa.
Street Address — City, Borough, Township

Feb 6 1964
Date Received by Local Registrar

CALVARY CEMETERY

February 7 1964

SINGLE INTERMENT

—NAME OF DECEASED—

John Dewine

Section 16 Row 4 Grave 72

☐ [redacted] $145.00 James A. Dewine
Supt.

☑ Charge McAvoy Funeral Home

(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 perennial plants is not permitted.

3. Annual flowers may be planted in front of the grave marker in a space 12 inches wide.

4. Cement, iron, wooden, glass, plastic, paper, and miscellaneous statues or objects, and any other object of a temporary nature, will not be permitted.

5. Fences, coping, hedges, or other enclosures, AND MOUNDED GRAVES, are not permitted.

RECORD OF FUNERAL

Total No. 3390 Yearly No. 4 Date of Entry Feb 14 1964

Name of Deceased Twin (Male) Brescia (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 18 Marion St 19

☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mario Brescia - Co. 1.0.154

Address 18 Marion St 19

Order given by ~~Dom J. Biggi Attorney at Law~~

How Secured ~~Jos Allen Bldg Pgh Pa~~ (or Informant)

If Veteran, Name of War .....

Occupation None

(Social Security Number)

Employer and Address .....

Date of Death Feb. 14, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 13 1964 Age 18 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 Respiratory Distress

Contributory Causes Prematurity

.....

Certifying Physician Dr. W. A. Steigh (or Coroner)

His Address Mercy Hospital

Name of Father Mario Brescia

His Birthplace Pittsburgh Pa

Maiden Name of Mother Mrs. Brescia

Her Birthplace Pittsburgh Pa

Date of Funeral Feb. 19, 1964 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Queen of Heaven Cemetery

Diagram of Lot or Vault

Lot No. 14

Grave No. 2

Section No. 15

Block No. 13

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket ... Bronze	2.0.	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		
..... McAVOY FUNERAL HOME		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
..... May 25, 1964		
Sales Tax		
Total Footing of Bill	$	30. 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 3391 Yearly No. 5 Date of Entry Feb. 19 1964

Name of Deceased Anthony Saad (Tony - Tannous) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1906 Fifth Ave - 19 -

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Adele Antone

Address 300 Croft Ave 13

Order given by 355 - 3504 (or informant)

How Secured

If Veteran, Name of War

Occupation Salesman - 171-18-8891 (Social Security Number)

Employer and Address Self

Date of Death Feb. 19, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 29, 1898 Age 65 11 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Our Lady of Victory Church

Clergyman Fr. Sphere

Religion of the Deceased Maronite Catholic (Address)

Birthplace Rep. of Lebanon

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death U.C.L.A. Montefiore Hospital

Cause of Death Undetermined Natural

Contributory Causes Causes

Certifying Physician Joseph B. Dobbs (or Coroner)

His Address Coroners Office Co.

Name of Father Unknown

His Birthplace Rep. of Lebanon

Maiden Name of Mother Unknown

Her Birthplace Rep. of Lebanon

Date of Funeral Feb. 22, 1964 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)	1250	00
Casket	995	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	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		
10 line Death Notices in 2 Papers (Names of Newspapers)	10	00
Sales Tax		
Total Footing of Bill	1304	00
Less ..... PER		
Balance		

DALY FUNERAL HOME
Mar 28 1964

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 1025 00	$		By Payment	$	$
	" " SS	$ 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 McCrary F. H. Date 2/19/64

The following selection was made in Our Showroom for the funeral of:

Tony Seal

Casket	and Service	995 00
Vault or Box		200 00
Garment		
Slippers	Black Velvet Slippers	NC
Blanket	Included	NC
Miscel.	Undergarments	NC
Miscel.	Cross on Top	NC
	Crucifix Necklace	NC
TOTAL		1195.00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3392 Yearly No. 6 Date of Entry Mar 3 1964

Name of Deceased Elizabeth Brunmeier (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 4400 Centre Ave ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mr. Paul F. Brunmeier

Address 1507 Tenth Ave, Beaver Pa.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Unemployed (Social Security Number)

Employer and Address .....

Date of Death Mar 3 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 21 1877 Age 41 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Griphorn Church

Clergyman Msgr. Daniel Garvey (Address)

Religion of the Deceased Catholic

Birthplace Bellefonte, Pa.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Shadyside Hospital

Cause of Death Pulmonary Edema, Congestive Heart Failure

Contributory Causes Renal Failure following

1 st. 2 nd & 3 rd degree burns of body

Certifying Physician due to fire in home while smoking in bed

His Address Julia Fife (or Coroner)

Name of Father Henry Brunmeier

His Birthplace .....

Maiden Name of Mother Bertha Hayes

Her Birthplace .....

Date of Funeral Mar 6 1964 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Monongahela Cem - Du Bois Pa.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays) $	800	00
Casket	160	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 Du Bois, Pa	75	00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	00
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot	62	50
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	31	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 / 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)	9	00
Sales Tax		
Total Footing of Bill $	1163	50
Less $		
Balance $		

McAVOY FUNERAL HOME

Entered into Ledger, page ..... or below.

Miscellaneous 4-7-64

PE

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and 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. 3393 Yearly No. 7 Date of Entry March 26 1964

Name of Deceased Cecelia T. Mc Caffrey

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 951 Goodhue Ave. 26 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address: Monna P. Mulvaney

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Housedutries 168-07-2927 (Social Security Number)

Employer and Address Housedutie

Date of Death Mar. 25, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 31, 1877 Age 86-4-25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death South Side Hospital

Cause of Death Acute Intestinal Obstruction

Contributory Causes .....

.....

Certifying Physician Dr. A. H. Hunter (or Coroner)

His Address: South Side Hospital

Name of Father Daniel McCaffrey

His Birthplace .....

Maiden Name of Mother Mary A. Lynch

Her Birthplace .....

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 Cemetery

Diagram of Lot or Vault

Lot No. 189

Grave No. 6

Section No. F

Block No. 1

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	1217 76
Casket Ster. Prof. Steel		860 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		N/C
Dressing Body, $ ..... Underwear, $		N/C
Suit or Dress		33 00
Slippers, $ N/C (State Kind and Color) Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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, $		30 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		21 76
Sales Tax June 5, 1964		
Total Footing of Bill	$	1243 76
Less	$	
Balance	$	

MEMORY FUNERAL HOME PAID PER

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

WARNING: It is illegal to duplicate this copy by photostat or photograph.

MAR 30 1964 — Date

778384 — No.

This is to certify that this is a true copy of the 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.

(Fee for this certificate, $1.00)

C. L. Wilbar Jr.
C. L. Wilbar, Jr., M.D.
Secretary of Health
Harrisburg, Pennsylvania

HVS-20143 REV. 11/59
LOCAL REG. NO. 2369
PRIMARY DIST. NO. 700

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: a. County: Allegheny b. City or borough: Pittsburgh
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number):
d. Full Name of Hospital or institution (if not in hospital, give street address): South Side Hospital

2. DECEASED'S MAILING ADDRESS a. Street address, R. D., or Box Number: 951 Fordham Ave
b. Post Office, Zone, and State: 26 Penna

3. VETERAN: Yes ☐ NO ☒
a. Which War: b. Serial No.:

4. NAME OF DECEASED (Type or print): a. (First) Cecelia b. (Middle) T. c. (Last) McCaffrey

5. DATE OF DEATH (Month) (Day) (Year): Mar. 26, 1964

6. WHERE DID DECEASED ACTUALLY LIVE? a. State: Penna b. County: Allegheny
c. Did deceased live in a township? ☐ Yes, deceased lived in township. ☐ No, deceased lived within actual limits of Pittsburgh city or borough.

7. SEX: F.
8. COLOR OR RACE: W
9. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
10. DATE OF BIRTH: Oct. 31, 1877
11. AGE (in years last birthday): 86
If under 1 year: Months 4 Days 25
If under 24 hours: Hours Min.

12. USUAL OCCUPATION (even if retired): Housedutie
13. SOCIAL SECURITY NO.: 168-07-2977
14. BIRTHPLACE (State or foreign country): Pittsburgh-Pa
15. CITIZEN OF WHAT COUNTRY? U.S.A

16. FULL NAME OF SPOUSE: None
17. MOTHER'S MAIDEN NAME: Mary A. Lynch

18. FATHER'S NAME: Daniel McCaffrey
19. INFORMANT'S NAME AND ADDRESS: Margaret Mc[illegible] 908 Matthews St

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).
PART I. Death was caused by:
IMMEDIATE CAUSE (a) acute intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)

21. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

22. a. ACCIDENT Yes ☐ No ☐
22. b. DESCRIBE HOW ACCIDENT OCCURRED
22. c. TIME OF ACCIDENT Hour Month Day Year E.S.T.
22. d. ACCIDENT OCCURRED While at work ☐ Not while at work ☐
22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)
22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 10 a.m., E.S.T.
a. Signature: A. Weinberg M. D. or D.O. b. Address: Pgh Pa c. Date signed: 3/27/64

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24. b. DATE: MAR. 30, 1964
24. c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24. d. LOCATION (City, Boro., Twp., & County) (State): Pittsburgh - 17 - Pa.

25. DATE REC'D BY REG.: 3/30/64
26. REGISTRAR'S SIGNATURE:
27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Edw. J. McCaffrey J. P. McCaffrey 1120 Forbes

RECORD OF FUNERAL

Total No. 3394 Yearly No. 8 Date of Entry April 9 1964

Name of Deceased Agostina Giuffrea (What Race)
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1402 E. Twentieth St. 19 ☐Husband ☐Wife ☐Widow of } Age of Husband or Wife (if living) ..... Years

Charge to T. Thomas Jeffreys

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Laborer (Social Security Number)

Employer and Address

Date of Death April 9, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 87 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Griffith Chapel

Clergyman Father Daniel Hennig (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

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Salvatore Giuffrè

His Birthplace Italy

Maiden Name of Mother Maria Rosa

Her Birthplace Italy

Date of Funeral (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$
Casket F. Prof. Serv.	840 00
Burial Vault or Box (State Kind)	200 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $ N/C	
Suit or Dress Brown (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)	
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. Grave 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, $	20 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in ... Papers (Names of Newspapers)	16 50
April 6, 1964	
Sales Tax	
Total Footing of Bill	$ 121 50
Less	$
Balled 5/1/64 Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous	

McAVOY-FUNERAL

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and 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. 3395 Yearly No. 9 Date of Entry April 12 1964

Name of Deceased Michael Topolovsky

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 42 Van Brunt St 19

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Susan Topolovsky

Address 42 Van Brunt St.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Retired Laborer - 174-05-5448 (Social Security Number)

Employer and Address .....

Date of Death Apr 12, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age abt 76 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman Msgr. Daniel Kenny (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 Mercy Hospital

Cause of Death Peritonitis

Contributory Causes Perforated Appdx

Certifying Physician L. P. O'Donnell (or Coroner)

His Address Mercy Hospital

Name of Father Michael Topolovsky

His Birthplace Austria Hungary

Maiden Name of Mother Mary Fiebich

Her Birthplace Austria Hungary

Date of Funeral Apr. 16, 1964 (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Brooklyn Catholic

Diagram of Lot or Vault

Lot No. 55

Grave No. 1

Section No. U

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket F. Brap. Sem.	895	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)		
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, $	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		
11 line Death Notices in 3 Papers	16	50
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax May 12, 1964		
Total Footing of Bill	$	11.32	50
Less	$	
PER Jpm Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3396 Yearly No. 10 Date of Entry April 20 1964

Name of Deceased Walter Davies (Davis) (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to John M. Davies

Address 1126 Plymouth St.

Order given by Sister Pa. 15211 (or informant)

How Secured

If Veteran, Name of War

Occupation PVT. DETECTIVE

Employer and Address AMER. DET. AGENCY, AKRON OHIO (Social Security Number)

Date of Death APRIL 20 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JUNE 8 1908 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at

Clergyman REV. ORVILLE KUHN 301 GRAND VIEW AVE. (Address)

Religion of the Deceased

Birthplace PITTSBURGH, PA.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death PORTAGE Co. HOME FOR AGED RAVENNA, OHIO

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father DAVID T. DAVIES

His Birthplace

Maiden Name of Mother ANNE DAVIS

Her Birthplace

Date of Funeral APRIL 23 1964 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory JEFFERSON MEM. PARK

Diagram of Lot or Vault

Lot No. 372 B

Grave No. Garden of God Standard 4

Section No. 8

Block No. 1

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Cane-Proof Case (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, $ Chas ..... Ambulance, $		60 00
Limousines to Cemetery ..... @ $		35 00
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Chg.		116 00
Cremation		
Flowers, $ ..... Palms, $ ..... 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 (Newspaper Name)		10 00
Prof. Services - Chapel etc		130 00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill PAID Apr 29 1964	$	451 00
Less	$	
Billed 4/24 PEN 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. Price

FUNERAL RECORD

PHONE 481-2106 - John M.

Full Name Walter Davies (Davis)

Date of Death April 20, 1964

Place of Death Portage Co. Home for Aged - Ravenna, O.

When Born 6/8/08 Age 55 Years Mos. Days

How Long In This District

Where Born Pittsburgh, Pa

Residence Akron, O.

Occupation Detective - American Detective Agency

Husband or Wife of Never Married Age

Son ~~or Daughter~~ of David J. Davies (Dec.)

Maiden Name of Mother Annie Davis (Dec.)

Cause of Death

Body Laid Out at Mc Avoy F. Home

Date of Service Thurs. Apr. 23, 1964

Place of Service Mc Avoy F. Home

Time of Interment 2:00 P.M.

Burying Ground Jefferson Mem. Park

Minister Rev. Orville Kuhn

Physician

Survivors

Brothers { David Davies - Pgh.
John M. " - Pgh.

Organizations

Rev. Orville Kuhn
Grandview United Presbyterian Ch.
301 Grandview Ave. 431-9815 (Office

Remarks

Social Security No.

Veteran Information

Casket No. - Furnished in Ohio

✓ Outside Case 100 Concrete Rough Box (Martin)

Clothing

✓ Transportation Data Hood F. Horne - 216 - 296 643
703 E. Main St., Ravenna, Ohio
(No Charge)
Hearse to Cemetery 35.00
Service Car to Ravenna, O. 60.00

Death Notices
✓ Pgh. Press (Twice + Sad) 9.00

Church Expense

Cemetery Expense

Opening Grave 100.00 Box Closing Fee 16.00

Tent

Lot No. 372B Garden of Good Shepard Grave 4

Miscellaneous
Funeral Home Facilities 130.00

Transcripts

Charge To John M. Davies
126 Plymouth St.
Pittsburgh, Pa 15211

STATEMENT

MILDRED E. DeSIMONE

"Service to the Mortician"

- Hairdressing and Color Correction
- Wigs Sold and Styled
- Rental of Folding Chairs and Sick Room Equipment

PEOPLES EAST END BUILDING
6000 Penn Ave. Pittsburgh, Pa. 15206
Area Code 412 441-1244

- Temporary Personnel
- Pallbearers
- Ambulance Service
- Local or Distant Removals and Mortuary Transfers

TO

McAVOY FUNERAL HOME
1700 FORBES STREET
PITTSBURGH, PA. 15219

1964		
APR. 19	TRANSFER - WOODS FUNERAL HOME - RAVENNA, OHIO	$48.00

DAVIES, Walter (Name) 4 (Grave) 372-B (Lot) 10(Good Shepherd) (Section)

JEFFERSON MEMORIAL PARK
BOX 10898
PITTSBURGH 36, PENNA.

Date April 23, 1964

Received of Edward J. McAvoy Funeral Home

Address 1700 Forbes Avenue, Pittsburgh 19, Pa.

One Hundred and No/100---------- Dollars

Int./Rec. Fee 100.00
Lot ..... ------
Container ..... ------
Total ..... $ 100.00

JEFFERSON MEMORIAL PARK
By Henry Johns

Davies (Davis) Walter –
On Mon Apr. 20, 1964 at
Ravenna, Ohio (formerly
of Pittsburgh) Brother
of David & John M.
Davies. Friends received
at the Edward J. McAvoy
F. Home 1700 Forbes Ave.
where services will be held
Thurs. 2 P.M.

✓ Press (Tues & Wed)

263-1373

Davies Davis
April 23 1964
2 copies of
bill

1 for John M.
& 1 David

half of bill(
for each one

225.50

coming in
thurs P.M.

Social Security requires itemized bill. Small statement is not enough. amc

Walter Davis
216-2966436

RECORD OF FUNERAL

Total No. 3397 Yearly No. 11 Date of Entry MAY 2 1964

Name of Deceased STEWARD HANEY 2/

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1726 Forbes Ave Pgh 19 ☐Husband ☐Wife ☐Widow of Helen Kennedy Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Helen Haney

Address: 1726 Forbes Ave. Pgh 19

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War W.W. 2

Occupation GUARD 211-01-9506 (Social Security Number)

Employer and Address .....

Date of Death May 2 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 13 1899 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Cleveland, Ohio

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Sytocemia

Contributory Causes Diabetes & Gangrene

.....

Certifying Physician Dr. L.D.C. Linnell (or Coroner)

His Address: Mercy Hospital

Name of Father John Haney

His Birthplace .....

Maiden Name of Mother Ada Karcher

Her Birthplace .....

Date of Funeral May 6, 1964 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary - Jubilee Plot

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	
Casket Professional Services	770	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)	42	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		
Cremation		
Flowers, $ ..... Palms, $ ..... 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		
.....line Death Notices VOY FUNERAL HOME	12	00
(Names of Newspapers)		
PAID May 23, 64		
Sales Tax		
Total Footing of Bill	$	1055 00
Less PER	$	
Balance	$	

County - Stones
V.A.

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
May 23 64	By Payment	$ 1034 75	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3398 Yearly No. 12 Date of Entry MAY 6 19 64

Name of Deceased MARTIN NEE 2h

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 1713 Locust St 19

☐ Husband ☐ Wife ☐ Widow } of Barbara Age of Husband or Wife (if living) Years

Charge to Estate

Address 1st & Montgomery Ctrville - Wayne NJ

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer Alley 167-10-7642 (Social Security Number)

Employer and Address Housing Authority

Date of Death May 6, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 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 D.C.H. Mercy Hospital

Cause of Death Arteriosclerotic heart disease

Contributory Causes

Certifying Physician Joseph A. Lobb M.D. (or Coroner)

His Address 542 North Broad St. Pgh. 19, Pa.

Name of Father Martin Nee Sr.

His Birthplace Ireland

Maiden Name of Mother Bridget Berry

Her Birthplace Ireland

Date of Funeral May 9, 1964 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

McAVOY FUNERAL HOME PAID May 6, 1964

Complete Funeral (except outlays)	$	
Casket Professional Services		1240 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)		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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		10 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation		
Flowers, $ Palms, $ Matting, $		73 50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		30 00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in PG Papers (Names of Newspapers)		18 00
Sales Tax		
Total Footing of Bill	$	1705 50
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	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and 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

WARNING: It is illegal to duplicate this copy by photostat or photograph.

MAY 8 1964 — Date

787 334 — No.

This is to certify that this is a true copy of the 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.

(Fee for this certificate, $1.00)

C. L. Wilbar Jr.
C. L. Wilbar, Jr., M.D.
Secretary of Health
Harrisburg, Pennsylvania

HVS-20144 REV. 4 60
LOCAL REG. NO. 3315
PRIMARY DIST. NO. 700

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CORONER'S CERTIFICATE OF DEATH

1. DEATH OCCURRED IN: a. County: Allegheny; b. City or borough: Pittsburgh
c. If death did not occur in city or borough, give name of township (Do not use R.D. or Box Number):
d. Full Name of Hospital or Institution (If not in hospital, give street address): Mercy Hospital

2. DECEASED'S MAILING ADDRESS: a. Street address, R.D., or Box Number: 1713 Locust St
b. Post Office, Zone, and State: Pittsburgh 19 Pa

3. VETERAN: Yes ☐ No ☐ a. Which War: b. Serial No.:

4. NAME OF DECEASED (Type or print): a. (First) MARTIN b. (Middle) c. (Last) NEE

5. DATE OF DEATH: (Month) May (Day) 6 (Year) 1964

6. WHERE DID DECEASED ACTUALLY LIVE? a. State: Penna b. County: Allegheny
c. Did deceased live in a township? ☐ Yes, deceased lived in _____ township. ☐ No, deceased lived within actual limits of _____ city or borough.

7. SEX: Male
8. COLOR OR RACE: White
9. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
10. DATE OF BIRTH: abt
11. AGE (In years last birthday): 68
If under 1 year: Months / Days
If under 24 hours: Hours / Min.

12. USUAL OCCUPATION (even if retired): Labor
13. SOCIAL SECURITY NO.: 167-01-7646
14. BIRTHPLACE (State or foreign country): Ireland
15. CITIZEN OF WHAT COUNTRY? U.S.A.

16. FULL NAME OF SPOUSE:
17. MOTHER'S MAIDEN NAME: Bridget Berry
18. FATHER'S NAME: Martin Nee Sr.
19. INFORMANT'S NAME AND ADDRESS: Julia V. McWayne M.D. apt 5 Manchester Court

MEDICAL CERTIFICATION

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).
PART I. Death was caused by:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the terminal disease given in Part I (a).

21. WAS AUTOPSY PERFORMED? Yes ☐ No ☐

22. a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
22. b. DESCRIBE HOW INJURY OCCURRED:
22. c. TIME OF INJURY: Hour / Month / Day / Year
22. d. INJURY OCCURRED While at work ☐ Not while at work ☐
22. e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.):
22. f. CITY, BOROUGH, TOWNSHIP / COUNTY / STATE

23. I hereby certify that investigation of the death of the above named deceased resulted in the findings here stated, and that time of death is estimated as 7 50 P m. E.S.T., on the date stated above.
a. Signature of coroner: D B Dobbs Jr Fits
b. Address: 542-4th Ave Pgh 19 Pa
Date signed: May 8 1964

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24. b. DATE: 5/9/64
24. c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24. d. LOCATION (City, Boro., Twp., & County) (State): Pittsburgh 17 Pa

25. DATE REC'D BY REG.: 5-8-64
26. REGISTRAR'S SIGNATURE:
27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Edward J McAvoy E.J. McAvoy 1700 Forbes Ave Pgh 19 Pa

F. H. HILL COMPANY, INC.

Form 147

Funeral Director McAvoy Date 5/7/64

The following selection was made in Our Showroom for the funeral of:

Martin Mee

Casket and Service	1240	00
Vault or Box	200	00
Garment Brown Suit	39	00
Slippers Black Velvet	~~6~~	~~00~~
Blanket Included	NC	
Miscel. Undergarments	~~5~~	~~00~~
Miscel. Cross (on top)	NC	
Cross (rented)	NC	
TOTAL	1479.	00

The undersigned accept and approved the foregoing purchases.

Signed

Signed

Signed

RECORD OF FUNERAL

Total No. 3399 Yearly No. 13 Date of Entry May 10 1964

Name of Deceased ANNA ALLEANTRO (ALLEANTRO)

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1517 Colwell Street Pgh. 19, Pa. ☐Husband ☐Wife ☐Widow of } Antonio Age of Husband or Wife (if living) Years

Charge to: Mrs. Mary De Francesco

Address 1517 Colwell Street 19

Order given by 471-5657 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death May 10, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman Msgr. Paul Bassompierre (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: Cerebral Vascular Accident

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Dr. Charles H. Tyson (or Coroner)

His Address: Mercy Hospital

Name of Father Reginald D'Alleandro

His Birthplace Italy

Maiden Name of Mother Carmella Dalario

Her Birthplace: Italy

Date of Funeral May 14, 1964 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery Pgh

Lot No. 10

Grave No. 113

Section No. 14

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$ 1452	00
Casket Professional Services	1110	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)		
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	$ 120	00
Outlay for Lot Park		
Cremation		
Flowers, $ 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 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	18	00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax July 29, 1964		
Total Footing of Bill	$ 1502	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. 3400 Yearly No. 14 Date of Entry May 24 19 64

Name of Deceased Victoria Jurke (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 51 Miltenberger St 19

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Miss Mary Jurke

Address 51 Miltenberger St

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Houseduties (Social Security Number)

Employer and Address .....

Date of Death May 24 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Epiphany 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 Montefiore Hospital

Cause of Death Generalized Arteriosclerosis

Contributory Causes Diabetes Mellitus

.....

Certifying Physician Dr. R. Lenz (or Coroner)

His Address Montefiore Hospital

Name of Father Bartholomew Woloszyj

His Birthplace Poland

Maiden Name of Mother Catherine Warchol

Her Birthplace Poland

Date of Funeral May 27 1964 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)	$	1300 —
Casket		995 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)		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)		
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, $		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		
.....line Death Notices in ..... Papers (Names of Newspapers)		11 00
Sales Tax		
Total Footing of Bill	$	1351 00
Less	$	
Balance	$	

Billed 6/17/64

Entered into Ledger, page ..... or below

Miscellaneous .....

McAVOY FUNERAL HOME

PAID

July 1, 1964 Amount Paid

PER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
July 1 64	To Above Balance	1226 41	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and 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. 3401 Yearly No. 15 Date of Entry May 25 1964

Name of Deceased James L. Maneska (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1716 Watson St

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Anna Maneska

Address 1716 Watson St

Order given by ..... (or informant)

How Secured U.S. Govt Award $ 300-896

If Veteran, Name of War

Occupation Postal Employee 196-24-9522 (Social Security Number)

Employer and Address

Date of Death May 25 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 12 1933 Age 31 (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 St Francis Hospital

Cause of Death Portal Cirrhosis

Contributory Causes Pneumonitis, Alcoholism

Certifying Physician Dr. Allen E. (or Coroner)

His Address 5107 Roosevelt Dr. Pgh 1 Pa.

Name of Father Albert Maneska

His Birthplace

Maiden Name of Mother Anna Yurek

Her Birthplace

Date of Funeral May 29 1964 (Date) (Day of Week) (Hour) M.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery - Soldiers Plot

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

D.D.30 Dyptheria

Tomb Crypt

Complete Funeral (except outlays)	$	
Casket Professional Services	1170	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)		
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 Soldiers Plot	N.C.	
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $	15	00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 .... Papers (Names of Newspapers)	12	00
Sales Tax		
Total Footing of Bill	$	1340 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
6/15 64	By Payment	$ 373 14	$
June 18 64	" "	$ 10 00	$ 956 86
Aug 19 64	" " SS	$ 210 00	$ 746 86
Sept 9 64	" " COM	$ 10 00	$ 736 86
Oct 1 64	" " V.A.	$ 250 00	$

Date		Amount Paid	Balance
	To Balance Forward		$
Oct 29/64	By Payment	$ 10 00	$ 476 86
Nov 10 64	" "	$ 20 00	$ 456 86
Dec 10 64	" "	$ 10 00	$ 446 86
Jan 5 65	" "	$ 10 00	$ 436 86
Feb 10 65	" "	$ 10 00	$ 426 86
Mar 4 65	" "	$ 10 00	$ 416 86
Apr 1 65	Insurance	10 00	406 86
May 24 65	Companies	10 00	396 86
June 21 65		10 00	386 86
July 4 65		10 00	376 86
Aug 5 65		10 00	366 86
Sept 9 65		10 00	356 86
Nov 4 65		10 00	346 86
Nov 9 65		10 00	336 86
		10 00	326 86
		10 00	316 86
		10 00	306 86
		10 00	296 86
		15 00	281 86

Insurance $ ..... Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

Witness .....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3402 Yearly No. 16 Date of Entry June 8, 1964

Name of Deceased Maureen Patricia Mc Grail (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 201 East Harvard St. ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Anchorage, Alaska

Thomas Mc Grail

Address 201 East Harvard St. Anchorage Alaska

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Student (Social Security Number)

Employer and Address .....

Date of Death June 8 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth October 26 1947 Age 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Brigids Church

Clergyman Mon. P. Bannemeyer (Address)

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Presby. Hospital, Anchorage, Alaska

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Thomas Joseph Mc Grail

His Birthplace .....

Maiden Name of Mother Colatta Patton

Her Birthplace Pgh. Pa.

Date of Funeral June 13 1964 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery / Crematory } Calvary Cemetery

McGRAIL
Suddenly, on Monday, June 8, 1964, at Anchorage, Alaska, Maureen, daughter of Thomas and Colatta Patton McGrail, sister of Thomas and Colleen, and granddaughter of Mrs. Mc Grail and the late Thomas Mc Grail. Dear James and Kathy, please remember the Rosary for the repose of her soul. AVOY MEMORIAL HOME, 1700 Monroe Ave., on Wednesday morning, at 9:00. Requiem Mass at St. Brigids Church at 10 o'clock. Visitation after 2 p.m. Friday.

Lot No. 583

Grave No. 3

Section No. 1

Block No. .....

Owner .....

Complete Funeral (except outlays)	$
Casket	
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 1 @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from Airport	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	95 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ .... Singers, $ .... Organist, $	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	
15 line Death Notices in 2 Papers (Names of Newspapers)	15 00
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous	

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment		$
	" "		$
	" "		$
	" "		$
	" "		$

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 .....

CUSTOMER'S COPY

DIVISION 2 Calvary

THE CATHOLIC CEMETERIES ASSOCIATION

OF THE DIOCESE OF PITTSBURGH
718 HAZLEWOOD AVE., PITTSBURGH 17, PA.
HAzel 1-9959

62920

DATE 6-11-1964

ACCOUNT NAME McAvoy Funeral Home

ACCOUNT NUMBER

ADDRESS CITY

☑ INTERMENT
☐ REMOVAL
☐ RECEIVING VAULT

PLACE OF BIRTH Alaska AGE

PLACE OF DEATH Anchorage, Alaska DATE 6-8-64

25465 A-o

NAME OF DECEASED Mr Gail Maureen ADDRESS 201 East Harvard St.

BURIAL DATE 6-13- 1964 TIME 10 CHURCH St. Brigid PRIEST PERMIT ☑ McAvoy UNDERTAKER

DEED IN NAME OF Mary Patton RELATIONSHIP TO DECEASED grandparents

☐ NON-CATHOLIC
☑ CATHOLIC BURIAL

1. ☐ SINGLE GRAVE SEC. ROW NO. ☐ POOR GROUND ☐ D.P.A.		
☐ MONUMENT LOT 2. ☐ NON MONUMENT LOT SEC. 1 BLK. LOT 583 GRAVES SQ. FT.		
OPEN 3. ☑ GRAVE NO. 3 ☑ O.D. ☐ E.D. OCT. ☐ ☑ ADULT ☐ CHILD		95 00
4. ☐ EXTRA SERVICE		
5. ☐ RECONVEYED LOT		
6. TYPE VAULT ☐ OURS ☑ OTHERS COMPANY Martin SIZE 6		
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 ADDRESS		
MISCELLANEOUS		

DRAW PLAT OF LOT IN THIS SPACE

DEED PREPARED / / MAILED / /	TOTAL	95 00
CREDIT		
☑ CHG. TO ☐ CASH McAvoy Funeral Home		95 00
PARTIAL PAYMENT ☐ BALANCE DUE		
NET AMOUNT DUE		

RECEIVED BY Stella Devlin

DATE 6-11-64