NOW

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Title

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NOW

McAVOY FUNERAL HOME

VOLUME 12

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS
1964 - 1968

1931-1933

No Index For

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X's

AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR FUNERAL DIRECTORS

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

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

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

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

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

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

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

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

THE PUBLISHER.

Bound Books (Indexed):

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

Loose-Leaf Form:

Binder, Heavy, metal re-inforced black leatherette	No. 4800
Binder, Gray cloth	No. 4803
Binder, Gray cloth (transfer)	No. 4810
Index, indestructible, red leatherette tabbed	No. 4801
Index, cloth tabbed	No. 4804
Funeral Record sheets, entries as for Bound Books, per 100	No. 4802
Funeral Record sheets, 100 to the pad	No. 4805
Pocket Memo note book (not indexed)	No. 4050
Account Form (100 to the pad)	No. 5100

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

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

FUNERAL ETHICS

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

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

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

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

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the client if he or she had investigated the promoters' financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the client. But you yourself had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security an insurance policy of a Company with which you are not familiar, you can make inquiry at the "Better Business Bureau" or at the insurance commissioner's office of your state.

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

Further, take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Funeral Director's, and by keeping complete record, your patrons will see for themselves that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

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

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

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

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

Paint or stain the Outside Box or Shipping Case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body the principal services are held at the grave; Roman Catholic always at the church. Where both the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners' Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

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

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

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

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

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

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

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RECORD OF FUNERAL

Total No. 3403 Yearly No. 17 Date of Entry June 20, 1964

Name of Deceased John D'Alessio

[X] Married [ ] Single [ ] Widowed [ ] Divorced

(What Race) W

Residence 1613 Locust St, Pgh 19, Pa

[X] Husband [ ] Wife [ ] Widow } of Josephine Sesto

Age of Husband or Wife (if living) Years

Charge to MRS. JOSEPHINE S. D'ALESSIO

Address 1613 LOCUST ST.

Order given by (or informant)

How Secured

If Veteran, Name of War —

Occupation Laborer (Ret.) 167-03-9580 (Social Security Number)

Employer and Address

Date of Death JUNE 20 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2-9-80 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH D'ALESSIO (DEC)

His Birthplace ITALY

Maiden Name of Mother FELICIA MAZZA (DEC)

Her Birthplace ITALY

Date of Funeral M.

Services at EPIPHANY (Date) (Day of Week) (Hour)

Clergyman MSGR DANIEL GEARING

Religion of the Deceased ROMAN CATHOLIC (Address)

Birthplace ITALY

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

Place of Death MERCY HOSPITAL

Cause of Death Arteria sclerotic heart disease

Contributory Causes Congestive forclure

Certifying Physician Ernest A. Falvo (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } CALVARY June 25-1964

Lot No. 385

Grave No. 1

Section No. 20

Block No. Extra-deep

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$ 1690 —
Casket 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)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb EXTRA DEEP	140 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	25 00
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
16 line Death Notices in 5 Papers (Names of Newspapers) McAVOY FUNERAL HOME PAID July 21, 1964	40 00
Sales Tax	
Total Footing of Bill	$ 1760 00
Less PER Balance	$
Entered into Ledger, page or below.	$

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1964			$		To Balance Forward		$
6-27	To Above Balance		$ 1190 00		By Payment	$	$
	By Payment Mob	$ 500 00			" "	$	$
	" "	$	$				

Insurance $ Names of Lodges Insurance Companies

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

Signed

Address

Witness

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

RECORD OF FUNERAL

Total No. 3404 Yearly No. 18 Date of Entry JULY 5 1964

Name of Deceased ANGELINA PILARDI

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow or of SAMUEL PILARDI (What Race) Age of Husband or Wife (if living) Years

Residence 1619 EDNA ST.

Charge to MRS. ANNA MOBREY

Address 1610 LOCUST ST. (19) TEL- 261-6847

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation HOUSE WIFE

Employer and Address (Social Security Number)

Date of Death JULY (Mo.) 5 (Day) 1964 (Yr.)

Date of Birth FEB. (Mo.) 27 (Day) 1884 (Yr.) Age 80 (Yrs.) 4 (Mos.) 13 (Days) (Hour)

Name of Father VINCENT CATALCO

His Birthplace ITALY

Maiden Name of Mother VINCENZA TRICARGO

Her Birthplace ITALY

Date of Funeral JULY 8 (Date) Wed. (Day of Week) M. (Hour)

Services at EPIPHANY

Clergyman Msgr. Daniel Gearing (Address)

Religion of the Deceased ROMAN CATHOLIC

Birthplace ITALY

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

Place of Death MERCY HOSPITAL

Cause of Death ARTERIOSCLERATIC HEART DISEASE

Contributory Causes CONGESTIVE HEART FAILURE

DIABETES MILLITUS

Certifying Physician DR. JOHN M. JOHNSTON (or Coroner)

His Address MERCY HOSPITAL

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. 98

Section No. 16

Block No. Row 4

Owner

Misc.

Complete Funeral (except outlays)	$	1140 00
Casket Bond Bros. Services		810 00
Burial Vault or Box T.S. (State Kind)		160 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Blue (State Kind and Color)		42 00
Slippers, $ ✓ Blue Lapis Hose, $		4 95
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
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		
Cremation		
✓ Flowers, $ 31.50 Palms, $ Matting, $		31 50
Rental of Tent, $ 25.00 Temporary Vault, $		
Opening of Grave or Tomb		145 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ Singers, $ Organist, $		15 00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers (Names of Newspapers)		76 00
Sales Tax		
Total Footing of Bill	$	1236 45
Less Balance	$	
Entered into Ledger, page or below.		

McAVOY FUNERAL HOME

PAID Aug 24, 1964

PER

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	627 00	$ 609 00		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 3405 Yearly No. 19 Date of Entry JULY 5 1964

Name of Deceased ANTHONY DI DONATO W

Married ☐ Single ☐ Widowed ☐ Divorced

Residence RD 1 CABOT, PA.

Charge to MRS. MARIE L. DI DONATO

Address RD 1 CABOT, PA.

Order given by (or informant)

How Secured

If Veteran, Name of War —

Occupation NEWS DEALER 175-14-8529 (Social Security Number)

Employer and Address SELF EMPLOYED

Date of Death JULY (Mo.) 5 (Day) 1964 (Yr.)

Date of Birth 7 (Mo.) 18 (Day) 14 (Yr.) Age 50 (Yrs.) 5 (Mos.) 17 (Days) (Hour)

Name of Father FRANK DI DONATO

His Birthplace ITALY

Maiden Name of Mother GRACE CHICOLA

Her Birthplace ITALY

Date of Funeral JULY 9 (Date) Thurs (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman MSGR. DANIEL GEARING (Address)

Religion of the Deceased ROMAN CATHOLIC

Birthplace PITTSBURGH, PA.

Resided in the State 50

Place of Death BUTLER MEMORIAL HOSPITAL (or U.S. or City or County) (Years) (Months)

Cause of Death GENERALIZED PERITONITIS

Contributory Causes PERFORATED DUODENAL ULCER

Certifying Physician DR CARL L. DANIELSON

His Address BUTLER, PA (or Coroner)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } CALVARY

Lot No. 25

Grave No. 18

Section No. M 9

Block No.

Owner

Diagram of Lot or Vault

Misc.

Husband ☐ Wife ☐ Widow } or of } MRS. MARIE L. DI DONATO (What Race)

Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	1563 50
Casket and Vault Services		1270 00
Burial Vault or Box T.S. (State Kind)		160 00
Embalming Body		
Barber, $ (Name of Embalmer) Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Blue		42 00
Slippers, $ (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		
6 Certif. Copies of Death Certificates No. (State Number and District)		6 00
Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		95 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
17 line Death Notices in 3 Papers		25 50
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill Aug. 7, 1964	$	161 3 50
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

Entered into Ledger, page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3406 Yearly No. 20 Date of Entry JULY 8 1964

Name of Deceased CLARENCE Percy HOPKINS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☑ Husband ☐ Wife ☐ Widow } of RENA VANCE (What Race)

Age of Husband or Wife (if living) Years

Residence 1627 EDNA ST.

Charge to MRS RENA M. HOPKINS

Address 1627 EDNA ST. Co-1-1490

Order given by (or informant)

How Secured

If Veteran, Name of War. ?

Occupation ELECTRIC CRANE OPERATOR 168-01-6078 (Social Security Number)

Employer and Address J+L

Date of Death

Date of Birth (Mo.) JUNE (Day) 9 (Yr.) 1897 Age 77 (Hour)

Name of Father (Mo.) (Day) (Yr.) WILLIAM (Yrs.) (Mos.) (Days) HOPKINS

His Birthplace P.A.

Maiden Name of Mother UNKNOWN

Her Birthplace

Date of Funeral JULY 11 (Date) SAT. (Day of Week) 11 A.M. (Hour)

Services at E.J. McAVOY F.H.

Clergyman REV. ROBERT McCUNE 231-5465 (Address)

Religion of the Deceased

Birthplace PITTSBURGH PA.

Resided in the State 70 (or U.S. or City or County) (Years) (Months)

Place of Death 1627 EDNA ST

Cause of Death

Contributory Causes

Certifying Physician DR. LOUIS N. NAPOLEON

His Address MONTEREY ST. (or Coroner) NO. SIDE

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } SOUTH SIDE


HOPKINS
On Wednesday, July 8, 1964, Clarence P. (Percy) Hopkins, 70, husband of Rena Vance Hopkins, father of Mrs. Sara Mannino, Mrs. Bernice Williams, Mrs. Helen Smith, Patricia Hopkins, Charles, William, Albert, William, and Robert Hopkins, brother of Mrs. Mary Simmons, and the late Sally Stokes, also 3 grandchildren and 2 great-grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., where services will be held Saturday 11 a. m.

Misc.

Lot No. 3

Grave No. 4 + 5

Section No. 21 E

Block No.

Owner

Complete Funeral (except outlays)	$	1170 00
Casket Prof Services		1000 00
Burial Vault or Box T.S. + Tent (State Kind)		170 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ Shirt		5 00
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
10 Certif. Copies of Death Certificates No.		10 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation 15 Paid		
Flowers, $ 26 Palms, $ Matting, $		(26 15)
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
15 line Death Notices in 2 Papers		15 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1220 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME PAID Aug 6, 1964

PER

Entered into Ledger, Page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3407 Yearly No. 21 Date of Entry JULY 9 1964

Name of Deceased SR. M. JANE DE CHANTAL HOAR (MARGARET REGINA HOAR)

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

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

Charge to SISTERS OF MERCY

Address 3333 5TH AVE

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation IN RELIGION

Employer and Address (Social Security Number)

Date of Death JULY 9 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 27 1908 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MAURICE HOAR

His Birthplace

Maiden Name of Mother MARY ELLEN JOHNSON

Her Birthplace

Date of Funeral JULY 11 SAT 9 A.M. (Date) (Day of Week) (Hour)

Services at ST. XAVIER ACADEMY

Clergyman (Address)

Religion of the Deceased ROMAN CATHOLIC

Birthplace PENNA.

Resided in the State

Place of Death MERCY HOSPITAL (or U.S. or City or County) (Years) (Months)

Cause of Death CA of breast i generalized metastases

Contributory Causes

Certifying Physician Dr. Fred Brady (or Coroner)

His Address

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory ST. XAVIER ACADEMY - LATROBE, PA.

HOAR
Sr. M. Jane de Chantal, on Thursday, July 9, 1964, sister of Sr. M. Rosemarie, RSM; Mrs. Charles J. Shack, of Pitt., Mrs. John Larkin, Mrs. Charles Berry, James and John Hoar, Memphis. Will be at the Motherhouse, 3333 Fifth Ave. Funeral mass Saturday, July 11 at 9 a.m. Interment St. Xavier Academy, Latrobe, Pa.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

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 Hospital		15 00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	3 15 00
Less PER J.J.M. Balance	$	
Entered into Ledger, page or below.		

MONROE FUNERAL HOME
Dec. 4, 1964
PAID

Misc.

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. 3408 Yearly No. 22 Date of Entry July 15, 1964

Name of Deceased Sr. M. Barbara Mc Govern (Rose Mc Govern) W (What Race)

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

Residence St. Paul's Orphanage

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 July 15 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 15, 1911 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John M. Gorman

His Birthplace —

Maiden Name of Mother Mary Kelly

Her Birthplace —

Date of Funeral July 15, 1964 (Date) (Day of Week) (Hour) M.

Services at St. Vincents (Address)

Clergyman .....

Religion of the Deceased Roman Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Abdominal Ca

Contributory Causes .....

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

His Address 1501 Locust St.

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } St. Vincent, Latrobe, Pa.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

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 Hospital	15 00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
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	
Clergymen, $ ..... 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 $	315 00
Less $	
Balance $	

McAVOY FUNERAL HOME PAID Dec. 4, 1964

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

Misc. .....

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3409 Yearly No. 93 Date of Entry July 15, 1964

Name of Deceased Odeal Rhad (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2011 Fifth Avenue Byl ☒ Husband ☐ Wife ☐ Widow of Christina Izzo

Charge to Mrs. Christina Rhad Age of Husband or Wife (if living) Years

Address Mr. Richard Rhad

Order given by (or informant)

How Secured

If Veteran, Name of War No -

Occupation Vending Motor Mechanic 200-07- (Social Security Number)

Employer and Address

Date of Death July 15, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt. 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Omar Rhad

His Birthplace Republic of Lebanon

Maiden Name of Mother Fauty Rhad

Her Birthplace Republic of Lebanon

Date of Funeral July 20, 1964 M. (Date) (Day of Week) (Hour)

Services at

Clergyman

Religion of the Deceased Mohamadan (Address)

Birthplace Republic of Lebanon

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

Place of Death Mercy Hospital

Cause of Death Ca. of Lung

Contributory Causes & Cerebral Metastasis

Certifying Physician Geo. F. Kawallis (or Coroner)

His Address Mercy

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

Misc.

Complete Funeral (except outlays)	$	1420 00
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)		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 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		
Clergymen, $ 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)		16 00
Sales Tax		
Total Footing of Bill	$	1451 00
Less 5%	$	1420 00
Balance	$	

McAVOY FUNERAL HOME

PAID 8/14/64

Entered into Ledger, page or below. PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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. 3410 Yearly No. 24 Date of Entry July 15, 1964

Name of Deceased Twins A & B O'Leary (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1618 Degmar Ave. Pgh. 16, Pa. ☐Husband ☐Wife ☐Widow or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to Daniel O'Leary

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death July 18, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 18, 1964 Age 6 hrs. 36 min. (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Daniel O'Leary

His Birthplace Pgh., Pa.

Maiden Name of Mother Anna Mae Mancuso

Her Birthplace Pgh., Pa.

Date of Funeral July 20, 1964 M. (Date) (Day of Week) (Hour)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Pgh., 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

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

His Address Mercy Hospital

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

Misc.

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
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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	$	

McAVOY FUNERAL HOME

Mar 17, 1965

PER John

Entered into Ledger, page ____ or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3411 Yearly No. 25 Date of Entry July 25 1964

Name of Deceased Maria Laura Webber

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1003 1/2 Forbes Avenue, Pgh. 19, ☒ Husband ☐ Wife ☐ Widow of Sarah Valenty (What Race)

Charge to Herman Webber Age of Husband or Wife (if living) Years

Address 2802 Watermans Ave., Pgh 27, Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War —

Occupation Custodian 190-07-5547 (Social Security Number)

Employer and Address

Date of Death July 25 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15 1894 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Herman Webber

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral July 28, 1964 (Day) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman (Address)

Religion of the Deceased Roman Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Bronco-pneumonia

Contributory Causes

Certifying Physician Geo. T. Gray (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Augustine's Cemetery, Millvale

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket	730 00
Burial Vault or Box Cane-grave 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)	
2 Certif. Copies of Death Certificates No.	2 00
Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 2 Papers (Names of Newspapers)	12 00
Aug 20 - Nov 9, 1964	
Sales Tax	$ 859 00
Total Footing of Bill	$
Less 29 PER Balance	$ 70 00

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
Aug 11	To Above Balance	$ 424 45	$
	By Payment	$	$ 354 55
1	" "	$ 255 00	$ 99 55

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

10

RECORD OF FUNERAL

Total No. 3412 Yearly No. 26 Date of Entry July 27, 1964

Name of Deceased Helen C. Pastorius

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

Residence 1822 Forbes Ave, Pgh. 19, Pa. ☐Husband ☐Wife ☒Widow of Robert Pastorius Age of Husband or Wife (if living) ____ Years

Charge to Thomas P. Pastorius

Address Robert C. Pastorius

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Clerk 167-03-7157 (Social Security Number)

Employer and Address ____

Date of Death July 27, 1964 (Mo.) (Day) (Yr.)

Date of Birth April 30 1908 (Hour) Age 56 (Yrs.) 2 (Mos.) 27 (Days) (Mo.) (Day) (Yr.)

Name of Father William Mulvaney

His Birthplace —

Maiden Name of Mother Bridget Larkin

Her Birthplace —

Date of Funeral July 30, 1964 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church (Address)

Clergyman ____

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa

Resided in the State ____

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

Cause of Death Astrocitoma - Left Temporal

Contributory Causes Lobe

Certifying Physician Richard E. Hershey (or Coroner)

His Address Mercy Hospital

Motor / Ship { Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory { Calvary Cemetery

Diagram of Lot or Vault

Lot No. 79

Grave No. 4

Section No. MA

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	820 00
Casket - Professional Service		1375 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)		
Pall Bearer Service, $ ____ Use of Chapel, $ ____		6 00
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		95 00
Cremation ____		
Flowers, $ ✓ Palms, $ ____ Matting, $ ____		110 25
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ✓ Singers, $ ____ Organist, $ ____		25 00
Railroad / Aero- or Motor { Tickets, $ ____ plane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
15 line Death Notices in 5 Papers		37 50
(Names of Newspapers) McAVOY FUNERAL HOME		
PAID Aug 25, 1964		
Sales Tax		
Total Footing of Bill	$	1890 75
Less	$	
PER Jem Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3413 Yearly No. 27 Date of Entry Aug 8, 19 64

Name of Deceased Maria G. Kadair

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 531 Summerdale St 32

☐ Husband ☐ Wife ☐ Widow of Freda Thomas (What Race)

Age of Husband or Wife (if living) Years

Charge to Mrs. Freda Kadair

Address 531 Summerdale St 32

Order given by 361-1663 (or informant)

How Secured

If Veteran, Name of War

Occupation Policeman (Union Hill Castry 176-14 5972 (Social Security Number)

Employer and Address

Date of Death Aug 8, 1964 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father George Kadair

His Birthplace Lebanon (Republic)

Maiden Name of Mother Elizabeth Hanian

Her Birthplace Rep. of Lebanon

Date of Funeral Aug 12, 1964 (Date) (Day of Week) (Hour) M.

Services at Our Lady of Victory Church (Address)

Clergyman Fr. John Sphie

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 Left Middle Cerebral Artery

Contributory Causes Carcinoma, Generalized

Arteriosclerosis - A.S.H.D. + Hypertension

Certifying Physician John J. Kenny (or Coroner)

His Address Mercy Hospital

Motor Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory { Calvary Cemetery

Diagram of Lot or Vault

Lot No. 9

Grave No. 5

Section No. 40

Block No. 15

Owner

Misc.

Complete Funeral (except outlays)	$ 1842 -
Casket 4 Professional Services	1525 00
Burial Vault or Box (State Kind)	200 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $ 4.50	4 50
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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 + Tent (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	
Clergymen, $ 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 1964 Papers (Names of Newspapers)	17 50
Sales Tax PER	
Total Footing of Bill	$ 1917 00
Less	$
Balance	$
Entered into Ledger, page or below.	

McAVOY FUNERAL HOME

Misc.

Date		Amount Paid	Balance
9/9/64	To Above Balance	7759	$ 1839 41
	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. 3414 Yearly No. 28 Date of Entry Sept 2 1964

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

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 305 Atwood St 13

Charge to Mr. Harold Richards

Address 305 Atwood St

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

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Sept 2, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 2, 1964 Age 2 hours (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Harold Richards

His Birthplace Pittsburgh Pa

Maiden Name of Mother Lucille Snyder

Her Birthplace Pittsburgh Pa

Date of Funeral Sept 3, 1964 (Date) (Day of Week) M. (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa

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

Place of Death Magee-Womens Hospital

Cause of Death Subarachnoid Hemorrhage

Contributory Causes Prematurity

Renal Agenesis

Certifying Physician John A. Bonnyo (or Coroner)

His Address Magee Womens Hospital

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Homewood Cemetery

Diagram of Lot or Vault

Lot No. Div 2

Grave No. 21

Section No. 27

Range Block No. 4

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket 4 Services	50 00
Burial Vault or Box (State Kind)	50 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	75 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... 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) Listing on st	36 00
Sales Tax Billed 10/ PER	
Total Footing of Bill	$ 211 00
Less	$
Balance	$

McAVOY FUNERAL HOME PAID Oct 2, 1965

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

Misc. .....

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. 3415 Yearly No. 29 Date of Entry Sept 2 19 64

Name of Deceased Mamie Niles

☒ Married ☐ Single ☐ Widowed ☐ Divorced

W. (What Race)

Residence 1304 Gibbon St 19

☐ Husband ☐ Wife ☐ Widow } of Frank

Charge to Mrs Niles McElroy

Address 1202 Gibbon St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housedutties

Employer and Address (Social Security Number)

Date of Death Sept 2, 1964 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father John Brock

His Birthplace

Maiden Name of Mother Nora Donovan

Her Birthplace

Date of Funeral Sept 5, 1964 (Date) (Day of Week) (Hour) M.

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 Mercy Hospital

Cause of Death C.V.A.

Contributory Causes

Certifying Physician Dr R C Klenschmidt (or Coroner)

His Address 1501 Locust St

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 14

Grave No. 4

Section No. F

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket a Professional Service	970	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress	31	00
(State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $	1	00
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		
Clergymen, $ 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		
12 line Death Notices in 4 Papers (Names of Newspapers)	24	00
McAVOY FUNERAL HOME		
Billed 10/28/64		
Sales Tax Nov. 5, 1965		
Total Footing of Bill	$ 1386	00
Less	$	
Balance	$	

Entered into Ledger, page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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. 3416 Yearly No. 30 Date of Entry Sept 7 1964

Name of Deceased Barbaretta Veronese (What Race)

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

Residence 448 Augusta Street 11

Charge to Mr. Joseph Veronese

Address 448 Augusta St 11

Order given by 5662 Jane Drive 36 (or informant)

How Secured

If Veteran, Name of War

Occupation Clerk 176-24-5045 (Social Security Number)

Employer and Address

Date of Death Sept 7 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 14 1931 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Theodore Emry

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Costanza Izzo

Her Birthplace Pittsburgh Pa

Date of Funeral Sept 10 1964 (Date) (Day of Week) (Hour) M.

Services at St Marys of the Manor Church (Address)

Clergyman Fr Sullivan

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Presbyterian University Hospital

Cause of Death Brain Tumor

Contributory Causes

Certifying Physician Dr Alvin Azzarchen (or Coroner)

His Address Presbyterian University Hospital

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. 42

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1250 00
Casket		1050 00
Burial Vault or Box Concrete case (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, $ etc Hose, $		11 00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 2 Papers (Names of Newspapers)		20 00
Reg Rental		35 00
Sales Tax		
Total Footing of Bill	$	1283 00
Less	$	
Billed 10/27/64 Balance	$	

Entered in Ledger page or below.

McAVOY FUNERAL HOME

Misc.

Sept 1, 1965

PER Jenn

Date		Amount Paid	Balance
	To Above Balance		$
Sept 14 64	By Payment	$ 500 00	$ 783 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. 3417 Yearly No. 31 Date of Entry Sept 16 1964

Name of Deceased David T O'Rourke

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1765 Fifth Ave 19 ☐Husband ☐Wife ☐Widow } (What Race)

Charge to Estate of David T. O'Rourke or of Age of Husband or Wife (if living) Years

Address Owen McMenamin - Attorney

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Jr. Investor

Employer and Address Housing Authority (City) (Social Security Number)

Date of Death Sept 16, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 16, 1898 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Donald O'Rourke

His Birthplace

Maiden Name of Mother Ellen V. O'Connor

Her Birthplace

Date of Funeral Sept 19, 1964 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Wenil 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 Pulmonary Emphysema

Contributory Causes

Certifying Physician Dr. Geo. M. Hamilton (or Coroner)

His Address 1501 Locust St

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St. Mary's Cemetery

Lot No. 56

Grave No. 3

Section No. N

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays) $	1810	00
Casket 9 Professional Bronze	1425	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)	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)		
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, $	42	00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 4 Papers (Names of Newspapers)	20	00
McAVOY FUNERAL HOME PAID Oct 5, 1964		
Sales Tax		
Total Footing of Bill $	1860	00
Less $		
Balance $		

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

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

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

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RECORD OF FUNERAL

Total No. 3418 Yearly No. 32 Date of Entry Sept 17 1967

Name of Deceased Herbert H Guthrie (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 1304 Gibson St 19

Charge to Pgh Meters Local #22

Address Mrs Helen McElroy

Order given by Raymond L Ewing (or information)

How Secured 3234 Eldenwood Dr. - Bethel Park Pa

If Veteran, Name of War

Occupation Newspaper Mailer 208-01-5216 (Social Security Number)

Employer and Address Pgh Press

Date of Death Sept 17, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 26, 1908 Age 56 (Mo.) (Day) (Yr.) (Yrs.) 6 (Mos.) 11 (Days)

Name of Father Herbert Guthrie

His Birthplace

Maiden Name of Mother Elizabeth Kent

Her Birthplace

Date of Funeral Sept 21, 1964 (Date) (Day of Week) (Hour) M.

Services at Grafenburg 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.C.A Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes due to Central Pneumonia Asthma

Certifying Physician Dr. L J Bennett (or Coroner)

His Address 3700 Fifth Ave 13

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 14

Grave No. 4

Section No. F

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1080	45
Casket "Professional Service"	1825	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, $ Shirt etc Hose, $	5	95
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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		
Clergymen, $ 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		
15 line Death Notices in 3 Papers (Names of Newspapers)	22	50
Sales Tax		
Total Footing of Bill	$ 2171	45
Less	$	
Balance	$	

McAVOY FUNERAL HOME PAID Oct. 20, 1964

Entered into Ledger, page 77 or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3419 Yearly No. 33 Date of Entry Sept 18 1964

Name of Deceased Elizabeth M. McCloskey (☐ Married ☒ Single ☐ Widowed ☐ Divorced) (What Race) W

Residence 119 Van Braam St 19

Charge to Miss Carrie McCloskey (☐ Husband ☐ Wife ☐ Widow / or ____ of) Age of Husband or Wife (if living) ____ Years

Address 119 Van Braam St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Statistical Clerk

Employer and Address City of Pgh. (Social Security Number)

Date of Death Sept 18 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 11 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John C. McCloskey

His Birthplace ____

Maiden Name of Mother Mary Shapelin

Her Birthplace ____

Date of Funeral Sept 22, 1964 (Date) (Day of Week) (Hour) M.

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 119 Van Braam St

Cause of Death A. S. V. D.

Contributory Causes ____

Certifying Physician Joseph Dobbs (or Coroner)

His Address Groner - Allegheny Co.

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

Misc. ____

Complete Funeral (except outlays)	$	
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 ~ Clothing (State Kind and Color)	23	00
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	1	00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	95	00
Cremation ____		
Flowers, $ ~ Palms, $ ____ Matting, $ ____	~~45~~	~~00~~
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ~ 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 McAVOY FUNERAL HOME		
____ line Death Notices in ____ Papers	20	00
(Names of Newspapers) June 24, 1964		
Bulletin 10/28		
Sales Tax ____		
Total Footing of Bill 1139	$	1139 00
Less ____	$	
Balance	$	
Entered into Ledger, page ____ or below.		

Misc. ____

Date		Amount Paid	Balance
	To Above Balance		$
Nov 9 1964	By Payment	$ 400 00	$ 739 00
	" "	$	$

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

Total No. 3420 Yearly No. 34 Date of Entry Sept 24 19 64

Name of Deceased Fatima B. Zelenenko (What Race)

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

Residence P.O. Box 127A - R.D.#2 Valencia, Pa.

Charge to Mrs Helen Hildebrandt

Address P.O. Box 127A - RD#2 Valencia

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Sept 24 1964 (Mo.) (Day) (Yr.)

Date of Birth July 5 1885 Age 79 - 2 - 19 (Hour)
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Boajova

His Birthplace Russia

Maiden Name of Mother Fatima Unknown

Her Birthplace Russia

Date of Funeral Sept 28 1964 (Date) (Day of Week) (Hour) M.

Services at St Michaels R.O. Church (Address)

Clergyman ____

Religion of the Deceased Russian Orthodox

Birthplace Russia

Resided in the State ____

Place of Death P.O. Box 127A - R.D.#2 Valencia Pa. (or U.S. or City or County) (Years) (Months)

Cause of Death Cerebral Hemorrhage

Contributory Causes ____

Certifying Physician J. Clinton Attwell (or Coroner)

His Address 137 Jefferson Ave - Butler Pa.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Allegheny Cemetery

ZELENENKO
On Thursday, Sept. 24, 1964, Fatima Boajova, wife of the late Peter Zelenenko; mother of Mrs. Helen Hildebrandt, Frederick and Alex Zelenenko; also five grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:30. Services in St. Michaels R. O. Church at 10 o'clock.

Lot No. 71
Grave No. 2
Section No. 26
Block No. 3
Owner ____

Diagram of Lot or Vault

Misc. ____

Collection Agency 5-5-69

Complete Funeral (except outlays)	$	
Casket Professional Grade	870	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 ____		
1 Certif. Copies of Death Certificates No. ____ (State Number and District) (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 ____		
Clergymen, $ ____ 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)	11	00
Sales Tax		
Total Footing of Bill $	1110	00
Less $		
Balance $		

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3421 Yearly No. 35 Date of Entry Sept 29 1964

Name of Deceased Edna Abraham

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 309 Quesford Ave Mt Lebanon

☐Husband ☐Wife ☐Widow of George Abraham (What Race)

Age of Husband or Wife (if living) 24 Years

Charge to Miss Joyce Abraham

Address 716 Bruce St 32

Order given by (Bruce St)

How Secured 1 661-2199 (or informant) Pachros

If Veteran, Name of War

Occupation Sewing Machine Operator 173-20-6424 (Social Security Number)

Employer and Address Steiner Mfg Co.

Date of Death Sept 28 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 5 1892 (Mo.) (Day) (Yr.) Age 72 (Yrs.) 8 (Mos.) 24 (Days)

Name of Father Edward Haddad

His Birthplace Syria

Maiden Name of Mother Martha Shahady

Her Birthplace Syria

Date of Funeral Oct 3 1964 (Date) (Day of Week) (Hour) M.

Services at Holy Cross G. O. Church

Clergyman

Religion of the Deceased Syrian Orthodox (Address)

Birthplace New Kensington, Pa.

Resided in the State

Place of Death St Francis Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Pulmonary Embolism

Contributory Causes Aorto femoral bypass

severe Arteriosclerosis Obliterans

Certifying Physician Dr Anthony Almallah (or Coroner)

His Address St Francis Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Mt Lebanon Cemetery

ABRAHAM

On Tuesday, Sept. 29, 1964, Edna Haddad, wife of the late George Abraham; mother of Mrs. Christine Pikras, Joyce, Daniel, George Abraham Jr. and the late Betty Koury; sister of Mrs. Julia Armenti, Mrs. Mary Mitchell, Mrs. Agnes Talerico; also 11 grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1200 Forbes Ave., on Saturday at 12:15 p. m. Services in Holy Cross Greek Orthodox Church, Mt. Lebanon, at 1 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

C. Agency 5-5-69

Complete Funeral (except outlays)	$	
Casket Professional Service	1000	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)	55	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
14 line Death Notices in 3 Papers (Names of Newspapers)	21	00
Sales Tax		
Total Footing of Bill $	1278	00
Less $		
Balance $		
Entered into Ledger, page or below.		

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
Nov 12 64	By Payment SS.	$ 213 00	$ 1065 00
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	25	$
	By Payment Cash	$ 25	$
	" " Bonus	$ 25	$

Insurance $ Names of Lodges Insurance Companies Gen. 25

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3422 Yearly No. 36 Date of Entry Oct 1 1964

Name of Deceased Christos Karfakis (What Race) W

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

Residence 1308 Fifth Ave Pgh 19 Pa

Charge to Estate

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Painter 159-16-3836 (Social Security Number)

Employer and Address

Date of Death Oct 1, 1964 (Mo.) (Day) (Yr.)

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

Name of Father Peter Karfakis

His Birthplace Greece

Maiden Name of Mother Hurula Nefores

Her Birthplace Greece

Date of Funeral Oct 5, 1964 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman (Address)

Religion of the Deceased Greek Orthodox

Birthplace Greece

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

Place of Death D.O.P. Mercy Hospital

Cause of Death Undetermined Natural Causes

Contributory Causes

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

His Address Alby Co. Pa

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood Cemetery

KARFAKIS
On Thursday, Oct. 1, 1964, Christos Karfakis, cousin of Spiros Nefores. Funeral services at the EDWARD J. 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

Misc.

Complete Funeral (except outlays)	$	
Casket a Professional Service	785	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		
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	223	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
6 line Death Notices in 3 Papers (Names of Newspapers)	6	00
Sales Tax Oct 17, 1964		
Total Footing of Bill	$ 1289	00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3423 Yearly No. 37 Date of Entry Oct 6 1964

Name of Deceased Barbara E. Kilkeary (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

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

Residence 128 Meridian Street - 11

Charge to Mrs Annabelle Kilkeary

Address 128 Meridian St 11

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Janitress 173-18-9336 (Social Security Number)

Employer and Address City of Pgh

Date of Death Oct 6, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 20, 1891 Age 73 - 2 - 16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Bossard

His Birthplace

Maiden Name of Mother Mary - Unknown

Her Birthplace

Date of Funeral Oct 10, 1964 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Hurd Keany (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 128 Meridian St.

Cause of Death Carcinoma of Pancreas

Contributory Causes

Certifying Physician Dr Jos F. Hakad (or Coroner)

His Address 401 Bigham St

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

KILKEARY
On Tuesday, Oct. 6, 1964, Barbara E. Bossard, wife of the late Joseph F. Kilkeary; sister-in-law of Lt. of Police, E. M. Regis Kilkeary. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Saturday 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

Misc.

Complete Funeral (except outlays)	$	1284 00
Casket Professional Services		1075 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		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		
Clergymen, $ — 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		10 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1330 00
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
Oct 23, 1964

Entered into Ledger, page or below.

Misc.

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. 3424 Yearly No. 38 Date of Entry Oct 12 1964

Name of Deceased Charles L. Cusick (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 307 Gist St 19 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to Estate

Address James F. Clark - Manor Bldg 19 Pa

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Salesman 192-05-5062 (Social Security Number)

Employer and Address Atlantic Refining Co.

Date of Death Oct 12, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 12, 1886 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Charles Cusick

His Birthplace

Maiden Name of Mother Margaret Brannigan

Her Birthplace

Date of Funeral Oct 16, 1964 (Date) (Day of Week) (Hour) M.

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 W.O.B. Mercy Hospital

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician Jos B. Dobbs Coroner (or Coroner)

His Address Allg County

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary Cemetery

Lot No. 219

Grave No. 3

Section No. R

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$
Casket 3 Professional Bearers	1060 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)	50 00
Slippers, $ ✓ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
3 Certif. Copies of Death Certificates No. (State Number and District)	3 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	95 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	42 00
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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 McAVOY FUNERAL HOME Paper	6 00
(Names of Newspapers) PAID Jan 31, 1966	
Sales Tax	
Total Footing of Bill	$ 1476 00
Less PER Balance	$
Entered into Ledger, page or below.	$

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3425 Yearly No. 39 Date of Entry Oct 16 19 64

Name of Deceased Henry A. Bolton 71 (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 1202 Forbes Ave 19

Charge to Mrs. Mary Bolton

Address 2211 Milford Dr Bethel Park, Pa.

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

How Secured .....

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

Occupation Hotel Maintenance 211-01-0162 (Social Security Number)

Employer and Address Webster Hall

Date of Death Oct 16, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 12, 1895 Age 69 - 2 - 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Edward Bolton

His Birthplace .....

Maiden Name of Mother Margaret Riordan

Her Birthplace .....

Date of Funeral Oct 20, 1964 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. David Hennig (Address)

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 Natural Causes

Contributory Causes .....

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

His Address Room Municipal Off. Courthouse

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

BOLTON
On Friday, Oct. 16, 1964, Henry A., husband of Mary Muldoon; father of Mrs. Ann Fox, John and James Bolton; also three grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday morning at 9:30 o'clock. 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 .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket Transparent Bronze	695	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
Slippers, $ ..... (State Kind and Color) Hose, $ Shirt & Tie	5	00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	5	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge Interment Rt.		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ - 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	12	00
(Names of Newspapers) McAVOY FUNERAL HOME		
PAID		
Sales Tax		
Total Footing of Bill Oct 23, 1965	$	927 00
Less	$	
Balance	$	

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

PER .....

Misc. .....

Date		Amount Paid	Balance
Nov 16/64	To Above Balance	602 00	$
Feb 10/65	By Payment City Comptroller	$ 75 00	$ 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. 3426 Yearly No. 40 Date of Entry Oct 17 19 64

Name of Deceased Helen L. McGrath 71
(What Race)

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

Residence 3 South Craun Rd Carnegie Pa

Charge to Michael J McGrath

Address 3 South Craun Rd

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Elevator Operator 184-14-4288 (Social Security Number)

Employer and Address Post Office Dept

Date of Death Oct 17, 1964 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father John Gartland

His Birthplace ____

Maiden Name of Mother Nellie Casey

Her Birthplace ____

Date of Funeral Oct 21, 1964 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr Daniel Deasy (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 3 South Craun Road

Cause of Death Multiple Myeloma

Contributory Causes ____

Certifying Physician Dr Michael K Stranahan (or Coroner)

His Address 225 E Main St Carnegie Pa

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

McGRATH
On Saturday, Oct. 17, 1964, Helen L. Gartland, wife of the late Daniel M. McGrath, mother of John D., Michael J. and Janey F. McGrath, also 17 grandchildren. Funeral from the EDWARD F. McAVOY FUNERAL HOME, 1609 Forbes Ave., on Wednesday morning at 9:30 o'clock. Requiem High mass in the Church of the Epiphany at 10 o'clock.

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

Misc. ____

Complete Funeral (except outlays)	$
Casket 9 Professional Service	600 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 Charge	95 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
12 line Death Notices in 5 Papers (Names of Newspapers)	30 00
McAVOY FUNERAL HOME	
55 SER	
Sales Tax	
Total Footing of Bill	$ 967 00
Less	$
Balance	$

PAID Dec 29, 1964

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

Misc. ____

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
		To Above Balance	126	00	$				To Balance Forward			$	
Nov 4	1964	By Payment 3rd Employer Contr	$ 282	55	$ 684	45			By Payment	$		$	
		" "	$ 564	45	$				" "	$		$	

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

Total No. 3427 Yearly No. 41 Date of Entry Oct 17 1964

Name of Deceased Catherine Naughton (Sr. M. Chaplan) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence Mercy Hospital

Charge to Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Rel Religious (Social Security Number)

Employer and Address

Date of Death Oct 17 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 20 1882 Age 75 - 3 - 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Naughton

His Birthplace

Maiden Name of Mother Margaret Burke

Her Birthplace

Date of Funeral Oct 19 1964 M. (Date) (Day of Week) (Hour)

Services at St Mercy

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 Congestive Heart Failure

Contributory Causes A S H D

Certifying Physician H R Bailey Jr (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Lorenz Cem, Interbay P.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket & Professional Services		315 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		
Clergymen, $ 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 Nov 4 1964	$	315 00
Less	$	
Balance	$	

PAID

Entered into Ledger Page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3428 Yearly No. 42 Date of Entry Oct 20 1964

Name of Deceased Mary A Holland (What Race) N.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 275 Burrows St 19 ☐ Husband ☐ Wife ☐ Widow } or ____ of } Edward T. Holland Age of Husband or Wife (if living) ____ Years

Charge to Edw T. Holland

Address 275 Burrows St

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Laundry Worker 177-18-3092 (Social Security Number)

Employer and Address ____

Date of Death Oct 20, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 25, 1908 Age 55 - 11 - 25 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Jordan

His Birthplace ____

Maiden Name of Mother Ellen Snyder

Her Birthplace ____

Date of Funeral Oct 23, 1964 (Date) (Day of Week) M. (Hour)

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 Presbyterian Hospital

Cause of Death Metastatic Carcinoma

Contributory Causes Primary Carcinoma of Uterus

Certifying Physician Dr Ronald Hatcher (or Coroner)

His Address Presbyterian Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

HOLLAND
On Tuesday, Oct. 20, 1964, Mary A. Jordan, wife of Edward T. Holland; mother of John F. Holland; sister of Mrs. Nora Scheible, Mrs. Margaret Swenson, Mrs. Cecilia Kelly and Michael Jordan. Blessing services in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday morning at 9:45 o'clock.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Progressive Invoice	715	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)		
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 ____	20	00
Clergymen, $ ✓ 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)	10	00
Sales Tax ____		
Total Footing of Bill $	893	00
Less ____		
Balance $		
Entered into Ledger, page ____ or below.		

Misc. (Add'l Info.)

Date		Amount Paid	Balance
Nov 18 64	To Above Balance	494 29	$ 398 71
	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. 3429 Yearly No. 43 Date of Entry Oct 21 19 64

Name of Deceased John Fuhrman (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

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

Residence 542 Locust Ave 15

Charge to James H. Bair

Address 1202 Hadmore St 15

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation R.R. Brakeman (Social Security Number)

Employer and Address ____

Date of Death Oct 21 1964 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Norman Fuhrman

His Birthplace ____

Maiden Name of Mother Margaret Mellott

Her Birthplace ____

Date of Funeral Oct 24 1964 (Date) (Day of Week) M. (Hour)

Services at Grayburn Church

Clergyman Msgr. Howard Kenny (Address)

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 Hemoptysis

Contributory Causes Carcinoma of Lung

Certifying Physician Jos. M. Johnston (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

FREEMAN
On Wednesday Oct. 21, 1964 John Freeman brother of Mrs. Loretta Bair and Mrs. Norma Doherty. Funeral from the EDW. J. McAVOY FUNERAL HOME 1700 Forbes Ave. on Saturday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock. Visitations 2 to 4 - 7 to 10 p. m.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$ 1069	50
Casket a Bronze Finish	950	00
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Cloth (State Kind and Color)	35	00
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____		
10 line Death Notices in 2 Papers (Names of Newspapers)	10	00
Sales Tax		
Total Footing of Bill	$ 1117	00
Less	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
Nov 5, 1964

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3430 Yearly No. 44 Date of Entry Nov 6 1964

Name of Deceased David J. Jones, Jr.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 209 Van Braam St 19 ☐Husband ☐Wife ☐Widow of Magdalene (Jean) (What Race) Age of Husband or Wife (if living) Years

Charge to George Jones Sr.

Address 417 Yarrow Way 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Elevator Repairman 208-10-9822 (Social Security Number)

Employer and Address

Date of Death Nov 6, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 22, 1906 Age 58-4-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father David J Jones Sr.

His Birthplace

Maiden Name of Mother Mildred A. Patton

Her Birthplace

Date of Funeral Nov 9, 1964 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Rev. Jack Morgan (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa

Resided in the State

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

Cause of Death Heart disease - secondary to Chronic

Contributory Causes pulmonary disease

Chronic Pulmonary Emphysema

Certifying Physician

His Address Mercy Hospital (or Coroner)

Motor Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery Crematory } Minersville Cemetery

Diagram of Lot or Vault

Lot No. 62

Grave No. 8

Section No. 1 for

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Professional Services	895	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)		
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	12	
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 (Names of Newspapers)	18	00
Sales Tax		
Total Footing of Bill	$	1039 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME Dec. 3, 1964

PER JFM

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3431 Yearly No. 45 Date of Entry Nov 7 1964

Name of Deceased James C. Griffith

☐ Married ☒ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 1621 Edna St 19

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

Charge to Mrs. Ruth Hord

Address 1621 Edna St 19

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

How Secured .....

If Veteran, Name of War WW "2

Occupation Laborer

Employer and Address ..... (Social Security Number)

Date of Death Nov 7 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 27 1949 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Charles Griffith

His Birthplace .....

Maiden Name of Mother Sally Haney

Her Birthplace .....

Date of Funeral Nov 10, 1964 (Date) (Day of Week) M. (Hour)

Services at Chapel (Address)

Clergyman .....

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa

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

Place of Death D.O.A. South Side Hospital

Cause of Death Acute Coronary Occlusion

Contributory Causes .....

Certifying Physician Jos B Dobbs - Coroner (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Homewood Cemetery - Vets Plot

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays)	$ 1200 —
Casket Professional Service	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)	
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)	
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	
Clergymen, $ — 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
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill 6, 1965	$ 1261 00
Less	$
Balance	$

Entered in Ledger, page ..... or below.

Misc. .....

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3432 Yearly No. 46 Date of Entry Nov 10 1964

Name of Deceased Diana E. Peirce 2y (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2112 Pauline Ave 16 ☐Husband ☐Wife ☐Widow or ____ of Howard B. Peirce Age of Husband or Wife (if living) ____ Years

Charge to Howard B. Peirce

Address 2112 Pauline Ave 16

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife

Employer and Address ____ (Social Security Number)

Date of Death Nov 10 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 21 1903 Age 61 - 5 - 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Benjamin Robertson Sr.

His Birthplace ____

Maiden Name of Mother Annie M Carr

Her Birthplace ____

Date of Funeral Nov 14 1964 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Jot H. Boor (Address)

Religion of the Deceased Protestant

Birthplace Shafter, Md

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

Place of Death Montefiore Hospital

Cause of Death Bilateral Pneumonia

Contributory Causes Myocardial Infarct Arteriosclerotic Coronary Disease

Certifying Physician Dr. C. Rubenstein (or Coroner)

His Address Montefiore Hospital

Motor / Ship { Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory { Rutland Memorial Cemetery

Diagram of Lot or Vault

Lot No. 267

Grave No. 5

Section No. D

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$ 1329 00
Casket 4 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	48 00
Slippers, $ ____ (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	75 00
Cremation ____	
Flowers, $ ____ Palms, $ ____ Matting, $ ____	
Rental of Tent, $ ____ of Temporary Vault, $ ____	
Opening of Grave or Tomb ____	
Lining Grave, $ ____ Lowering Device, $ ____	
Outlay for Shipping Charges ____	
Clergymen, $ ____ 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	32 50
(Names of Newspapers)	
Sales Tax ____	
Total Footing of Bill $	1379 50
Less $	
Balance $	

McAVOY FUNERAL HOME PAID Dec 1, 1964 FER JWM

Entered into Ledger, page ____ or below.

Misc. ____

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. 3433 Yearly No. 47 Date of Entry Nov 15 1964

Name of Deceased Carl Janoss (Karol Janosz)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4 Tomehill Street 19

Charge to Mrs Frances Janosz

Address 4 Tomehill St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Maintenance Work (Social Security Number)

Employer and Address

Date of Death Nov 15, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 22, 1888 Age 76 - 6 - 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Nov 19, 1964 M. (Date) (Day of Week) (Hour)

Services at St. Brigids - Old Holy Trinity

Clergyman Msgr. Paul P. Bassignano (Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death Shadyside Hospital

Cause of Death A. S. H. D.

Contributory Causes Congestive Heart Failure

Certifying Physician Dr. H. Brown (or Coroner)

His Address Shadyside Hospital

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. 4

Section No. 11

Block No.

Owner

Misc.

☐ Husband ☐ Wife ☐ Widow } of Frances Jendrysma (What Race) Age of Husband or Wife (if living) 71 Years

Complete Funeral (except outlays)	$	1000 —
Casket Professional Service		840 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 N. C.		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		
Clergymen, $ 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		
Total Footing of Bill	$	1058 00
Less	$	
PER Balance	$	

Entered into Ledger, page or below.

PAID FUNERAL HOME Jan. 12, 1965

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3434 Yearly No. 48 Date of Entry Nov. 17 1964

Name of Deceased Alice Depp

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 5324 Penn Ave 24 - Little Sisters [illegible] ☐ Husband ☐ Wife ☒ Widow } or ____ of } George St. Depp (What Race)

Age of Husband or Wife (if living) ____ Years

Charge to Mr. George J. Depp

Address R.D. 1 Box 309 Hayford, Pa.

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Nov. 17, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 15, 1878 Age 86 - 8 - 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Schatz

His Birthplace Germany

Maiden Name of Mother Caroline Artt

Her Birthplace Germany

Date of Funeral Nov. 21, 1964 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Hoenig (Address)

Religion of the Deceased Catholic

Birthplace Germany

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

Place of Death Little Sisters 5324 Penn Ave.

Cause of Death Gastric Carcinoma

Contributory Causes ____

Certifying Physician Jos. H. Scott (or Coroner)

His Address 3505 Fifth Ave Pgh. 13 Pa.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Josephs Cemetery

Lot No. 78

Grave No. ____

Section No. G

Block No. ____

Owner ____

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$	730 00
Casket 4 Professional Services		590 00
Burial Vault or Box C.C. 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 Chgs.		40 00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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.		15 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	757 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Nov. 21, 1964

PER J. Mc

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3435 Yearly No. 49 Date of Entry Dec 2 19 64

Name of Deceased Marie M. Teague (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of John J. Teague

Residence 114 Miltenberger St 19 Age of Husband or Wife (if living) Years

Charge to Mrs. Margaret Audrey Moreton

Address 222 N. Morris Ave - A.C. N.J.

Order given by (or informant)

How Secured

If Veteran, Name of War W W # 2

Occupation Clerk 172-20-4733 (Social Security Number)

Employer and Address City of Pgh (Retired)

Date of Death Dec 2, 1964 (Mo.) (Day) (Yr.)

Date of Birth June 30 1889 Age 65 - 5 - 2 (Hour)

(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John J. Bradley

His Birthplace

Maiden Name of Mother Margaret Clifford

Her Birthplace

Date of Funeral Dec 5, 1964 (Date) (Day of Week) (Hour) M.

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 Mercy Hospital

Cause of Death Aortic Insufficiency Peritonitis

Contributory Causes due to rupture of Abd. Colic Aneurysm

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

His Address M.D. Bldg - 1500 Fourth St. Pgh. Pa

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary (Allderdice Plot)

Diagram of Lot or Vault

Lot No.

Grave No. 6

Section No. R

Block No. 56

Owner 1743

Misc.

Complete Funeral (except outlays)	$	2070 —
Casket & Professional Services		1775 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)		
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 Allderdice Plot		N.C.
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		
Clergymen, $ — Singers, $ Organist, $		30 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		24 00
(Names of Newspapers)		
Sales Tax Dec 9, 1964		
Total Posting of Bill	$	2156 50
Less	$	
PER John Balance	$	

McAVOY FUNERAL HOME PAID

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

W. W. Feiseman, Long Beach, California

RECORD OF FUNERAL

Total No. 3436 Yearly No. 50 Date of Entry Dec 11 1964

Name of Deceased Anthony Weyranch (What Race) H

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 359 Knuedler Road 27

Charge to Mrs Stella Weyranch

Address 359 Knuedler Rd 27

Order given by John A. Weyranch (or informant)

How Secured 209 Ridgley Drive - Verona Pa

If Veteran, Name of War

Occupation Shipper 169-01-7434 (Social Security Number)

Employer and Address

Date of Death Dec 11, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 6, 1902 Age 62 4 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Adam Weyranch

His Birthplace

Maiden Name of Mother Catherine Higgins

Her Birthplace

Date of Funeral Dec 14, 1964 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Hoenig (Address)

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 Cardiac Insufficiency

Contributory Causes Generalized Arteriosclerosis

Cerebral Arteriosclerosis

Certifying Physician Dr Yong Hyeim Park (or Coroner)

His Address John J. Kane Hospital

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1295 00
Casket Professional Service	950 00
Burial Vault or Box (State Kind)	200 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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	
Clergymen, $ 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	24 50
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1338 50
Less	$
PER Balance	$

Entered into Ledger, page or below.

McAVOY FUNERAL HOME PAID Jan 12, 1965

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3437 Yearly No. 57 Date of Entry Dec 19 1964

Name of Deceased Raymond F. Todd

☐ Married ☒ Single ☐ Widowed ☐ Divorced

W (What Race)

Residence 2714 Middletown Road

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

Charge to Mrs Anna Todd

Address 2714 Middletown Road

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

How Secured .....

If Veteran, Name of War W W 2

Occupation Student 194-26-5921 (Social Security Number)

Employer and Address .....

Date of Death Dec 19, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 25, 1935 Age 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Theodore R. Todd

His Birthplace .....

Maiden Name of Mother Anna Meyers

Her Birthplace .....

Date of Funeral Dec 22, 1964 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Lomid Gering (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Angola, Indiana

Cause of Death Bilateral Hemothorax

Contributory Causes Bilateral Rib Fractures

.....

Certifying Physician Mary H. Canover - Coroner M.D. (or Coroner)

His Address Angola, Indiana

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Asbury Cemetery (Goldsmith Plot)

TODD
Suddenly, on Friday, Dec. 18, 1964, at Angola, Ind., Raymond F. Todd, son of Theodore R. and Anna Meyers Todd; brother of Mrs. Belva Ann Munisso, Mary Lynne, Theodore and Tom Todd. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday 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 .....

Misc. .....

Complete Funeral (except outlays)	$ 1285	00
Casket Professional Service	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 Angola, Ind.	150	00
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, $	42	00
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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 June 25, 1965		
Total Footing of Bill	$ 1331	00
Less	$	
Balance	$	

Entered into Ledger, Page ..... or below. PFD

Misc. .....

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

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Long Beach, California

RECORD OF FUNERAL

Total No. 3438 Yearly No. 52 Date of Entry Dec 19 1964

Name of Deceased Marguerite Mc Grail (What Race)

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

Residence 230 Lucy St. 14

Charge to Mrs Geraldine Petri 13x 1-7899

Address 230 Lucy Street 14

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Cook (Social Security Number)

Employer and Address ____

Date of Death Dec 19, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 9, 1898 Age 66 (Yrs.) 11 (Mos.) 11 (Days) (Mo.) (Day) (Yr.)

Name of Father Charles Waldesmuth

His Birthplace ____

Maiden Name of Mother Anna Goggins

Her Birthplace ____

Date of Funeral Dec 23 1964 (Date) (Day of Week) (Hour) M.

Services at St Agnes Church

Clergyman P. 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 Suburban Gen'l Hospital

Cause of Death Ruptured Aortic Aneurysm

Contributory Causes Dissecting Aortic Aneurysm

Certifying Physician Wesley C. Allison (or Coroner)

His Address 7100 Church Ave (2)

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery

McGRAIL
On Saturday, Dec. 19, 1964, Marguerite Wildermuth, wife of the late Thomas McGrail; mother of Mrs. Mildred Cusick, Mrs. Geraldine Petri, Thomas, Edward and Charles McGrail; sister of Mrs. Frances Haley; also 18 grandchildren and three great-grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 7700 Forbes Ave. on Wednesday morning at 8:30. Requiem high mass in St. Agnes' Church at 10 o'clock.

Lot No. 348

Grave No. 4

Section No. Lake P.

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1220 00
Casket 4 Professional Services		970 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress c (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. ____		4 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____ (State Physician's or Coroner's)		
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 ____		
Clergymen, $ c 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)		15 00
Sales Tax		
Total Footing of Bill	$	1264 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

PER ____

Entered into Ledger, page ____ or below.

Misc. ____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Mar 1,65	By Payment	$ 1048 00	$ 216 00		By Payment	$	$
Mar 16,65	" " 55-	$ 117 00	$ 99 00		" "	$	$
		1165 00					

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

Total No. 3439 Yearly No. 53 Date of Entry Dec 24 19 64

Name of Deceased Nicholas Pankovich 76 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 6212 Penn Ave

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

Charge to Miss Nadine Rose

Address 2943 Shady Ave (17) Phone 1-5584

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Unemployed (Social Security Number)

Employer and Address ____

Date of Death ____ (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 3, 1910 Age 54 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Salvatore Pancovich

His Birthplace ____

Maiden Name of Mother Jennie Pavina

Her Birthplace ____

Date of Funeral Dec 29, 1964 (Date) (Day of Week) (Hour) M.

Services at ____

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death St Francis Hospital

Cause of Death Undetermined Natural Causes

Contributory Causes ____

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

His Address ____

Motor / Ship { Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory { Hollywood Cemetery

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Inspirational Bronze	800	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)	20	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	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		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor / Aero-plane { Tickets, $ 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	$	
PER Balance	$	545 00

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

PAID Feb 4 1965

Misc. ____

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 Nadine Rose

Witness ____

Address ____

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

Hollywood Memorial Park, Inc.

3500 Clearfield Street • Pittsburgh 4, Pa.

Walnut 1-6111

Name Nicholas Panerosso

Buried Dec. 29, 1964

Lot 14

Section 11

Grave C

40.00 grave space - 85.00 opening & Recording fee

HOLLYWOOD MEMORIAL PARK

3500 CLEARFIELD STREET PHONE: WA 1-6111

PITTSBURGH 4, PENNSYLVANIA

No. 00385

DATE Dec 29 1964

RECEIVED FROM McAvoy Funeral Home

One Hundred Twenty Nine DOLLARS $ 125.00

FOR Grave & Interment fee for Nicholas Panerosso

AMOUNT OF ACCOUNT $_____

AMOUNT PAID . . . . $_____ THANK YOU.

BALANCE DUE . . . . $_____

CASH ☐ CHECK ☐ M. O. ☐

HOLLYWOOD MEMORIAL PARK

BY R. Schilling

FORM NO. 1793

RECORD OF FUNERAL

Total No. 3440 Yearly No. 54 Date of Entry Dec 26 1964

Name of Deceased Margaret M. Bruno

☐ Married ☐ Single ☒ Widowed ☐ Divorced

W (What Race)

Residence 60 Van Braam St 19

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

Charge to Mrs Margaret Riston

Address 60 Van Braam St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Waitress 175-16-3350 (Social Security Number)

Employer and Address

Date of Death Dec 26, 1964 (Mo.) (Day) (Yr.)

Date of Birth Jul 4, 1904 (Hour) Age 60-10-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Leap

His Birthplace

Maiden Name of Mother Margaret Harold

Her Birthplace

Date of Funeral Dec 30, 1964 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

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 Hemmelstall - Wilson

Contributory Causes Syndrome à Anasarca Diabetes Mellitus

Certifying Physician Dr. Frank Cincilla (or Coroner)

His Address Pgh 28, Pa

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 43

Grave No. 31

Section No. M A

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1400 —
Casket Professional Services		1075 00
Burial Vault or Box		200 00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress		51 00
(State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District)		
7 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		
Clergymen, $ 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		
McAVOY FUNERAL HOME		
line Death Notices in papers.		11 00
(Names of Newspapers)		
May 14, 1965		
Sales Tax		
Total Footing of Bill	$	1459 00
Less PER	$	
Balance	$	

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
Jan 28 65	By Payment	$ 1260 50	$ 140 50
Mar 14 65	" " SS-PPM.	$ 189 00	$ —

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 3441 Yearly No. 55 Date of Entry Dec 30 1964

Name of Deceased George P. Koplos 71
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 118 E. 13th St. 3 ☐Husband ☐Wife ☐Widow of Diana Jo Linda

Charge to Miss Joyce Koplos Age of Husband or Wife (if living) Years

Address 35 West 71st St. N.Y. 23, N.Y.

Order given by Endicott 2-0102
(or informant)

How Secured Helen Fries Co. 12655

If Veteran, Name of War

Occupation Salesman 173-12-9385
(Social Security Number)

Employer and Address

Date of Death Dec 30, 1964
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 24, 1892 Age 72 - 3 - 6
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Peter Georgekopoulous

His Birthplace Greece

Maiden Name of Mother Unknown

Her Birthplace Greece

Date of Funeral Jan 2, 1965 M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Tucker
(Address)

Religion of the Deceased Protestant

Birthplace Greece

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

Place of Death South Side Hospital

Cause of Death Intracerebral Hemorrhage

Contributory Causes Rupture of Cerebral blood vessel - Hypertension

Certifying Physician
(or Coroner)

His Address South Side Hospital

Motor / Ship — Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / Crematory — Homewood Cemetery

Koplos
On Wednesday, Dec. 30, 1964, George P., husband of Diana Linda; father of Mrs. Madeline Arms, Mrs. Helen Fries, Joyce and Patricia Koplos; also 10 grandchildren. Funeral services in the EDWARD J. McAVOY sq. NERAL HOME 1700 Forest Ave on Saturday morning at 11 o'clock.

Diagram of Lot or Vault

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

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Professional Services	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)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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 Grave letting on stone	217	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 Papers	15	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1160	00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
12/24/64	By Payment	$ 317 00	$ 843 00
1/12/65	" "	$ 40 00	$ 803 00
2/2/65		40 00	763 00

Date		Amount Paid	Balance
2/1/65	To Balance Forward	240 00	$ 523 00
3/2/65	By Payment	$ 40 00	$ 483 00
3/29/65	" "	$	$ 443 00
4/2/65	Insurance Companies	40.00 00	403 00
5/4/65		40. 00	363 00
6/5/65		40. 00	323. 00
7/2/65		40.00	283. 00
8/2/65		40	243.00
9/27/65		40	203.00
10/4		40	163.00
11/1/65		40	123.00
12/9/65		40	83.00
11/10/66		40	43

Insurance $ Names of Lodges

(Firm Name of Funeral Directors)

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

Witness Signed

Address

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

3/28/66 - 4

WARNING: It is illegal to duplicate this copy by photostat or photograph.

JAN - 6 1965 (Date)

777496 (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. 9532
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: 118 South 12th Street
b. Post Office, Zone, and State: 15203 Penna

3. VETERAN: Yes ☐ NO ☒
a. Which War: b. Serial No.:

4. NAME OF DECEASED (Type or print): a. (First) George b. (Middle) P c. (Last) Koples

5. DATE OF DEATH: (Month) (Day) (Year) Dec. 30, 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	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.
M.	W.		Sept. 24, 1892	72	3	6		

12. USUAL OCCUPATION (even if retired)	13. SOCIAL SECURITY NO.	14. BIRTHPLACE (State or foreign country)	15. CITIZEN OF WHAT COUNTRY?
Salesman	173-12-9385	Greece	Greece

16. FULL NAME OF SPOUSE: Diana Xinda
17. MOTHER'S MAIDEN NAME: Unknown
18. FATHER'S NAME: Peter Georgeakopoulous
19. INFORMANT'S NAME AND ADDRESS: Miss Joyce Koples 25 W. 71 St NY 23 NY

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).

		INTERVAL BETWEEN ONSET AND DEATH
PART 1. Death was caused by: IMMEDIATE CAUSE (a)	Intracranial Hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)	Rupture of cerebral blood vessel	0
DUE TO (c)	Hypertension	

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 8:05 A m., E.S.T.

a. Signature: Ray L. Tillsworth M. D. or D. O. b. Address: Carnegie, Pa c. Date signed: 12/30/64

24. a. BURIAL ☒ CREMATION ☐ REMOVAL ☐	24. b. DATE	24. c. NAME OF CEMETERY OR CREMATORY	24. d. LOCATION (City, Boro., Twp., & County) (State)
	Jan. 2, 1965	Homewood Cemetery	Pittsburgh 17 PA

25. DATE REC'D BY REG.	26. REGISTRAR'S SIGNATURE	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR
12-31-64	Geo. E. Greenwood	Edw. J. McCarty John F. McCarty 116 Forbes Ave Pgh 19 Pa

RECORD OF FUNERAL

Total No. 3442 Yearly No. 56 Date of Entry Dec 31 1964

Name of Deceased William Wernecke (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1637 Tustin Street 19 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Lawrence Wernecke

Address 1902 Yorkes Ave

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

How Secured .....

If Veteran, Name of War .....

Occupation Teamster 192-07-4007 (Social Security Number)

Employer and Address .....

Date of Death Dec 31, 1964 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 18, 1916 Age 48 - 10 - 13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Lawrence Wernecke

His Birthplace .....

Maiden Name of Mother Alice Mc Munn

Her Birthplace .....

Date of Funeral Jan 4, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

Resided in the State .....

Place of Death D.O.A. Mercy Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Undetermined. Natural Causes

Contributory Causes .....

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

His Address 542 Fourth Ave Pgh 19, Pa

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. 40

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	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)	37	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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	220	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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	23	00
(Names of Newspapers)		
65-01K McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1453 00
Less PAID May 21, 1965	$	
Balance	$	

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

PER John

Misc. .....

Date		Amount Paid	Balance
	To Above Balance		$
2/4/65	By Payment	$ 1000 —	$ 453 —
	" "	$ 255 —	$ 198 —

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. 3443 Yearly No. 1 Date of Entry Jan 4 1965

Name of Deceased Helen M. Cunningham

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 729 Maytide St 27

☐ Husband ☐ Wife ☐ Widow } or of Wm. J (What Race) Age of Husband or Wife (if living) Years

Charge to William J Cunningham

Address 729 Maytide St 27

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 199-09-1664 (Social Security Number)

Employer and Address

Date of Death Jan 4 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 29 1904 Age 60 - 1 - 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank Sweeney

His Birthplace

Maiden Name of Mother Mae Finn

Her Birthplace

Date of Funeral Jan 7 1965 (Date) (Day of Week) (Hour) M.

Services at St Roberts Church

Clergyman Fr Donnemeyer (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

Resided in the State

Place of Death St Josephs Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Acute Congestive heart failure

Contributory Causes A. F. D.

Certifying Physician Dr. J. R. Sorocco (or Coroner)

His Address 2307 Brownsville Rd 27

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

CUNNINGHAM

On Monday, Jan. 4, 1965, Helen M. Sweeney, wife of Stanley Cunningham; mother of Ann Cunningham; sister of Mrs. Emma Orasinick and Mrs. Margie Muldowney, Anna Mae, Francis and William Sweeney. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., Thursday morning at 9:15. Requiem high mass in St. Norbert's Church at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1920 00
Casket a Professional Service		1575 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress		52 00
Slippers, $ Hose, $ (State Kind and Color)		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 5 Papers (Names of Newspapers)		32 50
Sales Tax		
Total Footing of Bill	$	2065 50
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID Jan 7, 1965

Entered into Ledger, Page 1 or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3444 Yearly No. 2 Date of Entry Jan 6 19 65

Name of Deceased Sr. M. Melania (Margaret E. Hoole) Age (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence St Francis Academy - Latrobe, Pa ☐Husband ☐Wife ☐Widow } or of } Age of Husband or Wife (if living) Years

Charge to Sisters of Mercy

Address 2333 Fifth Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation In Religion

Employer and Address (Social Security Number)

Date of Death Jan 6, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 30, 1881 Age 83 - 2 - 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Francis Hoole

His Birthplace Ireland

Maiden Name of Mother Catherine Laverty

Her Birthplace Ireland

Date of Funeral Jan 9 1965 (Date) (Day of Week) (Hour) M.

Services at St Mary's Convent - 3333 - 5th Ave (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Acute Intestinal Obstruction

Contributory Causes Mesenteric Thrombosis

Generalized Arteriosclerosis

Certifying Physician Dr. Fred Brady (or Coroner)

His Address Mercy Hospital

Motor Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory { St Vincents Cemetry

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket & Professional Services	315 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	
Clergymen, $ 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 $	315 00
Less $	
Balance $	

McAVOY FUNERAL HOME
2/4/65
PER

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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. 3445 Yearly No. 3 Date of Entry Jan 24 1965

Name of Deceased Carmelo Farina

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 131 S. Joslyn Drive Penn Hills

Charge to Mrs Mary Lampo

Address 420½ Rochelle St 10

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 168-07-6530 (Social Security Number)

Employer and Address

Date of Death Jan 24 1965 9AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 4t 75 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Farina

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral Jan 28, 1965 M. (Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State

Place of Death 131 S. Joslyn Drive (or U.S. or City or County) (Years) (Months)

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Dr. Jean C. Kaiser (or Coroner)

His Address 631 Meadow St Pgh 6, Pa

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Cr — Calvary Cemetery

Lot No. 46

Grave No. 3

Section No. A

Block No.

Owner

Misc.

FARINA

On Sunday, Jan. 24, 1965, Carmelo, husband of the late Giovanna Milone; father of Mrs. Nancy Civello, Mrs. Mary Lampo, Mrs. Clara Mollino, Mrs. Lena Archer, Thomas, Frank and John Farina; also 22 grandchildren and eight great-grandchildren. Funeral from the EDWARD J. 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)	$ 1380 00
Casket 9 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)	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)	
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	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	
Clergymen, $ 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	35 00
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill Jan 28, 1965	$ 1426 00
Less	$
Balance	$

Entered into ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3446 Yearly No. 4 Date of Entry Jan 29 19 65

Name of Deceased Valerie M. Sunlan 21 (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of David J. Sunlan

Residence 2970 Mattern Ave 16 Age of Husband or Wife (if living) Years

Charge to David J. Sunlan

Address 2970 Mattern Ave 16

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Office Clerk 167-01-1739 (Social Security Number)

Employer and Address

Date of Death Jan 29, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 10, 1903 Age 61 - 9 - 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Ennals

His Birthplace

Maiden Name of Mother Pauline Kurz

Her Birthplace

Date of Funeral Feb 2, 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Huntzdale, Pa

Resided in the State

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

Cause of Death C.V.A. - Rheumatic heart disease

Contributory Causes

Certifying Physician Dr Marvin D. Slankin (or Coroner)

His Address 519 Brookline Blvd

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

QUINLAN
On Friday, Jan. 29, 1965, Valerie M. Sunlan, wife of David J. Quinlan, mother of Mrs. Mary Agnes Longo and David (Gene) Quinlan, sister of Mrs. Mary Hunt, Mrs. James Cregan, Jean, Frances, Walter, Mrs. B. Grant, Casimir and Thomas Ennals; also seven grandchildren. Funeral from the Fitzsimmons Funeral Home, 2970 Mattern Ave., on Tuesday 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 Plot

Misc.

Complete Funeral (except outlays)	$ 1300 00
Casket 7 Professional Bronze	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)	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)	
6 Certif. Copies of Death Certificates No.	6 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, $	25 00
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
14 line Death Notices in 2 Papers	14 00
(Names of Newspapers)	
Sales Tax Jan 29, 1965	
Total Footing of Bill	$ 1345 00
Less	$
Balance	$

McAVOY FUNERAL HOME PAID PER

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
2/9/65	To Above Balance P.N.B.	258 30	$ 1041 70
	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. 3447 Yearly No. 5 Date of Entry Feb 4 1965

Name of Deceased Stillborn Heyanek ☐ Married ☒ Single ☐ Widowed ☐ Divorced

21 (What Race)

Residence 789 Montclair St - 17 ☐ Husband ☐ Wife ☐ Widow } or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to Anthony Heyanek

Address 789 Montclair St

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None (Social Security Number)

Employer and Address ____

Date of Death Feb 4, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 4, 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Anthony Heyanek

His Birthplace Pgh, Pa.

Maiden Name of Mother Shirley Ampler

Her Birthplace Pgh Pa

Date of Funeral Feb 5 1965 (Date) (Day of Week) (Hour) M.

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 Intrauterine Fetal Death

Contributory Causes ____

Certifying Physician Dr Geo H Olah (or Coroner)

His Address 3944 Manhattan St 17

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 13

Grave No. 4

Section No. M.A.

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket 4 Linens		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 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		
Clergymen, $ ____ Singers, $ ____ Organist, $		
Railroad / or Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
____ line Death Notices in ____ Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	20 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3448 Yearly No. 6 Date of Entry Feb 24 1965

Name of Deceased James J. O'Toole (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2319 Fifth Ave N ☐ Husband ☐ Wife ☐ Widow } or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to Mrs Nora Peloso

Address Mc Mechen, W. Va

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Bartender 210-14-6096 (Social Security Number)

Employer and Address ____

Date of Death Feb 24 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 8 1906 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael O'Toole

His Birthplace ____

Maiden Name of Mother Mary O'Toole

Her Birthplace ____

Date of Funeral Mar 1 1965 M. (Date) (Day of Week) (Hour)

Services at St Agnes Church

Clergyman Jr Morgan (Address)

Religion of the Deceased Catholic

Birthplace Penna

Resided in the State ____

Place of Death D.O.A. Mercy Hospital (or U.S. or City or County) . (Years) (Months)

Cause of Death Coronary Occlusion

Contributory Causes ____

Certifying Physician Jos B Dobbs (or Coroner)

His Address 542 - 4th Avenue Hyt. 14 Pa

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

O'TOOLE
Suddenly on Wednesday Feb 24, 1965, James J., son of the late Michael and Mary O'Toole, brother of Mrs. Nora Peloso, Ashley A., Michael L., Thomas C. and the late John J. and Patrick J. O'Toole. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:30. Requiem high mass in St. Agnes Church at 10 o'clock.

Lot No. ____

Grave No. ____

Section No. 40

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays) $	
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)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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, $ (State Physician's or Coroner's) Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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 5 Papers (Names of Newspapers)	30 00
Sales Tax Jan 6, 1966	
Total Footing of Bill $	1272 00
Less $	
Balance $	

McAVOY FUNERAL HOME

PER JJM

Entered into Ledger, page ____ or below.

Misc. ____

Date			Amount Paid	Balance
Apr 12	1965	To Above Balance Nora Peloso	602 45	$
Apr 14	1965	By Payment JJM	$ 201 00	$
Apr 23	1965	" Nora Peloso	$ 300 00	$ 168 55
			$ 103.45	

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Witness ____ Signed ____

Address ____

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

1/12/67

Dear John:

Since Bartley said there is still a balance I checked again. I noticed a balance of $7.55 which was my error. Still do not know about the hundred + cannot find stub so maybe you are right.

Hope you + family have a Happy New Year.

Sincerely

Nora (O'Toole) Pelosi

Send receipt in full.

P.S.

Mrs. L. Kennedy
Address: 724 Gallion Ave.
Pgh., 26, Pa.

RECORD OF FUNERAL

Total No. 3449 Yearly No. 7 Date of Entry Mar 5, 1965

Name of Deceased Theresia Imber Marquart (MARQUART) (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 2010 Fifth Avenue 19

Charge to Mr. George Marquart

Address 2010 Fifth Avenue

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife 194-22-0257 (Social Security Number)

Employer and Address ____

Date of Death Mar 5, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 13, 1889 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jacob Rapp

His Birthplace ____

Maiden Name of Mother Barbara Shrader

Her Birthplace ____

Date of Funeral Mar 8, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel H. Brennan (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 D.O.A. Mercy Hospital

Cause of Death Acute Coronary Occlusion

Contributory Causes ____

Certifying Physician Jas B. Dobbs Coroner (or Coroner)

His Address 542 South Avenue Pgh 12 Pa.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } North Side Catholic Cemetery

Lot No. 204

Grave No. 2

Section No. K

Block No. ____

Owner Theresia Imber

MARQUART (Imber) Suddenly, on Friday, March 5, 1965, Theresia Imber, wife of Mrs. George Marquart; mother of Mrs. Mary Lux, Mrs. Anna Risso, Mrs. Theresa Zabel, Mrs. Helen Spindler, Mrs. Rosedale Painter, Cesar, Albert, Francis, Aloysius and Dennis Imber; also 21 grandchildren and 18 great-grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave, on Monday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Complete Funeral (except outlays)	$	
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)		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		140 00
Cremation ____		
Flowers, $ ✓ Palms, $ ____ Matting, $ ____		21 00
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ✓ 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 ____		
15 line Death Notices in 3 Papers		22 50
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax Apr 12, 1965 PAID		
Total Footing of Bill	$	1520 50
Less	$	
Balance	$	

Entered into Ledger, page ____ or below. PER MW

Misc. ____

Date		Amount Paid	Balance
3/25/65	To Above Balance	1146 00	$ 374 50
	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

48

RECORD OF FUNERAL

Total No. 3450 Yearly No. 8 Date of Entry Mar 11 1965

Name of Deceased Infant Allen (Male) 2h. (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 323 Robin Hood Drive Zelienople Pa. ☐Husband ☐Wife ☐Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to Richard J. Allen

Address 323 Robin Hood Drive

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None (Social Security Number)

Employer and Address ____

Date of Death Mar 11, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 11, 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Richard J Allen

His Birthplace Pittsburgh, Pa

Maiden Name of Mother Patricia A Fortunato

Her Birthplace Pittsburgh, Pa

Date of Funeral Mar 13, 1965 (Date) (Day of Week) (Hour) M.

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 Premature ty

Contributory Causes Wyman E Carter

Certifying Physician ____

His Address 3401 Fifth Ave Pgh 13 Pa (or Coroner)

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 John Fortunato May 1961

Misc. ____

Complete Funeral (except outlays)	$
Casket # 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	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 ____	
Clergymen, $ ____ 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 Mar 13, 1965	$ 45 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID

Entered in Ledger, page ____ or below. PER Jlm

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 345 Yearly No. 9 Date of Entry Mar. 17 1965

Name of Deceased John W. Griffin
☒ Married ☒ Single ☐ Widowed ☐ Divorced — 21 (What Race)

Residence 336 Meyran Ave 13
☒ Husband ☐ Wife ☐ Widow of Betty Lang — Age of Husband or Wife (if living) ____ Years

Charge to Mrs Susan Murray

Address 4614 Coleman St 7

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War WW #2 -

Occupation Railroader 205-01-9020 (Social Security Number)

Employer and Address ____

Date of Death Mar. 17, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 24, 1908 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Weather Griffin

His Birthplace ____

Maiden Name of Mother Margaret Murray

Her Birthplace ____

Date of Funeral Mar 22, 1965 (Date) (Day of Week) M. (Hour)

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 Montefiore Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes ____

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

His Address 542 Fourth Ave. Pgh. 19 Pa.

Motor / Ship — Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory — Calvary Catholic Plot

GRIFFIN (Murray)
On Wednesday, March 17, 1965, John W. (Shine Murray) Griffin, husband of Betty Lang; nephew of Mrs Susan Murray. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday 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 ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket "Professional Immaculate"	750	00
Burial Vault or Box C.I.P. Crane (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	no	
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____		
9 line Death Notices in 3 Papers	13	50
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	888 50
Less	$	
Balance	$	

Entered into Ledger page ____ or below.

McAVOY FUNERAL HOME

Misc. ____

PAID May 21 1965

PER ____

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
Apr 9 1965	To Above Balance	300	00	$ 588	50	Sept 13-65	To Balance Forward	75	00	$ —	
May 21 1965	By Payment	$ 263	50	$			By Payment	$		$	
Aug 23 1965	" VHS	$ 250	00	$ 75	00		" "	$		$	

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3452 Yearly No. 10 Date of Entry Apr 1 1965

Name of Deceased Joseph Anthony Fragmona (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 176 Burrows Street 13

Charge to Joseph Fragmona

Address 176 Burrows St 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Apr 1. 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 13, 1954 Age 11-0-18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Fragmona

His Birthplace Clarksburg, W Va

Maiden Name of Mother Madeline Cottrell

Her Birthplace Pgh, Pa

Date of Funeral Apr 5. 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Childrens Hospital

Cause of Death Malnutrition (4 months)

Contributory Causes Severe Spastic Quadruplegia (Since Birth

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

His Address Childrens Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

FRAGMONA (Fragman)
On Thursday, April 1, 1965, Joseph A., son of Joseph A. Sr. and Madeline (Cottrell) Fragmona, brother of Mrs. Mary Dolan, Mrs. Nellie Scanlon, Mrs. Josephine Sampica. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday morning at 9:00. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No.

Section No. M-A-

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 587 50
Casket Professional Services	550 00
Burial Vault or Box (State Kind)	60 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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	
Clergymen, $ Singers, $ Organist, $	
Railroad / or Motor { Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 3 Papers (Names of Newspapers)	16 30
Sales Tax	
Total Footing of Bill	$ 627 30
Less	$
Entered into Ledger, page or below.	$

McAVOY FUNERAL HOME
PAID
Apr. 9, 1965
PER Bal Due

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3453 Yearly No. 11 Date of Entry Apr 7 1965

Name of Deceased Edward Singer

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

Residence 205 Seneca Street 19 ☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to Mrs Marie Quinn

Address 319 Freeport Rd. Aspinwall 15, Pa.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Truck Driver 167-14-7656 (Social Security Number)

Employer and Address

Date of Death Apr 7, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 3, 1883 Age 82 - 1 - 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William Singer

His Birthplace

Maiden Name of Mother Mary Ann O'Hare

Her Birthplace

Date of Funeral Apr 10, 1965 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Dr. Fenton (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 Terminal Bronchopneumonia

Contributory Causes A-S-H-D - C congestive failure

Certifying Physician Dr Joseph Leahy (or Coroner)

His Address

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 35

Section No. 30

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1000	—
Casket 1 Professional Services	765	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	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		
Clergymen, $ 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 McAVOY FUNERAL HOME	7	00
(Names of Newspapers)		
Apr. 26, 1965		
Sales Tax		
Total Footing of Bill	$ 1039	00
Less	$	
PER Balance	$	

Entered into Ledger, page ____ or below.

Misc.

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. 3454 Yearly No. 12 Date of Entry Apr 7 1965

Name of Deceased Edward J. Griffin (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 2114 Fifth Ave 19

Charge to Mrs Sarah Griffin

Address 2114 Fifth Ave

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Laborer 181-16-7748 (Social Security Number)

Employer and Address City of Pgh

Date of Death Apr 7, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 4 1921 Age 44 2 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Griffin

His Birthplace ____

Maiden Name of Mother Sarah Kelly

Her Birthplace ____

Date of Funeral Apr 12, 1965 (Date) (Day of Week) M. (Hour)

Services at St Agnes Church

Clergyman Fr Morgan - Fr Tim Casey (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

Resided in the State ____

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

Cause of Death Peritonitis, Septicemia

Contributory Causes ____

Certifying Physician Dr Basil Brady (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery

GRIFFIN
On Wednesday, April 7, 1965 Edward J., dearly beloved son of Sarah (Kelly Griffin and the late John Griffin, brother of Patricia J. Mary, Mrs. Catherine Hornyak, Mrs. Helen Bertolas and Michael F. Griffin, passed from the family residence, 2114 Fifth Ave., on Monday morning at 9:15. Solemn requiem high mass in St. Agnes Church at 10 o'clock. Interment in Calvary Cemetery.

Diagram of Lot or Vault

Lot No. ____

Grave No. 50

Section No. 14

Block No. 11

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1613 00
Casket 4 Professional Bearers		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)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
8 Certif. Copies of Death Certificates No. (State Number and District)		8 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
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		
Clergymen, $ 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 3 Papers (Names of Newspapers)		30 00
Sales Tax		
Total Footing of Bill	$	1683 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID May 17, 1965

PER C J Mc

Entered into Ledger, page ____ or below.

Misc. ____

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. 3455 Yearly No. 13 Date of Entry Apr 8 19 65

Name of Deceased Stillborn Duffy

☐ Married ☒ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 5 Marion St. 19

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

Charge to Edward Duffy

Address 5 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 Apr 8, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 8, 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Edward Duffy

His Birthplace Pittsburgh, Pa

Maiden Name of Mother Ruth Ann Meagy

Her Birthplace Germany

Date of Funeral Apr 10 1965 M. (Date) (Day of Week) (Hour)

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 Intra Uterine death

Contributory Causes Cause Unknown

Certifying Physician John A Schneider, MD (or Coroner)

His Address 550 Grant St Pgh 19 Pa

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 .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket Professional 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 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		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill	$	20 00
Less	$	
Balance	$	

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

Misc. .....

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3456 Yearly No. 14 Date of Entry Apr 14 1965

Name of Deceased Peter Wulchak (What Race) Ukr.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 1720 Trustin Street 19

Charge to Mrs Katherine Wulchak

Address 1720 Trustin Street 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Plumber 192-10-0455 (Social Security Number)

Employer and Address ____

Date of Death Apr 14 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 9 1882 Age 82-9-5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Wulchak

His Birthplace ____

Maiden Name of Mother Unknown

Her Birthplace ____

Date of Funeral Apr 17 1965 (Date) (Day of Week) (Hour) M.

Services at St John the Baptist Ukranian RC Church

Clergyman Msgr Petejcz Pastor - St John - Asst. (Address)

Religion of the Deceased Ukranian Byzantine Catholic

Birthplace Galicia, Austria

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

Place of Death Mercy Hospital

Cause of Death Arteriosclerosis & involvement of

Contributory Causes C.V. System & Kidney

Pulmonary Emphysema

Certifying Physician Geo F. Kanalis (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St John the Baptist (Ukranian Ave)

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

WULCHAK

On Wednesday, April 14, 1965, Peter, husband of Katherine Prestash; father of Mrs. Mary Irwin, Mrs. Eve McDonough and Nicholas Wulchak; also three grandchildren. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., services in St. John the Baptist Ukr. R. C. Church, 7th and Carson St., Saturday at 1 p. m. Pastor. Friday evening at 8:30. Members of Plumbers Local Union No. 27, and friends invited.

Complete Funeral (except outlays)	$ 1200 —
Casket Professional Services	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)	
Slippers, $ ____ Hose, $ ____	
Folding Chairs, $ ____ Tarpaulin, $ ____	
Candelabrum, $ ____ Candles, $ ____	
Door Spray, $ ____ Gloves, $ ____	
Funeral Car, $ ____ Ambulance, $ ____	
Limousines to Cemetery ____ @ $ ____	
Extra Limousines ____ @ $ ____	
Autos to R. R. Station ____ @ $ ____	
Getting Remains 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 —	80 00
Lining Grave, $ — Lowering Device, $ —	15 00
Outlay for Shipping Charges ____	
Clergymen, $ — Singers, $ ____ Organist, $ ____	75 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 2 Papers (Names of Newspapers)	14 00
65-14	
Sales Tax	
Total Footing of Bill	$ 1165 00
Less	$
Balance Peller 5/17	$

Entered into Ledger, page ____

McAVOY FUNERAL HOME

Misc. ____

PAID May 22, 1965

BY E. J. McAvoy

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from

maturity at the rate of ____ % per annum.

Signed ____

Witness ____ Address ____

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

Burial of

Peter Wulchak

Date of Death

April 14, 1965

Date of Burial

April 17, 1965

Place of Burial

St. John the Baptist

Addressed to

Mrs. Katherine Wulchak
1720 Tustin St.
Pittsburgh, Pa. 15219

Statement
of
Professional Service Rendered

Casket & Services	875.00	
Burial Vault	200.00	
		1075.00
CASH DISBURSEMENTS		
Cemetery Charges	95.00	
Religious Services	75.00	
Death Notices	14.00	
Death Certificates	6.00	
		190.00
Total		$ 1265.00

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH, PA., 15219

RECORD OF FUNERAL

Total No. 3457 Yearly No. 15 Date of Entry Apr 18, 1965

Name of Deceased Marie D. John

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1703 Forbes Ave Pgh 19 Pa

(What Race) W.

☐ Husband ☐ Wife ☐ Widow } of Edward John

Age of Husband or Wife (if living) Years

Charge to Mr. James John

Address 1703 Forbes ave

Order given by Mrs Regina Petraglia (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife

Employer and Address (Social Security Number)

Date of Death Apr. 12, 1965 (Mo.) (Day) (Yr.)

Date of Birth Mar 27, 1883 Age 82 (Yrs.) 0 (Mos.) 21 (Days)

Name of Father Winfield Scott Tracy

His Birthplace

Maiden Name of Mother Emma Hood

Her Birthplace

Date of Funeral Apr. 22, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

Resided in the State

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

Cause of Death Acute Myocardial Infarct

Contributory Causes a shock

Certifying Physician Dr Reinhardt Lang (or Coroner)

His Address 3500 Fifth Ave

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary

ZAHN

On Sunday, April 18, 1965, Marie Dolly Troy, wife of the late Edward Zahn; mother of Mrs. Flora Wilhelm, Mrs. Regina Petraglia, Mrs. Katherine Stefanov, Edward, James, Joseph and Clement Zahn; also 14 grandchildren and 22 great-grandchildren. 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. 86

Grave No. 32

Section No. M a

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$ 1370	—
Casket Professional Service	990	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress	37	00
Slippers, $ (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)		
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, $	52	50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ — 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	30	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	1425	50
Less PER C.J.M. Balance $		
Entered into Ledger, page or below.		

McAVOY FUNERAL HOME

PAID 5-24-65

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3458 Yearly No. 16 Date of Entry Apr. 19 1965

Name of Deceased Richard F. Larner 74
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1028 Benton Ave 12 ☐Husband ☐Wife ☐Widow } or of Age of Husband or Wife (if living) Years

Charge to Mrs. Anna Ryan

Address 2403 Walford St 26

Order given by 563-7167 (or informant)

How Secured

If Veteran, Name of War

Occupation Janitor 205-01-3067A (Social Security Number)

Employer and Address

Date of Death Apr. 14, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 5, 1892 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Richard Larner

His Birthplace

Maiden Name of Mother Sarah Larner

Her Birthplace

Date of Funeral Apr 21, 1965 (Date) (Day of Week) M. (Hour)

Services at Evergreen 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 Little Sisters of the Poor-Benton Ave

Cause of Death Acute Heart Failure

Contributory Causes A. S. H. D.

Certifying Physician A. C. Gellenick, M.D. (or Coroner)

His Address 812 Cedar Ave

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

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Service	500	00
Burial Vault or Box (State Kind)	175	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)	27	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	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		
Clergymen, $ 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		
8 line Death Notice in Press Telegram (Names of Newspapers)	12	00
Sales Tax		
Total Footing of Bill	$	876 00
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME
PAID
June 9, 1965

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
June 9, 1965	By Payment Ins.	$ 165 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

May 27, 1965

Edward J. McAvoy Funeral Home
1700 Forbes Avenue
Pittsburgh 19, Pa.

Dear Mr. McAvoy:

Enclosed please find my sister's check to your order in amount of $711.00 in payment for Professional Service rendered for the burial of Richard F. Larner. I have deducted the Social Security benefit which is to be in the amount of $165.00 from your statement.

I trust the enclosed check will be in settlement of your statement, if not, please get in touch with me.

I wish to thank you for your courtesy.

Very truly yours,

Mrs. Anna Ryan
2403 Wolford Street
Pittsburgh 26, Pa.

RECORD OF FUNERAL

Total No. 3459 Yearly No. 17 Date of Entry Apr 20 1965

Name of Deceased Joseph M. Oclepo (What Race) M

☒ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1021 Bluff Street 19

☒ Husband ☐ Wife ☐ Widow of Rena Yow Age of Husband or Wife (if living) Years

Charge to Mrs. Rena Oclepo

Address 1021 Bluff St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Cook 168-09-2339 (Social Security Number)

Employer and Address

Date of Death Apr 20, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 11, 1887 Age 67 - 5 - 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joe Oclepo

His Birthplace

Maiden Name of Mother Madeline —

Her Birthplace

Date of Funeral Apr 23, 1965 (Date) (Day of Week) M. (Hour)

Services at Gospel Church

Clergyman Msgr. Daniel Brennan (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 Cerebro Vascular Thrombosis

Contributory Causes

Certifying Physician Dr. Tolve (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

OCLEPO, Joseph M., 1021 Bluff St., Long Beach, on Tuesday, April 20, 1965, beloved husband of Rena Yow; dear brother of Mrs. Rose Bonelli, Mrs. Anna Bonker and Mrs. Irene Edwards; also survived by five grandchildren. Funeral from the McAVOY FUNERAL HOME, 2700 Pine Ave., on Friday morning, April 23, at 9:30. Requiem High Mass at the Church of the Epiphany, at 10 o'clock.

Diagram of Lot or Vault

Lot No. 12

Grave No. 29 x D

Section No. M A

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1061 00
Casket Professional Service	715 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	
Clergymen, $ 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 4 Papers	20 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1499 00
Less	$
PER Balance	$

McAVOY FUNERAL HOME

PAID June 17, 1965

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
	To Above Balance	400 00	$
5/11/65	By Payment C.J. McAvoy	500 00	$ 199 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

58

RECORD OF FUNERAL

Total No. 3460 Yearly No. 19 Date of Entry Apr. 28 1965

Name of Deceased Carl Schwartz

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☒ Widow } of Sarah Rice Age of Husband or Wife (if living) 74 Years

(What Race) W.

Residence 1626 Frank St. 19

Charge to Estate - E.H. Mann attorney

Address

Order given by Herbert P. Schwartz (or informant)

How Secured 3414 Lucas St.

If Veteran, Name of War

Occupation Salesman 192-10-5166 (Social Security Number)

Employer and Address

Date of Death Apr. 28, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 7, 1891 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Mat. Schwartz

His Birthplace

Maiden Name of Mother Julia Terry

Her Birthplace

Date of Funeral May 1, 1965 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Rev. Saladna (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 Magnuson State Hospital

Cause of Death Bronchopneumonia, Contr.

Contributory Causes Fracture of left femur due to fall to floor

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

His Address Conroe.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

SCHWARTZ
On Wednesday, April 28, 1965, Carl, husband of the late Sarah (Sadie) Rice. Brother of Edwin, Herbert and William J. Schwartz. Funeral from the EDWARD L. McAVOY FUNERAL HOME, 1900 Forbes Ave., on Saturday morning at 10:30.

Diagram of Lot or Vault

Lot No. 85

Grave No. 20

Section No. M.A.

Block No.

Owner Heirs of Sarah Schwartz

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Service	125	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ Shirt & Tie		
Suit or Dress (State Kind and Color)	65	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)		
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, $	26	25
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
8 line Death Notices in 3 Papers (Names of Newspapers)	12	50
Sales Tax		
Total Footing of Bill	$ 168	75
Less	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
Apr. 28, 1965
PER

Entered into Ledger, page or below.

Misc.

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. 3461 Yearly No. 19 Date of Entry Apr. 28 1965

Name of Deceased Robert Abraham 71.
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3385 Columbia St. 34 ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years
or of

Charge to Farrell Abraham

Address 3385 Columbia St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Apr. 28, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 28, 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Farrell Abraham

His Birthplace Pittsburgh, Pa

Maiden Name of Mother Judith Hanson Dougherty

Her Birthplace Pittsburgh, Pa

Date of Funeral Apr. 30, 1965 M. (Date) (Day of Week) (Hour)

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 Intrauterine Death

Contributory Causes Cord around head & neck

Certifying Physician L J Bennett M.D. (or Coroner)

His Address 3200 Fifth Ave, Pgh 13 Pa.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Jews of Western Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket + Liner		35 00
Burial Vault or Box		
Embalming Body (State Kind)		
Barber, $ Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ Underwear, $		
Suit or Dress		
Slippers, $ Hose, $ (State Kind and Color)		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies 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		2 1 —
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 Apr 29/1965

Entered into Ledger, page of below.

PER Jesse

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Address

Witness

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

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RECORD OF FUNERAL

Total No. 3462 Yearly No. 20 Date of Entry May 1 1965

Name of Deceased Elmer V. Hillberg W.
(What Race)

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

Residence Bx 252 - RD 7 Altoona, Pa

Charge to

Address

Order given by Dr Alan A. Kistler
(or informant)

How Secured Bx 252 - RD 7 - Altoona, Pa

If Veteran, Name of War

Occupation Machinist 192-07-4102A
(Social Security Number)

Employer and Address

Date of Death May 1, 1965
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 14, 1880 Age 84 - 5 - 17
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Hillberg

His Birthplace

Maiden Name of Mother Anna Swanson

Her Birthplace

Date of Funeral May 5, 1965 M.
(Date) (Day of Week) (Hour)

Services at Chapel
(Address)

Clergyman

Religion of the Deceased Protestant

Birthplace Altoona, Pa

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

Place of Death Butler Memorial Hospital

Cause of Death A. S. V. D. & Coronary Occlusion

Contributory Causes ~~Dan B. Weber~~

Certifying Physician Dan B. Weber
(or Coroner)

His Address Saltsburg, Pa

Motor / Ship } Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / Crematory } Monongahela Cemetery

Diagram of Lot or Vault

Lot No.

Grave No. 3

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays) $	
Casket Professional Services	675 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.	5 00
Pall Bearer Service, $ (State Physician's or Coroner's) 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	
Clergymen, $ 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 5 Papers	25 00
(Names of Newspapers) McAVOY FUNERAL HOME	
55 - OK	
Sales Tax	
Total Footing of Bill $	1043 00
Less $	
Balance $	

Entered into Ledger, PER ____ or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3463 Yearly No. 21 Date of Entry MAY 5 1965

Name of Deceased BARBARA DECHESON KOTOVOS

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 155 E. 55TH ST NEW YORK, NY ☐ Husband ☒ Wife ☐ Widow of NICHOLAS KOTOVOS (What Race)

Age of Husband or Wife (if living) Years

Charge to MRS. HELEN DECHESON 261-0167

Address 209 GIST STREET-19-

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Model (Social Security Number)

Employer and Address

Date of Death MAY (Mo.) 5 (Day) 1965 (Yr.) (Hour)

Date of Birth JAN (Mo.) 8 (Day) 1946 (Yr.) Age 19 (Yrs.) 3 (Mos.) 7 (Days)

Name of Father MICHAEL DECHESON

His Birthplace

Maiden Name of Mother HELEN STANHOFF

Her Birthplace

Date of Funeral May 9, 1965 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace PITTSBURGH, PA.

Resided in the State

Place of Death 155 E 55th St N.Y. city (or U.S. or City or County) (Years) (Months)

Cause of Death Pending Chemical Examination

Contributory Causes

Certifying Physician Henry Siegel - M.E. N.Y. city (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory St. Gregory Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1740 —
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, $		7 00
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		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
16 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		10 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		280 76
Personal Service		
Taylor Funeral Home - Orange N.J.		
9 line Death Notices in 6 Papers		27 00
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax June 6, 1965		
Total Footing of Bill	$	1715 76
Less	$	
Balance	$	

Entered into Ledger page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

WAdsworth 7-2746

Walter Cody

Funeral Home, Inc.

1093 ST. NICHOLAS AVENUE
NEAR 165TH STREET
NEW YORK 32, N. Y.

TREPKAU FUNERAL HOME
Orange, New Jersey

Re: Barbara Lynn Decheson Gatovis

Removal of Remains rrom Medical Examiner's Morgue, Securing Permits.	$35.00
Five Transcripts of the Death Certificate	6.00
	$41.00

Received Payment 5/6/65
John F Horstmann
Walter Cody Funeral Home, Inc.

TREPKAU FUNERAL HOME

485 PARK AVENUE
ORANGE, NEW JERSEY

FREDERICK J. TREPKAU
DIRECTOR

ORANGE 3-4237

May 8, 1965

McAvoy Funeral Home
1700 Forbes Avenue
Pittsburgh 19, Pennsylvania

RE: BARBARA LYNN DECHESON KOTOVOS (GATOVIS) also known as CHRIS ENGLISH.

Services including embalming, transfer from New York City to Orange, New Jersey and to Pennsylvania Railroad Station, Newark, New Jersey: $158.00

Cash Disbursements:

Cody Funeral Home, Inc., N. Y. C.	$41.00	
Railroad Fare	64.76	
Gratuities	13.00	
Telephone Calls	4.00	$122.76
		$280.76

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RECORD OF FUNERAL

Total No. 3464 Yearly No. VV Date of Entry MAY 10 1965

Name of Deceased STEFAN C. TICIAK, SR. (What Race)

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

Residence 16 SENECA ST.

Charge to Stephen Ticiak Jr. 471-3497

Address 16 Seneca St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Maintenance 192-03-8377 (Social Security Number)

Employer and Address ____

Date of Death May 10, 1965 (Mo.) (Day) (Yr.)

Date of Birth 12 26 81 (Hour) Age 83-4-14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Stefan Ticiak

His Birthplace Czechoslovakia

Maiden Name of Mother Catherine Blazejack

Her Birthplace Czechoslovakia

Date of Funeral May 13, 1965 (Date) (Day of Week) (Hour) M.

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 A. S. H. D.

Contributory Causes ____

Certifying Physician Jos B. Dobek - Coroner (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } CALVARY Cemetery

TICIAK
On Monday, May 10, 1965, Stefan C. Sr., husband of the late Sabina Koriesk; father of Mrs. Anna Veceras and Stephen Ticiak Jr.; also 6 grandchildren. Funeral from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday morning at 9:30 a.m. Requiem high mass in St. Elizabeth's Church, Penn Ave. and 16th St., at 10 o'clock.

Diagram of Lot or Vault

Lot No. 43
Grave No. 30
Section No. MA
Block No. ____
Owner ____

Misc. ____

Complete Funeral (except outlays)	$
Casket and Professional Services	760 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)	
4 Certif. Copies of Death Certificates No. ____	4 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	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 ____	
Clergymen, $ ✓ Singers, $ ____ Organist, $ ____	NC 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	11 00
McAVOY FUNERAL HOME (Names of Newspapers)	
PAID May 19, 1965	
Sales Tax	
Total Footing of Bill	$ 980 00
Less	$
Balance	$

Entered into Ledger, page ____ or below. PER JMM

Misc. ____

Date		Amount Paid	Balance
Apr 17/65	To Above Balance SS.	174 00	$806 00
	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. 3465 Yearly No. 23 Date of Entry MAY 10 1965

Name of Deceased JAMES F. Mc GRATH

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

Residence 1717 FORBES AVE.

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

Charge to JACK Mc GRATH

Address 124 TECUMSEH ST PGH 7

Order given by Mr. 1.6.5.68 (or informant)

How Secured

If Veteran, Name of War

Occupation Structural Iron Worker 210-05-4520 (Social Security Number)

Employer and Address

Date of Death MAY (Mo.) 10 (Day) 1965 (Yr.)

Date of Birth Dec 17 1888 (Mo. Day Yr.) Age 76 - 4 - 23 (Yrs. Mos. Days) (Hour)

Name of Father Michael Mc Hugh

His Birthplace Ireland

Maiden Name of Mother Julia Geoughty

Her Birthplace Ireland

Date of Funeral MAY 15, 1965 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY CHURCH

Clergyman MSGR. DANIEL BRENNAN (Address)

Religion of the Deceased CATHOLIC

Birthplace Ireland

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

Place of Death SOUTH SIDE HOSPITAL

Cause of Death Myocardial Infarction

Contributory Causes A.S.H.D.

Certifying Physician Penna D. Cattle (or Coroner)

His Address South Side Hospital

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } CALVARY

McGRATH
On Monday, May 10, 1965, James F., husband of Mary Mullen; father of John A., Regis M., Mrs. Rita Smith, Mrs. Eileen Lane and the late James F. also 12 grandchildren. Funeral from the McCAVOY-WARD & McAVOY FUNERAL HOME, 1700 Forbes Ave. Saturday morning, 9:30, Solemn high mass in the Church of the Epiphany at 10:00. Holy Name member of Epiphany Church, and former member of the Local 3 Iron Workers.

Lot No. 124

Grave No.

Section No. R

Block No.

Owner Dead - John Mullen

Misc.

Complete Funeral (except outlays)	$	1000 —
Casket and Professional Services		670 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) (State Physician's or Coroner's)		
7 Certif. Copies of Death Certificates No. ____		7 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Clergymen, $ ✓ 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		
14 line Death Notices in 6 Papers		42 00
(Names of Newspapers) McCAVOY FUNERAL		
Sales Tax		
Total Footing of Bill June 17, 1965	$	1045 00
Less	$	
Balance	$	

Entered in Ledger Page ____ or below.

PER

Misc.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
		To Above Balance			$			To Balance Forward			$
		By Payment	$ 900	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

64

RECORD OF FUNERAL

Total No. 3466 Yearly No. 24 Date of Entry MAY 12 1965

Name of Deceased CHARLES J. SHEEHAN

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1626 LOCUST ST. PGH. 19

Charge to MRS. MARY E. SHEEHAN CO1-5930

Address 1626 LOCUST ST.

Order given by (or informant)

How Secured

If Veteran, Name of War W.W #2

Occupation Title Searcher 170-01-5622 (Social Security Number)

Employer and Address

Date of Death May 12, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 26, 1903 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Charles Sheehan

His Birthplace

Maiden Name of Mother Ann Cunningham

Her Birthplace

Date of Funeral May 15, 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Rt. DANIEL BRENNAN (Address)

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

Cause of Death Lobar Pneumonia Cirrhosis of Liver

Contributory Causes Myocardial Infarction

Certifying Physician Maria J. Iuiro M.D.

His Address V.A. Hospital University Dr. Pgh 40 (or Coroner)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

SHEEHAN
On Wednesday, May 12, 1965, Charles J., husband of Mary Ellen (Kane) father of William F., Cave, Mrs. George Petri Jr., Mrs. Joseph Axel, Mrs. Robert Andrews, six grandchildren, brother of Mrs. Lois Gottlendorf. Funeral services from the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., Saturday at 10:30 a.m. Solemn high mass in the Church of the Epiphany at 11 a.m.

Diagram of Lot or Vault

Lot No. 14
Grave No. 6
Section No. 40
Block No. 19
Owner

Misc.

Complete Funeral (except outlays)	$ 1100 00
Casket and Professional Services	770 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)	
7 Certif. Copies of Death Certificates No.	7 00
Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	155 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	52 50
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	
17 line Death Notices in Papers	24 00
(Names of Newspapers) McAVOY FUNERAL HOME	
55-016 PAID May 25, 1965	
Sales Tax	
Total Footing of Bill	$ 1128 50
Less	$
Balance	$

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3467 Yearly No. 25 Date of Entry MAY 12 1965

Name of Deceased HARRY M. MANNING, JR.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 2125 WATSON ST. 19

Charge to Mrs Ann Manning

Address 2125 Watson St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Truck Driver 172-32-6311 (Social Security Number)

Employer and Address

Date of Death May 12, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 24, 1941 Age 23 - 7 - 18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HARRY M. MANNING, SR.

His Birthplace

Maiden Name of Mother ANNA BAZZANA

Her Birthplace

Date of Funeral May 17, 1965 (Date) (Day of Week) (Hour) M.

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 South Side Hospital

Cause of Death Bronchopneumonia, Cerebral

Contributory Causes Hemorrhage - Cerebral - spinal Cord softened - due to arteriosclerosis

Certifying Physician Jos B. Nobbs (or Coroner)

His Address 542 - Fourth Ave

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 27

Grave No. 7

Section No. 40

Block No. 7

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	140 00
Casket and Professional Services		860 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	$	105 00
Outlay for Lot Cemetery Charges		
Cremation		
Flowers, $ ✓ Palms, $ ____ Matting, $ ____		68 00
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
3 line Death Notices in ____ Papers (Names of Newspapers)		32 00
Sales Tax	$	11 87 00
Total Footing of Bill	$	
Less	$	
Balance		

Entered into Ledger on page ____ below.

McAVOY FUNERAL HOME

PAID May-22-1965

PER C. J. McAvoy

Misc.

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3468 Yearly No. 26 Date of Entry May 30 1965

Name of Deceased Mary McGrath
☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of James J. (What Race)
Age of Husband or Wife (if living) Years

Residence 1717 Forbes Ave 19

Charge to Mrs Eileen Linn

Address 526 Griffin St 11

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 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 6 1893 Age 72 - 4 - 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Mullen

His Birthplace

Maiden Name of Mother Ellen Leahy

Her Birthplace

Date of Funeral June 3, 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

Resided in the State

Place of Death St Margarets Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Bronchopneumonia

Contributory Causes Influenza Pleurisy

Certifying Physician John E Kuntz (or Coroner)

His Address St Margarets Memorial Hospital

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory — Calvary Cemetery

Lot No. 124

Grave No.

Section No. R

Block No.

Owner John Mullen

McGRATH ... On Sunday, May 30, 1965, Mary Mullen, wife of the late James J. McGrath, mother of Mrs. Edna Smith, Mrs. Eileen Linn, Joan Ann Hegle M. and the late James J. McGrath; sister of Mrs. Helen Cummins; also 121 grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral on Thursday morning at 9 o'clock, solemn requiem high mass in the Church of the Epiphany at 10 o'clock. Members of the Epiphany Church Rosary Society and friends invited.

Misc.

Complete Funeral (except outlays)	$	490 00
Casket 4 Professional Bronze		720 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)		
7 Certif. Copies of Death Certificates No.		7 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
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		
Clergymen, $ ✓ 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		
16 line Death Notices in (Names of Newspapers)		24 00
Sales Tax ✓		
Total Footing of Bill	$	1018 00
Less PER Balance	$	
Entered into Ledger, page or below.	$	

McAVOY FUNERAL HOME
June 1 1965

Misc.

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. 3469 Yearly No. 27 Date of Entry June 6 1965

Name of Deceased Robert E. Weeden

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

Residence 120 Maple View Terrace St. Apt. 11

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

Charge to Mrs Margaret Petrone.

Address 120 Maple View Terrace St. Apt. 10247

Order given by Kenn L. Iverson, Esq. Berger Bldg (or informant)

How Secured

If Veteran, Name of War WW2

Occupation (Social Security Number)

Employer and Address

Date of Death June 6, 1965 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Ernest Weeden

His Birthplace

Maiden Name of Mother Elizabeth Herst

Her Birthplace

Date of Funeral June 9, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

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. University Dr 40 Pa

Cause of Death Carcinoma of Lung

Contributory Causes Massive in Abdomen

Certifying Physician (or Coroner)

His Address Vets Hospital

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crem { Calvary Cemetery

WEEDEN
On Sunday, June 6, 1965, Robert E., son of the late Emmet and Elizabeth Herst Weeden; cousin of Mrs. Margaret Petrone. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral on Wednesday morning at 9:30. Requiem High mass in the Church of the Epiphany at 10 o'clock. Visitations 2-4 and 7-10 p. m.

Diagram of Lot or Vault

Lot No. 273

Grave No.

Section No. See H.

Block No.

Owner

Misc.

Vets OK.

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)	
Slippers, $ Hose, $ Shirt	4 00
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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 Country Chapel	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	
Clergymen, $ ✓ 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	
11 line Death Notices in 2 Papers	11 00
(Names of Newspapers) McAVOY FUNERAL HOME	
SS-OK	PAID
Sales Tax July 11, 1965	
Total Footing of Bill	$ 1420 00
Less	$
PER Balance	$

Entered into Ledger, page ____ or below.

Misc.

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. 3470 Yearly No. 28 Date of Entry May 27 1965

Name of Deceased Stillborn Trambert 24 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 34 Swansea Drive 36 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mr. Thomas Trambert

Address 34 Swansea Drive

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None (Social Security Number)

Employer and Address ____

Date of Death May 27 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 27 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Trambert

His Birthplace Penna

Maiden Name of Mother Frances Rita Davis

Her Birthplace Penna

Date of Funeral May 28, 1965 (Date) (Day of Week) (Hour) M.

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 Coronary Thrombosis

Contributory Causes Toxemia of Pregnancy

Certifying Physician L. J. Bonnette, M.D. (or Coroner)

His Address 3700 Fifth Ave.

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 ____

Misc. ____

Complete Funeral (except outlays) $	
Casket Infancy	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	
Certif. Copies of Death Certificates No. (State Number and District)	
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
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	
Clergymen, $ 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 $	35 00
Less $	
Balance $	

McAVOY FUNERAL HOME

PAID June 30, 1965

PER ____

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3471 Yearly No. 29 Date of Entry June 16 19 65

Name of Deceased John J. Lanatowicch (What Race) M

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ____ of { Mary Jane Age of Husband or Wife (if living) ____ Years

Residence 1725 Forbes Ave 19

Charge to Mrs Mary Jane Lanatowicch

Address 1725 Forbes Ave 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War WW #2

Occupation Steelworker (Social Security Number)

Employer and Address ____

Date of Death June 16, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 11, 1919 Age 46 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John P. Lanatowicch

His Birthplace ____

Maiden Name of Mother Anastasia Steffani

Her Birthplace ____

Date of Funeral June 19, 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death 1725 Forbes Ave

Cause of Death Shock & Hemorrhage

Contributory Causes Gunshot wound while temporarily insane

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

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Lot No. 15

Grave No. 6

Section No. 40

Block No. 1

Owner ____

Diagram of Lot or Vault

Misc. VA + Stone - OK

Complete Funeral (except outlays)	$ 1180	—
Casket Impressive 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 Clothing (State Kind and Color)	50	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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	10	00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax $		
Outlay for Lot ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 McAVOY FUNERAL HOME		
____ line Death Notices in ____ Papers	15	00
(Names of Newspapers) July 12) 1965		
Sales Tax ____		
Total Footing PER Bill	$ 1220	25
Less ____	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3472 Yearly No. 30 Date of Entry June 19, 1965

Name of Deceased John H. Friend H.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3083 Jaunita St 10 ☐ Husband ☐ Wife ☐ Widow of Agnes R. Brenn

Charge to Mrs. Agnes R. Friend - 431-7867 Age of Husband or Wife (if living) Years

Address 3093 Jaunita St 10

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Foreman 209-01-5718 (Social Security Number)

Employer and Address

Date of Death June 19, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 21, 1898 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Friend

His Birthplace ?

Maiden Name of Mother Julia Elzer

Her Birthplace

Date of Funeral June 23, 1965 (Date) (Day of Week) M. (Hour)

Services at Holy Trinity Church

Clergyman Msgr. Paul Bassanapiere (Address)

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 Undetermined Natural Causes

Contributory Causes

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

His Address

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. 26

Grave No. 3

Section No. 10

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	328 00
Casket Professional Service		650 00
Burial Vault or Box C.V. 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)		
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 Cemetery Charges		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		
Clergymen, $ 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 Notice in		15 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	948 00
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME
PAID
July 19, 1965

Entered into Ledger page or below.

Misc.

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. 3473 Yearly No. 31 Date of Entry June 20 1965

Name of Deceased Sylvia E. Gregere (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow or ____ of Leo Gregere, Sr. Age of Husband or Wife (if living) ____ Years

Residence 5202 Schenley Ave 24

Charge to Mr. Leo Gregere, Sr.

Address 5202 Schenley Ave 24

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife 172-12-4322 (Social Security Number)

Employer and Address ____

Date of Death June 20, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jun 15, 1912 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Nicholas Colandro

His Birthplace ____

Maiden Name of Mother Philomena Pennella

Her Birthplace ____

Date of Funeral June 24, 1965 (Date) (Day of Week) M. (Hour)

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 Left Lobar Pneumonia

Contributory Causes Pleurisy

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

His Address Mercy Hospital

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 ____

Misc. ____

Complete Funeral (except outlays)	$	1335 00
Casket x Professional Trainer		1100 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Clothes (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)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		5 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____ Papers (Names of Newspapers) McAVOY FUNERAL HOME		20 00
Sales Tax		
Total Footing of Bill	$	1390 00
Less	$	
PER ____ Balance	$	

PAID June 26, 1965

Entered into Ledger, page ____ or below.

Misc. ____

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. 3474 Yearly No. 32 Date of Entry June 23 1965

Name of Deceased Sr. M. Cecily - Mary Williams 71
(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 13

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation In Religion (Social Security Number)

Employer and Address ____

Date of Death June 23, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 6, 1894 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Williams

His Birthplace ____

Maiden Name of Mother Martha Hill

Her Birthplace ____

Date of Funeral June 26, 1965 M. (Date) (Day of Week) (Hour)

Services at St. Xaviers Academy, (Address)

Clergyman ____

Religion of the Deceased Catholic

Birthplace Mississippi

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

Place of Death Mercy Hospital

Cause of Death A. S. H. D. - Fracture of

Contributory Causes 6th & 7th Ribs (Rt side) due to fall on floor

Certifying Physician Joe B. Dobbs (or Coroner)

His Address Coroner Allegheny Co.

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 ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Services		315 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.		
Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 July 29, 1965		
Sales Tax		
Total Footing of Bill	$	315 00
Less	$	
PER Balance	$	
Entered into Ledger, page ____ or below.		

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3475 Yearly No. 33 Date of Entry June 28, 1965

Name of Deceased Hazel Zeek

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2007 Tustin St Pgh 19 Pa ☐ Husband ☐ Wife ☐ Widow of Robert Zeek (What Race)

Charge to Mr. Robert Zeek Age of Husband or Wife (if living) Years

Address 2007 Tustin St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife

Employer and Address (Social Security Number)

Date of Death June 28, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 11, 1898 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Alfred Swinehart

His Birthplace

Maiden Name of Mother Margaret McGee

Her Birthplace

Date of Funeral June 30 1965 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev John Hicks (Address)

Religion of the Deceased Protestant

Birthplace Chicago, Illinois

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

Place of Death D.O.A. Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Jos B Dobbs (or Coroner)

His Address Coroner - Allg Co.

Motor / Ship Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory Hon Penn Memorial



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Family C. Hyle

Complete Funeral (except outlays)	$ 900	00
Casket 9 Parthenon Linings	685	00
Burial Vault or Box C.P. Gar (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress ✓	28	00
Slippers, $ (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		
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	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		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 3 Papers (Names of Newspapers)	9	00
Sales Tax		
Total Footing of Bill June 30, 1965 $	914	00
Less $		
Balance $		

McAVOY FUNERAL HOME

PAID

Entered into Ledger, page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3476 Yearly No. 34 Date of Entry July 10. 1965

Name of Deceased James P Connors (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2019 Fifth Ave 19

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

Charge to Mrs Anna Mae Glenn

Address 42 Whit Street 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War 1st W W #2

Occupation Maintenance 162-16-6498 (Social Security Number)

Employer and Address County of Allegheny

Date of Death July 10. 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 2, 1908 Age 56 - 7 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Connors

His Birthplace ____

Maiden Name of Mother Anna R Lamb

Her Birthplace ____

Date of Funeral July 13. 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

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 Coronary Occlusion

Contributory Causes ____

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

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Connors
On Wednesday, July 10, 1965, James P. Connors, age 56 years, husband of Anna R. Lamb and the late [illegible], father of David Hamilton Connors, native of Pittsburgh, Pa. Received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Tuesday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. Rew 53

Grave No. 1825

Section No. R

Block No. ____

Owner ____

Misc. ____

Statement Rd to V.A. July 30, 1965

Complete Funeral (except outlays)	$	1300 00
Casket & Professional Services		1100 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Shirt & Tie (State Kind and Color)		5 00
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
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 ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____		
McAVOY FUNERAL HOME		
10 line Death Notices in 3 Papers		15 00
(Names of Newspapers) July 30, 1965 Sept 1 1965		
Sales Tax		
Total Footing of Bill	$	1348 00
Less PER ____	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Aug 23 65	By Payment N.A.	$ 250 00	$		By Payment	$	$
Sept 1 65	" "	$ 255 00	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

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

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

Total No. 34 77 Yearly No. 35 Date of Entry July 31 19 65

Name of Deceased Irvin N. Grentz (What Race) W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow or ____ of } Mildred Phillips

Residence 1706 Fuston St 19 Age of Husband or Wife (if living) ____ Years

Charge to Mrs Irene Gabriel

Address 1706 Watson St 19

Order given by Son Irvin

How Secured 1459 Baldwin St 3 (or informant)

If Veteran, Name of War ____

Occupation Crane Operator - 174-18-9252 (Social Security Number)

Employer and Address ____

Date of Death July 30 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 1, 1921 Age 43 - 10 - 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Alexander Grentz

His Birthplace ____

Maiden Name of Mother Mary Alder

Her Birthplace ____

Date of Funeral Aug 4, 1965 (Date) (Day of Week) (Hour) M.

Services at St. Brigids Chapel

Clergyman Msgr. Paul Bossenguere (Address)

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. South Side Hospital

Cause of Death Shock + Hemorrhage & internal

Contributory Causes injuries of Chest due to auto striking building

Certifying Physician Jos B. Hobbs, Coroner (or Coroner)

His Address 542 South Ave

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Stanislaus

GRENTZ
On Saturday, July 31, 1965, Irvin N. Grentz, beloved husband of Bertha Alder; father of Edward R., Rosemary and Jeffrey J. Grentz; brother of Mrs. Irene Gabriel, Mrs. Florence Crosby, Mrs. Marie Shuscia Stanley Alder, Joseph and Edward Grentz. Friends received by the EDWARD J. McAVOY FUNERAL HOME, 1300 Pacific Avenue. Funeral Wednesday morning at 9:00 A.M. Requiem high mass at St. Brigid Old Holy Trinity Church, at 10 o'clock.

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$
Casket 2 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)	
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	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 ____	
Clergymen, $ ____ 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 ____	
14 line Death Notices in 3 Papers (Names of Newspapers)	21 00
Sales Tax	
Total Footing of Bill	$ 1459 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID Oct 1, 1965

Entered into PER ledger page ____ or below.

Misc. ____

Date		Amount Paid	Balance
	To Above Balance		$
Sept 25, 1965	By Payment Received from Irene Gabriel	$ 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. 3478 Yearly No. 36 Date of Entry Aug 2 19 65

Name of Deceased George Zacher (What Race) W.

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

Residence 1705 Cliff Street 19

Charge to Mrs Mayaret Zacher

Address 1705 Cliff Street 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Chauffeur 172-12-1542 (Social Security Number)

Employer and Address U. S Engineers

Date of Death Aug 2, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13, 1907 Age 57 - 7 - 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father David Zacher

His Birthplace

Maiden Name of Mother Anna Johns

Her Birthplace

Date of Funeral Aug 6, 1965 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman

Religion of the Deceased Union Orthodox (Address)

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 Coronary Occlusion

Certifying Physician Dr. H. E. Hafner (or Coroner)

His Address West Penn Hospital

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory — Mt Lebanon Cemetery

ZACHER
On Monday, August 2, 1965, George Zacher, husband of Margaret Cadonic; father of Mrs. Charles Gearhart, Mrs. Albert Vitali, Mrs. Theodore Cavecini, Mrs. Anthony Robuscio, stepfather of Mrs. Sylvia Gilbert and John Zacher; also four grandchildren. Friends received at the EDWARD C. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral on Friday. Notice of time later.

Diagram of Lot or Vault

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

Misc.

Complete Funeral (except outlays)	$ 1478 50
Casket Professional Services	12.20 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.	7 00
(State Physician's or Coroner's) Pall Bearer Service, $ Use of Chapel, $	Free
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	
Clergymen, $ 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 3 Papers	16 50
(Names of Newspapers)	
Sales Tax Sept 3, 1965	
Total Footing of Bill	$ 1751 50
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID

PER

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3479 Yearly No. 37 Date of Entry Aug 13 19 65

Name of Deceased Theresa Ann Armocida (What Race) 31

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1107 Bluff St 19

Charge to Mr Frank Armocida ☐Husband ☐Wife ☐Widow of } Age of Husband or Wife (if living) Years

Address 1107 Bluff Street 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None None (Social Security Number)

Employer and Address

Date of Death Aug 13, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 2 1959 Age 5 - 10 - 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank Armocida

His Birthplace

Maiden Name of Mother Mary Lou Baldi

Her Birthplace

Date of Funeral Aug 17, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr Daniel Brennan (Address)

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 Undetermined Centrum

Contributory Causes

Certifying Physician Lloyd H. Brogdon (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

ARMOCIDA
On Friday, Aug. 13, 1965, Theresa Ann, daughter of Frank and Mary Lou Baldi Armocida; sister of Frederick and Deborah Armocida; granddaughter of Mrs. Jennie Armocida and Mrs. Clarinda Bianchini. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Tuesday morning at 9:30. Arrive mass in the Church of the Epiphany at 10

Diagram of Lot or Vault

Lot No. 17

Grave No. 2

Section No. I

Block No.

Owner Antonette Mancuso

Misc.

Complete Funeral (except outlays)	$ 900 00
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)	
Certif. Copies 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	40 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 3 Papers	12 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
Less	$
PER Balance	$ 922 00

McAVOY FUNERAL HOME PAID Sept 13, 1965

Entered into Ledger, page or below.

Misc. Pd By Fred A. Ferraro

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. 34 80 Yearly No. 38 Date of Entry Aug. 14 19 65

Name of Deceased Mary Mc Donald 74
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 4 Monaco Place 14 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mrs Marie Friend

Address 722 Maryland Ave 32

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Laundry Worker 174-34-6722 (Social Security Number)

Employer and Address ____

Date of Death Aug 14 1965 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father John Mc Donald

His Birthplace ____

Maiden Name of Mother Anna —

Her Birthplace ____

Date of Funeral Aug 18 1965 (Date) (Day of Week) (Hour) M.

Services at St Brigids Church (Address)

Clergyman Msgr. ~~Jos~~ Paul Baumgartner

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 Carcinoma of Liver

Contributory Causes C.A. of tail of pancreas

Certifying Physician Dr Falen (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

McDONALD
On Saturday, Aug. 14, 1965, Mary, daughter of the late John and Anna McDonald. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral on Wednesday morning at 9:30. High mass of requiem in St. Brigid's Old Holy Trinity Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 590
Grave No. 1
Section No. Lee 20
Block No. ____
Owner Mary Mc Donald

Misc. ____

Complete Funeral (except outlays)	$	800 00
Casket a Professional Service		550 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress ~~—~~ Clothing - Slippers (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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		105 00
Cremation ____		
Flowers, $ ~~—~~ Palms, $ ____ Matting, $		21 00
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges ____		
Clergymen, $ ~~—~~ 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	$	
Less	$	
Balance	$	850 00

McAVOY FUNERAL HOME
PAID
Aug 27 1965
PER John

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3481 Yearly No. 39 Date of Entry Aug 19 1965

Name of Deceased Joanna R. Fitzgerald (What Race) A.

☒ Married ☐ Single ☐ Widowed ☒ Divorced

☐ Husband ☐ Wife ☐ Widow or ____ of J. F. Fitzgerald Age of Husband or Wife (if living) ____ Years

Residence 1714 Fifth Ave 19

Charge to Estate of Joanna R. Fitzgerald

Address E. A. Nasser Attorney

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Aug 19 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 22 1893 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Anthony Jurevis

His Birthplace ____

Maiden Name of Mother Eva Sleppis

Her Birthplace ____

Date of Funeral Aug 21 1965 M. (Date) (Day of Week) (Hour)

Services at Grayboy Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Lithuania

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

Place of Death Mercy Hospital

Cause of Death Cerebral Hemorrhage Accident

Contributory Causes ____

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

His Address 542 Fourth Ave Bl. Pa.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

FITZGERALD (Skvitsky) — On Thursday, Aug. 19, 1965, Joanna Zilenas, wife of P. J. Fitzgerald, mother of Charles Sa... Fitzgerald, grandmother of ... Friends received at the ... EDWARD F. BEADY FUNERAL HOME, 1700 Forbes Ave. Funeral ... on Saturday at 8:00 a.m. High ... mass of requiem in the church ... Interment in the ...

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$ 1045	00
Casket 2 Progressive Series	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)	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 ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ Singers, $ ____ Organist, $ ____	20	00
Railroad / Aero- or Motor / plane Tickets, $ ____ Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
____ line Death Notices in ____ Papers	9	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1085	00
Less ____ PER ____ Balance	$	
Entered into Ledger, page ____ or below.	$	

McAVOY FUNERAL HOME

PAID Sept 2, 1965

Misc. ____

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. 3482 Yearly No. 40 Date of Entry Sept 2, 1965

Name of Deceased Anna B. Dedes 74
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1253 Illinois Ave 16 ☐ Husband ☒ Wife ☒ Widow } Chris Dedes
or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mr. James Dedes 341-0595

Address 1253 Illinois 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 Sept 2, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 11 1896 Age 69-4-21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Henry Anasprung

His Birthplace ____

Maiden Name of Mother Anna Strickmeister

Her Birthplace ____

Date of Funeral Sept 4, 1965 (Date) (Day of Week) (Hour) M.

Services at ~~Greek Church~~ 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 John J. Kane Hospital

Cause of Death Bronchopneumonia

Contributory Causes ____

Certifying Physician Lee H. McCormick (or Coroner)

His Address Scott Twp. 16 Pa.

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 ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Service	500	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)	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 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 ____		
Clergymen, $ ____ 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 (Names of Newspapers)	10	00
Sales Tax ____		
Total Footing of Bill	$ 750	00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

Date		To Above Balance / By Payment	Amount Paid		Balance		Date		Amount Paid		Balance	
		To Above Balance			$		9/16/65	To Balance Forward	118	60	$ 421	00
Sept 3,	1965	By Payment	$ 113	00	$			By Payment	$		$	
Sept 3	1965	" "	$ 108	00	$ 529	00		" "	$		$	

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

Total No. 3483 Yearly No. 41 Date of Entry Sept 13 19 65

Name of Deceased Mary Beth Jones (What Race) 2d.

☐ Married ☒ Single ☐ Widowed ☒ Divorced

Residence 5353 Fieldcrest Ave 36

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

Charge to Arthur J. Jones, Jr

Address 5353 Fieldcrest Ave 36

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None (Social Security Number)

Employer and Address ____

Date of Death Sept 13, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 15, 1964 (Mo.) (Day) (Yr.) Age 0 (Yrs.) 11 (Mos.) (Days)

Name of Father Arthur J. Jones, Jr.

His Birthplace ____

Maiden Name of Mother Joan Kugelmass

Her Birthplace ____

Date of Funeral Sept. 14, 1965 (Date) (Day of Week) M. (Hour)

Services at Jeffersons Mem. Park

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 Childrens Hospital

Cause of Death Sepsis

Contributory Causes ____

Certifying Physician Dr. Eugene A. Nasse (or Coroner)

His Address Childrens Hospital

Motor / Ship { Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory { Jeffersons Mem. Park

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Series	150	00
Burial Vault or Box (State Kind)	35	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 ____		
Clergymen, $ ____ 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	5	00
(Names of Newspapers)		
Sales Tax Oct 10, 1965		
Total Footing of Bill	$	
Less ____ Balance	$	216 00

McAVOY FUNERAL HOME PAID

PER ____

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant 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. 3494 Yearly No. 42 Date of Entry Sept 12 1965

Name of Deceased James Yeman (What Race) H

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

Residence 2515 Wedgewood Ave 26

Charge to Mrs Mary Yeman

Address 2515 Wedgewood Ave 26

Order given by (or informant)

How Secured

If Veteran, Name of War WW I

Occupation Retired 168-10-2258 (Social Security Number)

Employer and Address

Date of Death Sept 12, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25, 1900 Age 64 8 17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Yeman

His Birthplace

Maiden Name of Mother Susan Nuebid

Her Birthplace

Date of Funeral Sept 16 1965 M. (Date) (Day of Week) (Hour)

Services at Our Lady of Victory Church

Clergyman Fr John Geier

Religion of the Deceased Moravite Catholic (Address)

Birthplace Pittsburgh Pa

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

Place of Death Allegheny Gen Hospital

Cause of Death Carcinoma of Lung

Contributory Causes

Certifying Physician Earl G. Humphrey (or Coroner)

His Address 550 Grant St Pgh 19 Pa

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Mt Olivet Cemetery - Glenshaw

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1000 —
Casket		885 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)		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)		
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		
Clergymen, $ Singers, $ Organist, $		
Railroad / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers (Names of Newspapers)		16 50
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1034 50
Less	$	
Balance	$	

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

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3485 Yearly No. 43 Date of Entry Sept 19 1965

Name of Deceased Frank A. Lehane 71 (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

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

Residence 415 York Pitt Blvd

Charge to Mr Francis A. Lehane

Address 147 Maine Drive, Buffalo, N.Y.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Retired Pressman 162-18-0404 (Social Security Number)

Employer and Address

Date of Death Sept 19, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 27, 1893 (Mo.) (Day) (Yr.) Age 72-0-22 (Yrs.) (Mos.) (Days)

Name of Father Timothy Lehane

His Birthplace

Maiden Name of Mother Mary Herrington

Her Birthplace

Date of Funeral Sept 23, 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. David Brennan (Address)

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 Undetected Tuberculosis

Previous date unknown

Certifying Physician John J. Kenny M.D. (or Coroner)

His Address 1501 Locust St Ft. Pitt Pa.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Complete Funeral (except outlays)	$ 1070 —
Casket 4 Professional Bronze	675 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)	35 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	8 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	105 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	42 00
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	
16 line Death Notices in 3 Papers (Names of Newspapers)	24 00
Sales Tax	$
Total Footing of Bill	$
Less	$
Balance	$ 1109 00

McAVOY FUNERAL HOME

Sept 23, 1965

PER

Entered into Ledger, Page or Below.

Misc.

LEHANE

On Sunday, Sept. 19, 1965, Frank A. Lehane, husband of the late Agnes Ward; father of Mrs. Eileen Wilson, Mrs. Dorothy Nowosiek, Mrs. Mary Middleton and Francis Lehane; brother of Mrs. Elizabeth Higgins, Mrs. Mary Roney and Timothy Lehane. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Thursday morning at 9:30. Requiem high mass in the Church of the Epiphany at 10 o'clock. Members of Pressmen's Union and friends invited.

Lot No.

Grave No.

Section No.

Block No.

Owner

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. 3486 Yearly No. 44 Date of Entry Oct 1 1965

Name of Deceased Vincent J. Tortorete

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

Residence 221 Natchez St. 11

Charge to Mrs Barbara Tortorete (DAUGHTER)

Address 1420 West North Ave 33

Order given by Charged to Mrs Mildred R Tortorete (or informant)

How Secured 1420 W. North Ave - 33

If Veteran, Name of War 231-11 59

Occupation Painter 191-16-5398 (Social Security Number)

Employer and Address .....

Date of Death Oct 1, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 16, 1923 Age 42 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Rosario Tortorete

His Birthplace Italy

Maiden Name of Mother Philippa Campisi

Her Birthplace Italy

Date of Funeral Oct 5, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Edmund Brennan (Address)

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. Montefiore Hospital

Cause of Death Undetermined Natural Causes

Contributory Causes Joseph B. Dobbs - Coroner

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetary

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays)	$ 1190 —
Casket - 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 Clothing (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)	
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	20 00
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / or Motor { Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notice in ..... Papers	14 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1220 00
Less	$
Balance	$

McAVOY FUNERAL HOME PAID Oct 18, 1965 PER

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

Misc. .....

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed Barbara Tortorete

Witness .....

Address Mrs. Ruth Tortorete 1420 West North Avenue N. S. Pa (33)

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

PAGES 85 & 86

MISSING

#86 ANNA J. ARNOLD

#85 BARDINI CLAYTON

Burial of

Anna J. Arnold

Date of Death

Oct. 7,1965

Date of Burial

Oct. 12,1965

Place of Burial

Forest Lawn Gardens

Addressed to

Mrs. Iola Hostetter

3007 Hemlock Drive

Allison Park, Pa

Statement
of
Professional Service Rendered

Casket & Professional Services	1040.00	
Burial Vault	200.00	
		1240.00

CASH DISBURSEMENTS

Cemetery Charges	80.00	
Flowers	63.00	
Clothing	40.00	
Religious Services	20.00	
Death Notices	18.00	
Death Certificates	6.00	227.00
		$1467.00

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

FOREST LAWN GARDENS, INC.

220 N. WASHINGTON ROAD
DONALDSON CROSSROADS
CANONSBURG, PA.

RECEIPT

LOT-44-A GR^H 3 RUTH

Nº 884

Date OCTOBER 11, 1965

Received of McAvoy Funeral Home

Address 1700 FORBES AVE., PITTSBURGH, PA.

Eighty ^{cts} ^{00}/_{xx} Dollars

$ 80.00 Interment for Anna J. Arnold

Total Price

Disc. If Any

Down Payment

Balance

FOREST LAWN GARDENS, INC.

By Henry G. Soler

LOT SELECTION

First Choice

Second Choice

Third Choice

Garden

RECORD OF FUNERAL

Total No. 3489 Yearly No. 47 Date of Entry Oct 14 1965

Name of Deceased Doris Lee Tippen 31

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

Residence 2112 Pinkney Ave 16 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mr. Joseph C. Robertson

Address 2112 Pinkney Ave 16

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None None (Social Security Number)

Employer and Address ____

Date of Death Oct 14, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 16, 1924 Age 40-11-30 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Allen Tippen

His Birthplace ____

Maiden Name of Mother Dora Robertson

Her Birthplace ____

Date of Funeral Oct 16, 1965 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Rev Boon (Address)

Religion of the Deceased Protestant

Birthplace Hamburg, Md

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

Place of Death Montefiore Hospital

Cause of Death ____

Contributory Causes ____

Certifying Physician ____ (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Restland Memorial

TIPPEN
On Thursday, Oct. 14, 1965, Doris Lee, daughter of Allen and Diada Tippen; sister of Willa Tippen. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 4700 Forbes Ave. Funeral services Saturday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No. 267

Grave No. 3

Section No. D

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1240 —
Casket + Professional Service		950 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Clothing (State Kind and Color)		31 40
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		75 00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____		
7 line Death Notices in 2 Papers (Names of Newspapers)		7 00
Sales Tax Nov 5, 1965		
Total Footing of Bill	$	1285 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

PER ____

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3498 Yearly No. 48 Date of Entry Oct 15 1965

Name of Deceased Bennie B. Tatomer (What Race) X

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of Helen Mullen Tatomer Age of Husband or Wife (if living) Years

Residence 2033 Fifth Ave 19

Charge to Mrs. Helen Tatomer

Address 2033 Fifth Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Maintenance Man 159-16-3754 (Social Security Number)

Employer and Address

Date of Death Oct 15, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 6, 1906 Age 58-11-10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Donald Tatomer

His Birthplace

Maiden Name of Mother Margaret Chernetsky

Her Birthplace

Date of Funeral Oct 19, 1965 (Date) (Day of Week) M. (Hour)

Services at Gaylord Chapel

Clergyman Msgr. Daniel Brennan (Address)

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 Infection from Abscess of

Contributory Causes Right Kidney - Long standing Nephritis

Certifying Physician Dr C C Altman (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

TATOMER
Bennie, on Friday, Oct. 15, 1965. Beloved husband of Helen Mullen; father of Charles and Jean Tatomer; brother of Mrs. Mildred Agostino and Frank Tatomer. Friends received at the EDWARD F. McAVOY FUNERAL HOME, 1700 Porter Ave. Funeral Tuesday morning at 9:00. High Mass of Requiem in the Church of the Epiphany, at 10 o'clock.

Diagram of Lot or Vault

Lot No. Section Plot

Grave No. 7

Section No. R. Row

Block No. 52

Owner

Misc.

Complete Funeral (except outlays)	$ 960 —
Casket 2 Professional Service	765 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	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 (Names of Newspapers)	9 00
McAVOY FUNERAL HOME	
Sales Tax Nov. 17, 1965	
Total Footing of Bill	$ 100 00
Less	$
Balance	$

Entered into Ledger page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3491 Yearly No. 49 Date of Entry Oct 19 19 65

Name of Deceased John S. Emeloff 71

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2010 1/2 Tobias Ave 19

Charge to Mrs Helen Emeloff

Address 2010 1/2 Tobias Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War W W # 2

Occupation Painter (Social Security Number)

Employer and Address

Date of Death Oct 19, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 1, 1894 Age 49-0-18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Simon

His Birthplace Russia

Maiden Name of Mother Katherine Panzeroff

Her Birthplace

Date of Funeral Oct 23, 1965 (Date) (Day of Week) M. (Hour)

Services at Home

Clergyman (Address)

Religion of the Deceased Russian Orthodox

Birthplace Bridgetteown, Pa

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

Place of Death Mercy Hospital

Cause of Death Acute Renal Myocardial

Contributory Causes Arteriosclerosis

Certifying Physician John M. Johnston (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } South Side Cemetery

EMELOFF
On Tuesday, Oct. 19, 1965, John S., husband of Helen M. Lankovich; father of Mrs. Madeline McGowan, Richard J., Michael P., and Ronald S. Emeloff; brother of Mrs. Velma Peare and Michael Simon. Funeral at the FAMILY RESIDENCE, 2010½ Tobias Ave., on Saturday morning, at 8:30.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1150 00
Casket Professional Bronze		970 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	$	
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		
Clergymen, $ 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 3 Papers		13 50
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill Nov 2, 1965	$	1193 50
Less Balance	$	
	$	

McAVOY FUNERAL HOME

PAID

Entered in Ledger page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3492 Yearly No. 50 Date of Entry Oct. 30 1965

Name of Deceased Keith Amedure (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 313 N. Evaline St 24

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

Charge to Frank J. Amedure

Address 313 N. Evaline St 24

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None None (Social Security Number)

Employer and Address ____

Date of Death Oct (Mo.) 30 (Day) 1965 (Yr.) Age (Hour)

Date of Birth Oct (Mo.) 30 (Day) 1965 (Yr.) Stillborn (Yrs.) (Mos.) (Days)

Name of Father Frank J. Amedure

His Birthplace Pittsburgh, Pa

Maiden Name of Mother Patricia A. Lawson

Her Birthplace Pittsburgh Pa

Date of Funeral Nov 1, 1965 (Date) (Day of Week) (Hour) M.

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 Uterine Placenta

Certifying Physician Richard P. Amores (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery

Lot No. 136

Grave No. 5

Section No. 7

Block No. ____

Owner ____

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$	
Casket 4 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		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		
Clergymen, $ 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.

Misc. ____

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Nov	8 65	To Above Balance	10	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. 3493 Yearly No. 51 Date of Entry Oct. 31 1965

Name of Deceased Albert J. Miller (What Race) W.

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

Residence 1059 Mitchell Street Cocoa Florida

Charge to Ethel Mae Miller

Address 1059 Mitchell St

Order given by (or informant)

How Secured

If Veteran, Name of War W W 2

Occupation Air Conditioning (Social Security Number)

Employer and Address

Date of Death Oct 31 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age 40 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John J. Miller

His Birthplace

Maiden Name of Mother Mary —

Her Birthplace

Date of Funeral Nov 5, 1965 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Dr Jack Mangan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death West Side Hospital - Pembroke, Fla

Cause of Death Cerebral Embolism

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Mt. Tabernacle Cemetery

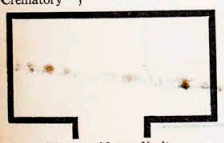


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

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 ✓ @ $		65 00
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Airport		15 00
Taking Remains to		
Trip to Coroner's Inquest		
~~Delivering Box~~ to Postal Funeral Home		100 00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
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		
Clergymen, $ ✓ 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		50 00
line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	450 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME PAID Nov 7, 1965 PER

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3494 Yearly No. 52 Date of Entry Nov 9 1965

Name of Deceased Nora Scheible (What Race)

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

Residence 440 Barrows St 19

Charge to William Scheible

Address 440 Barrows St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife Social Security Number None

Employer and Address ____

Date of Death Nov (Mo.) 9 (Day) 1965 (Yr.)

Date of Birth Unknown (Mo.) (Day) (Yr.) Age abt (Yrs.) 58 (Mos.) (Days)

Name of Father Michael Jordan

His Birthplace ____

Maiden Name of Mother Nellie Snyder

Her Birthplace ____

Date of Funeral Nov 12, 1965 (Date) (Day of Week) M. (Hour)

Services at St Agnes Church

Clergyman Fr. Bailey (Address)

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 440 Barrows St

Cause of Death A. F. H. d. with Anuerisa

Contributory Causes Fibrilation, Diabetes Mellitus, Constitutional Obesity

Certifying Physician Hen Kamellia (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

SCHEIBLE
Nora Jordan, on Tuesday, Nov. 9, 1965, wife of William, Sr.; mother of William Jr., Raymond, Charles, Mrs. Rita Ohder and Mrs. Elmore Ridge; sister of Michael Jordan, Mrs. Margaret Reardon and Mrs. Cecilia Kelly. Also four grandchildren. Friends received at the D. F. WARD & McAVOY FUNERAL HOME, 1700 Perrice Ave. Services Friday morning at 9:30. Requiem high mass in St. Agnes Church at 10 a. m.

Lot No. 26

Grave No. 8

Section No. M. A

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$ 470 —
Casket Prefinished Bronze	1091 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)	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.	2 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
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	
Clergymen, $ 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	
13 line Death Notices in ____ Papers (Names of Newspapers) McAVOY FUNERAL HOME Nov. 11, 1965	20 00
Sales Tax	
Total Footing of Bill	$ 1473 00
Less PER J.P.M.	$
Balance	$

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3495 Yearly No. 53 Date of Entry Dec 2 1965

Name of Deceased John E. Obritz (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of Margaret Hand Age of Husband or Wife (if living) ____ Years

Residence 2011 Pastoria St 19

Charge to Mrs. Margaret Obritz

Address 2011 Pastoria St 19 481-4807

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Insurance Salesman 202-32-6239 (Social Security Number)

Employer and Address ____

Date of Death Dec (Mo.) 2 (Day) 1965 (Yr.) (Hour)

Date of Birth Mar (Mo.) 7 (Day) 1942 (Yr.) Age 23 (Yrs.) 8 (Mos.) 25 (Days)

Name of Father Joseph Obritz

His Birthplace ____

Maiden Name of Mother Rose Mangano

Her Birthplace ____

Date of Funeral Dec (Date) 6, 1965 (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 209 Summerville St.

Cause of Death Shock & Hemorrhage due to gunshot wound of Chest

Contributory Causes ____

Certifying Physician Jos. B. Dibbs (or Coroner)

His Address 542 Tennant Ave Pgh. 19 PA.

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 ____

Misc. ____

OBRITZ
On Thursday, Dec. 2 1965, John E., husband of Margaret Hand; father of John E. Obritz Jr., son of Joseph S. and Rose Mangano; brother of James M. and Joseph W. Obritz Jr. Friends received at the EDWARD J. McAVOY FU-NERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9 o'clock. High mass of requiem in Epiphany Church of the Epiphany, at 10 o'clock.

Complete Funeral (except outlays)	$
Casket Professional Immediate	1370 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 ____	
Cremation ____	
Flowers, $ ____ Palms, $ ____ Matting, $ ____	
Rental of Tent, $ ____ of Temporary Vault, $ ____	
Opening of Grave or Tomb ____	
Lining Grave, $ ____ Lowering Device, $ ____	
Outlay for Shipping Charges ____	
Clergymen, $ ____ Singers, $ ____ Organist, $ ____	20 00
Railroad / or Motor Tickets, $ ____ Aero-plane Service, $ ____	
Telegr., Phone, Cable or Radio Charges ____	
Cash Advanced ____	
Out of town Funeral Director's Charges ____	
Personal Service ____	
12 line Death Notices in 3 Papers	18 00
(Names of Newspapers)	
Sales Tax	$
Total Footing of Bill	$ 1614 00
Less	$
Balance	$

Entered into Ledger, page ____ or below.

Misc. McAVOY FUNERAL HOME

PAID Jan. 4, 1966

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

Date	PER JB McCann	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

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RECORD OF FUNERAL

Total No. 3496 Yearly No. 54 Date of Entry Dec. 8 1965

Name of Deceased Frank L. Marks (What Race) W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ____ of } Susan Ross Age of Husband or Wife (if living) ____ Years

Residence 3819 Pier St. 13

Charge to Mrs Susan Marks

Address 3819 Pier St

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Retired Roofer 192-01-0008 (Social Security Number)

Employer and Address ____

Date of Death Dec. 8, 1965 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Michael Marks

His Birthplace ____

Maiden Name of Mother ____

Her Birthplace ____

Date of Funeral Dec 11, 1965 (Date) (Day of Week) M. (Hour)

Services at St. Regis Church

Clergyman Fr. Benton (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death 3818 Pier St.

Cause of Death ____

Contributory Causes ____

Certifying Physician Jos. B. Dobbs (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Lot No. 534

Grave No. 6 x D

Section No. N

Block No. ____

Owner ____

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$	1911 00
Casket Professional Services		1435 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Undergarments - Shirt etc (State Kind and Color)		5 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		180 00
Cremation		
Flowers, $ Palms, $ Matting, $		63 80
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
8 line Death Notice in 2 Papers (Names of Newspapers)		8 00
Sales Tax		
Total Footing of Bill	$	1916 80
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME Jan 6, 1966

Entered into Ledger page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3497 Yearly No. 54 Date of Entry Dec. 11 1965

Name of Deceased Alice F. Hickey
☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 3433 Pleasantview Dr. 27.

Charge to Raymond P. Hickey - 884-2644

Address 3433 Pleasantview Dr. 27

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife Social Security Number: None

Employer and Address

Date of Death Dec. 11, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 25, 1965 Age 83-9-16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Patrick M. Kearney

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Dec. 15, 1965 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Harold Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death 3433 Pleasantview Dr.

Cause of Death Neoplasm of Lung

Contributory Causes C.A.D. H.D.

Certifying Physician Harry J. Brokaw (or Coroner)

His Address 3022 Brownsville Road

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Cemetery

HICKEY
On Saturday, Dec. 11, 1965, Alice F. Kearney, wife of the late James P. Hickey; mother of Edward W., Raymond P. and James P. Hickey; also 11 grandchildren. Friends received at the McAVOY FUNERAL HOME 1700 Forbes Ave. Funeral Wednesday morning at 9:30. High mass of requiem in the Church of the Epiphany at 10 o'clock. Visitation 2-4 and 7-9 p. m.

Lot No. 734
Grave No. 2 x 0
Section No. 5
Block No.
Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket		760 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)		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.		1 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
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		
Clergymen, $ 7 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)		NC
Sales Tax		
Total Footing of Bill	$	1174 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Misc.

Statement 5/11/66
Statements 5-24-66 [illegible] 9-14-66

Date		Amount Paid	Balance
5/24/66	To Above Balance	792 86	$ 392 14
9/10/66	By Payment	$ 200 —	$ 192 14
4/21/69	" "	$ 50 —	$ 142 14

Date		Amount Paid	Balance
Apr 15 1969	To Balance Forward	100 00	$ 32 14
	By Payment	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

Wm. Ed. Hickey
2746 Connecticut Ave
Pgh 16

James A. Hickey
5717 Willow Terrace Dr
Bethel Park, Pa.

96

RECORD OF FUNERAL

Total No. 7498 Yearly No. 55 Date of Entry Dec. 24, 19 65

Name of Deceased Stillborn Mary Catherine Terrero (What Race) 3d

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 595 Grayton Dr 35

Charge to Nicholas Terrero

Address 595 Grayton Dr. 35

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None None (Social Security Number)

Employer and Address ____

Date of Death Dec. 24, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 24, 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Nicholas Terrero

His Birthplace Pittsburgh Pa

Maiden Name of Mother Mary Lenera

Her Birthplace Pittsburgh, Pa

Date of Funeral Dec. 27, 1965 M. (Date) (Day of Week) (Hour)

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 Anoxia

Contributory Causes Abruptio Placenta

Certifying Physician Dr. Geo. Patton (or Coroner)

His Address Pittsburgh Pa

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

Misc. ____

Complete Funeral (except outlays)	$	
Casket 4 Inches		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 ____		
Clergymen, $ ____ Singers, $ ____ Organist, $ ____		
Railroad or Motor Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
____ line Death Notices in ____		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	35 00
Less PER ____ Balance	$	
Entered into Ledger, page ____ or below.	$	

McAVOY FUNERAL HOME
Jul 16 1966

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3499 Yearly No. 56 Date of Entry Dec. 24 1965

Name of Deceased Stillborn Joseph Pluciniske 36 (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3307 Beethoven St 19

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

Charge to Ronald J. Pluciniske

Address 3307 Beethoven St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None None (Social Security Number)

Employer and Address

Date of Death Dec. 24, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 24, 1965 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Ronald Joseph Pluciniske

His Birthplace Pittsburgh, Pa.

Maiden Name of Mother Dorie Mary Ireland

Her Birthplace Pittsburgh, Pa.

Date of Funeral Dec. 28, 1965 (Date) (Day of Week) (Hour) M.

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 Mercy Hospital

Cause of Death Abruptio Placenta

Contributory Causes Intra Uterine Death

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

His Address 550 Grant St

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

Misc.

Complete Funeral (except outlays)	$	
Casket Steel		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		
Clergymen, $ 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	$	
Entered into Ledger, page or below.	$	

McAVOY FUNERAL HOME

PAID

Feb 1 1966

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3500 Yearly No. 57 Date of Entry Dec 28 19 65

Name of Deceased Giacinta Iannotta

☐ Married ☐ Single ☒ Widowed ☐ Divorced

31 (What Race)

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

Residence 184 Burrows Street 19

Charge to Domino Iannotta

Address 1220 Mifflin Road 7

Order given by Homestead 22579 (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec 25, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 29, 1882 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Angelo Sesso

His Birthplace Italy

Maiden Name of Mother Maria Sesso

Her Birthplace Italy

Date of Funeral Dec 31, 1965 M. (Date) (Day of Week) (Hour)

Services at St Agnes Church

Clergyman Fr Bailey (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 Myocardial Infarction

Contributory Causes Shock, secondary to it

Certifying Physician H. R. Bailey, M.D. (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

IANOTTA
On Tuesday, Dec. 28, 1965, Giacinta Perri, wife of the late Angelo Iannotta, mother of Victor and Dominic Iannotta; also four grandchildren. Friends received at McAVOY & McAVOY 3rd at Reed, 1760 Porter Ave. Funeral on Friday morning, at 9:30, solemn requiem high mass in St. Agnes Church at 9 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 20

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	2997 00
Casket Professional Service		235 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)		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		130 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		120 75
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... 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		
10 line Death Notices in 3 Papers (Names of Newspapers)		15 00
McAVOY FUNERAL HOME PAID Jul 17, 1966		
Sales Tax		
Total Footing of Bill	$	2897 75
Less	$	
Balance	$	

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

Misc.

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. 3501 Yearly No. 58 Date of Entry Dec 28 1965

Name of Deceased Antonio Bianchi

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

Residence 436 Monroe Street 19

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

Charge to Mrs Lena Bianchi

Address 436 Monroe Street 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Construction 170-01-8422 (Social Security Number)

Employer and Address ____

Date of Death Dec 28, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13, 1891 Age 74-0-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Antonio Bianchi

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral Dec 31, 1965 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church (Address)

Clergyman Msgr. David Brennan

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 Carcinoma of colon & metastasis

Contributory Causes to liver, lungs, & brain

Certifying Physician Leo A. O'Donnell (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

BIANCHI
On Tuesday, Dec. 28, 1965, Antonio, husband of Lena Conti, Brother, father of Mrs. Inez Marini, Alda Conti, Mrs. Angeline Piccioni and Guido Conti, also nine grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1900 Forbes Ave. Funeral on Friday at 9:30 a. m. Solemn requiem high mass in the Church of the Epiphany at 10 a. m.

Diagram of Lot or Vault

Lot No. ____
Grave No. ____
Section No. 40
Block No. 329
Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1250 00
Casket Professional Service		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)		
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains 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 ____		
Clergymen, $ ____ Singers, $ ____ Organist, $ ____		30 00
Railroad / Aeroplane or Motor } Tickets, $ ____ Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
____ line Death Notice		11 00
(Names of Newspapers) ____		
____		
Sales Tax		
Total Footing of Bill	$	
Less	$	
PER ____ Balance	$	1294 00

McAVOY FUNERAL HOME
PAID
Jan 27 1966

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

100

RECORD OF FUNERAL

Total No. 3502 Yearly No. 59 Date of Entry Dec. 28 1965

Name of Deceased Rev. Bernard T. Carlin

☐ Married ☒ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 202 Terry Street 22

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

Charge to Mayr. Louis J. Mass. (Mercy Parish)

Address 202 Terry Street 22

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

How Secured .....

If Veteran, Name of War .....

Occupation Clergyman 191-12-6410 (Social Security Number)

Employer and Address .....

Date of Death Dec. 28, 1965 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 29, 1915 Age 49 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Wilhelm J. Carlin

His Birthplace .....

Maiden Name of Mother Mary Agnes Schweikert

Her Birthplace .....

Date of Funeral Dec. 31, 1965 (Date) (Day of Week) M. (Hour)

Services at St. Mary of Mercy Church

Clergyman Bishop John J. Wright (Address)

Religion of the Deceased Catholic

Birthplace New Castle, Pa.

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

Place of Death Mercy Hospital

Cause of Death Advanced C.A. of Pleura of

Contributory Causes mouth

Certifying Physician Dr. John T. Buchman (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

CARLIN
On Tuesday, Dec. 28, 1965, Rev. Bernard T. Carlin, assistant pastor of St. Mary of the Mercy Church. Son of the late William J. and Mary Agnes Schweikert Carlin, brother of Sister Rose Agatha, S.S.J., Mary E. Paradiso, Katherine and Jon P. Carlin. Friends received in the Rectory of St. Mary of the Mercy Church, Sherwick Dr. and Blvd. of the Allies, until translation to the Church on Thursday at 3 p. m. Office of the dead on Friday at 1:30 p. m. Solemn pontifical mass at 2 p. m. Interment, Calvary Cemetery.

Lot No. .....

Grave No. .....

Section No. 4

Block No. .....

Owner .....

M .....

Complete Funeral (except outlays)	$
Casket x Professional Services	760 00
Burial Vault or Box (State Kind)	240 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ c Ambulance, $	25 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)	
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	
Clergymen, $ ..... 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:	25 50
(Names of Newspapers) Dec - 1965	
Sales Tax	
Total Footing of Bill	$ 1012 50
Less PER	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc. .....

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

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

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3503 Yearly No. 60 Date of Entry Dec. 30 1965

Name of Deceased Susie Topolovsky (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

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

Residence 42 Van Brunt St 19

Charge to Mrs Anne Karem

Address 42 Van Brunt St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Domestic D 174-05-5448 (Social Security Number)

Employer and Address ____

Date of Death Dec 30 1965 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father George Gerpark

His Birthplace Austria Hungary

Maiden Name of Mother Anna Melka

Her Birthplace Austria Hungary

Date of Funeral Jan 3, 1965 (Date) (Day of Week) M. (Hour)

Services at Greyling Church

Clergyman Msgr Daniel Brennan (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 42 Van Brunt St

Cause of Death Anemia

Contributory Causes Probable G. I. Malignancy

Certifying Physician Reinhardt Lang (or Coroner)

His Address 3500 Fifth Ave

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Brothock Catholic Cemetery

TOPOLOVSKY
On Thursday, Dec. 30, 1965, Susie Terzak, wife of the late Michael Topolovsky; mother of Mrs. Anne Karem, Mrs. Marie Zavada and Paul Topolovsky; also six grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, Two Penna. Ave. Funeral on Monday morning at 9:00. High mass of requiem in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 55

Grave No. 3

Section No. U

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1171 68
Casket 4 Impressed Bronze		940 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)		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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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		12 00
(Names of Newspapers) ____		
____		
Sales Tax	$	
Total Footing of Bill	$	1211 50
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID Jan 16, 1966

Entered into Ledger page ____ or below.

PER ____

Misc. ____

Date		Amount Paid	Balance
1/6/66	To Above Balance	500 00	$ 711 50
1/27/66	By Payment	$ 501 68	$ 170 00
	" "	$	$

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Address ____

Witness ____

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

RECORD OF FUNERAL

Total No. 3504 Yearly No. 1 Date of Entry Jan 7 1966

Name of Deceased John Knisker (Knasker) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 1202 Fifth Ave 19

Charge to Mr. Harry Oleksowicz

Address 2704 Stella St 3

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

How Secured .....

If Veteran, Name of War .....

Occupation Retired Furniture Refinisher 184-14-2352 (Social Security Number)

Employer and Address .....

Date of Death Jan 7, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace Austria

Maiden Name of Mother Unknown

Her Birthplace Austria

Date of Funeral Jan 10, 1966 (Date) (Day of Week) M. (Hour)

Services at Greenberg Funeral Church

Clergyman Msgr. Arnold Brennan (Address)

Religion of the Deceased Catholic

Birthplace Austria

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

Place of Death South Side Hospital

Cause of Death Abscess of left lung

Contributory Causes .....

Certifying Physician G. R. Williamson, M.D. (or Coroner)

His Address 1203 Park Bldg 7th-Pa

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 .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket	970	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 Clothing (State Kind and Color)	35	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	155	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	15	75
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... 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		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1295 75
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Misc. .....

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum. Signed .....

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

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

RECORD OF FUNERAL

Total No. 3505 Yearly No. 2 Date of Entry Jan 16, 1966

Name of Deceased Bertha L Hillburg

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence R D # 7 - Gibsonia, Pa

☐ Husband ☐ Wife ☐ Widow of Elmer Hillburg (What Race)

Age of Husband or Wife (if living) ____ Years

Charge to Dr Alan A. Kistler

Address R D # 7 - Gibsonia Pa

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Jan 16, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 30 1884 Age 81 - 3 - 16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Louis Lambert

His Birthplace ____

Maiden Name of Mother Blanche Campbell

Her Birthplace ____

Date of Funeral Jan 19, 1966 (Date) (Day of Week) (Hour) M.

Services at Gospel Church

Clergyman Msgr. Daniel Berman (Address)

Religion of the Deceased Catholic

Birthplace Bellevue, Pa

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

Place of Death St. Margarets Hospital

Cause of Death Myocardial Infarction

Contributory Causes A.S.H.D. - Congestive heart failure

Certifying Physician Dr James Cantlupper (or Coroner)

His Address Highland Bldg Pgh 6, Pa

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery

HILLBURG (Kistler) — On Sunday, Jan. 16, 1966, Bertha Lambert Hillburg, wife of the late Elmer Hillburg, mother of Dr. Alan A. Kistler, also three grandchildren and 11 great-grandchildren. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral 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 ____

Misc. ____

Complete Funeral (except outlays) $	
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 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)	
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	
Clergymen, $ 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)	22 00
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill Jan 28, 1966	$ 1026 00
Less	$
Balance	$

Entered into Ledger, page ____ or below.

PER JPM

Misc. ____

Date		Amount Paid	Balance
4/28/66	To Above Balance	1123 92	$
	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. 3506 Yearly No. 3 Date of Entry Jan 26 1966

Name of Deceased Luigi Pacini

☒ Married ☐ Single ☐ Widowed ☐ Divorced

34 (What Race)

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

Residence 45 Van Braam Street 19

Charge to Mrs Pasqua Pacini

Address 45 Van Braam St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Spray Painter 181-16-0923 (Social Security Number)

Employer and Address

Date of Death Jan 26, 1966

Date of Birth (Mo.) Sept (Day) 15, 1891 (Yr.) Age 66 (Yrs.) - 1 (Mos.) - 11 (Days)

Name of Father Luigi Pacini

His Birthplace Italy

Maiden Name of Mother Elena Paini

Her Birthplace Italy

Date of Funeral Jan 29, 1966 (Date) M. (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (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 Gen. Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes

Certifying Physician Dr. K. Fetterhoff (or Coroner)

His Address Mercy Gen. Hospital

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. M. A.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1596 50
Casket Unfinished Bronze		1290 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Shirt + Tie (State Kind and Color)		5 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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, $		89 25
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
11 line Death Notices in 3 Papers (Names of Newspapers)		16 50
Sales Tax		
Total Footing of Bill	$	1626 75
Less	$	
Balance	$	

McAVOY FUNERAL HOME

Jan 27 1966

Entered into Ledger, page 71 M or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 4/66	To Above Balance	729 50	$ 903 25		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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. 2507 Yearly No. 4 Date of Entry Feb 1 1966

Name of Deceased Elizabeth Mc Donald (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☒ Widow } of Bernard Mc Donald

Residence 13 th Street - Conway, Pa Age of Husband or Wife (if living) Years

Charge to Bernard Mc Donald 884-1393

Address 5222 Brafted Rd 36

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Feb 1 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1882 Age 84 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Date of Funeral Feb 5, 1966 (Date) (Day of Week) (Hour) M.

Services at St Gabriel Church

Clergyman Rev Leo A. O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Aliquippa, Pa

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

Place of Death Dynamic Hospital

Cause of Death Chronic Myocarditis

Contributory Causes A & H D

Certifying Physician Homer J. Nagy M.D. (or Coroner)

His Address 152 Depot Ave New Brighton Pa.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

McDONALD
On Tuesday, Feb. 1 1966, Elizabeth Purcell, wife of the late Bernard McDonald, mother of Mrs. Ann Mellon, Mrs. Mary Arnold, Mrs. Delores Freyermuth, James J. Bernard and Robert McDonald, also seven grandchildren. Friends received at the McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral on Saturday morning at 9:15. High mass of requiem in St. Gabriel's Church at 10 o'clock. (Visitation 2-4 and 7-10 p. m.)

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

	$	
Complete Funeral (except outlays)	1390	00
Casket Protected Bronze	940	00
Burial Vault or Box (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Chenille (State Kind and Color)	40	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	155	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		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in 2 Papers	26	00
McAVOY FUNERAL HOME		
Sales Tax Mar 24 '66		
Total Footing of Bill $	1489	75
Less $		
Balance $		

(Names of Newspapers)

Entered in Ledger, Page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

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RECORD OF FUNERAL

Total No. 3508 Yearly No. 5 Date of Entry Feb 8 19 66

Name of Deceased Asher Tannous (What Race) W

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

Residence 740 Richford St. Duquesne Pa

Charge to Estate - Rev Thomas M. Morgan - Exec.

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Proprietor Bowling Alley 186-28-7693 (Social Security Number)

Employer and Address

Date of Death Feb 8, 1966 (Mo.) (Day) (Yr.)

Date of Birth Dec 25, 1892 Age 73-1-13 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days) (Hour)

Name of Father Tannous Asher

His Birthplace Lebanon

Maiden Name of Mother Marie Ashmar

Her Birthplace Lebanon

Date of Funeral Feb 11, 1966 (Date) (Day of Week) M. (Hour)

Services at Our Lady of Victory Church

Clergyman Rev. Thomas Morgan

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 McKeesport Hospital

Cause of Death Carcinoma of Stomach

Contributory Causes

Certifying Physician Dr. Lester Botham

His Address 424 W. Grant Ave - Homestead Pa (or Coroner)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Holy Sepulchre Cemetery

Crematory

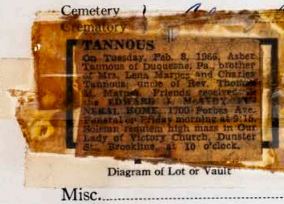


Diagram of Lot or Vault

Lot No. 258

Grave No. 2

Section No. K

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1900 -
Casket Professional Service	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)	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)	
15 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	15 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	185 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	
Clergymen, $ 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	40 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 2008 10
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID

Mar 9, 1966

PER

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3509 Yearly No. 6 Date of Entry Feb 10 1966

Name of Deceased Olivia M. Fisher

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

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

Residence 340 Croft Ave

Charge to Louis A. Fisher

Address 341 Croft Ave

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Feb 10, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 4, 1900 Age 59-2-6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Wallace Divers

His Birthplace ____

Maiden Name of Mother Ellen Glynn

Her Birthplace ____

Date of Funeral Feb 14, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Presbyterian Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Arteriosclerotic Cardio vascular Renal

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

His Address ____

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery ____

Crematory ____

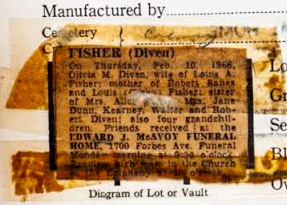

FISHER (Divers)
On Thursday, Feb. 10, 1966, Olivia M. Divers, wife of Louis A. Fisher; mother of Roberta, Sarah and Louis (Jr.) Fisher; sister of Mrs. Alice ... Mrs. Jane Dunn, Kearney, Walter and Robert Divers; also four grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:30 o'clock ... Church ... in the Church ...

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Service	775	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)	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. ____ (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 ____		
Clergymen, $ ____ 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 ____		
____ line Death Notices in ____ Papers (Names of Newspapers)	15	00
Sales Tax	$	
Total Footing of Bill	$	
Less	$	
Balance	$ 1046	00

Entered into Ledger, page ____ or below.

Misc. 11-2-66 7-18-67

1-31-68

Date		Amount Paid	Balance
Feb 12 66	To Above Balance	500 00	$ 546 00
Mar 14 66	By Payment	$ 50 00	$ 496 00
Apr 5 66	" "	$ 50 00	$ 446 00

Date		Amount Paid	Balance
Apr 19 66	To Balance Forward	50 —	$ 396 00
June 16 66	By Payment	$ 50 —	$ 346 00
July 8 66	" "	$ 50	$ 296 00
Oct 14 66	" "	$ 50	$ 246 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. 3510 Yearly No. 7 Date of Entry Feb 12 1966

Name of Deceased Mother M. Irenaeus - Elizabeth Dougherty (DAUGHERTY) 71
(What Race)

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

Residence 3333 Fifth Ave 13

Charge to Sisters of Mercy

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation In Religion (Social Security Number)

Employer and Address

Date of Death Feb 12 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 22 1869 Age 96 10 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Dougherty

His Birthplace

Maiden Name of Mother Margaret Fulton

Her Birthplace Pittsburgh Pa

Date of Funeral Feb 15 1966 (Date) (Day of Week) M. (Hour)

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

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Mary's Cem Latrobe Pa

DOUGHERTY
On Saturday, Feb. 12, 1966, Mother M. Irenaeus Dougherty of the Order of Mercy, sister of Misses Hester and Margaret Gulin and Robert Dougherty. Funeral from St. Mary's Convent, Greensburg, Pa., Tuesday morning with Mass of Requiem at 10 o'clock. Interment St. Mary Cemetery, Latrobe.

Diagram of Lot or Vault

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

Misc.

Complete Funeral (except outlays)	$
Casket a Professional Service	315 00
Burial Vault or Box (State Kind)	50 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies 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	
Clergymen, $ 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 PER JCM	$
Balance	$ 365 00

McAVOY FUNERAL HOME
PAID
April 15, 1966

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3511 Yearly No. 8 Date of Entry Feb 12 1966

Name of Deceased Brian De Ono (What Race) 21

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2907 Barrett Ave 4 ☐Husband ☐Wife ☐Widow of ... of ... Age of Husband or Wife (if living) ... Years

Charge to W. P. A.

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number) None

Employer and Address

Date of Death Feb 13 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 11 1966 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) 1 (Days)

Name of Father Frank De Ono

His Birthplace

Maiden Name of Mother Dolores Mercadez

Her Birthplace

Date of Funeral Feb 14, 1966 (Date) (Day of Week) (Hour) M.

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 Mercy Hospital

Cause of Death Accidental, Respiratory Syndrome

Contributory Causes Possible Sepsis

Certifying Physician Dr. Rupert A. Priday (or Coroner)

His Address

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

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Professional Twin		50 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
... Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Clergymen, $ ... Singers, $ ... Organist, $		
Railroad or Motor / Aeroplane Tickets, $ ... 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	$	80 00
Less	$	
Balance	$	

Entered in Ledger page ... or below.

Misc.

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. 3512 Yearly No. 9 Date of Entry Feb 16 1966

Name of Deceased Ellen J. Cummins (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1731 Forbes Ave 19 ☐Husband ☐Wife ☐Widow of Joseph F. Age of Husband or Wife (if living) Years

Charge to Joseph F. Cummins

Address 1731 Forbes Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife Social Security Number none

Employer and Address

Date of Death Feb 16, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 25, 1898 (Mo.) (Day) (Yr.) Age 67 (Yrs.) - 5 (Mos.) - 21 (Days)

Name of Father John Mullin

His Birthplace Ireland

Maiden Name of Mother Ellen Feeley

Her Birthplace Ireland

Date of Funeral Feb 19, 1966 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. David Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1731 Forbes Ave

Cause of Death Pulmonary Hemorrhage

Contributory Causes Carcinoma of Lung Bronch. C generalized metastasis

Certifying Physician M. A. Sweeney (or Coroner)

His Address 2011 Fifth Ave

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 124

Grave No. 4 x 10

Section No. R

Block No.

Owner

Misc.

Complete Funeral (except outlays) $		
Casket 6 Professional Bronze	1100	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)	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)		
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	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		
Clergymen, $ 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		
12 line Death Notices in 3 Papers	17	50
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Mar 10, 1966 $	1542	00
Less $	41	50
Balance $	160	00

Entered into Ledger, page M or below.

PER

Misc.

Date		Amount Paid	Balance
2-21-66	To Above Balance	1341 50	$ 201 50
	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. 3513 Yearly No. 10 Date of Entry Feb 18 1966

Name of Deceased Thomas C. Highbarger

☐ Married ☒ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

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

Residence 812 Fifth Ave

Charge to U.P.A.

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer Social Security Number

Employer and Address

Date of Death Feb 15 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb (Mo.) 15 (Day) 1899 (Yr.) Age (Yrs.) 66 (Mos.) (Days)

Name of Father Joseph Highbarger

His Birthplace Italy

Maiden Name of Mother Antonette Arezzo

Her Birthplace Italy

Date of Funeral Feb 21 1966 (Date) (Day of Week) (Hour) M.

Services at Gaspberg 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 A. S. H. D. in Failure

Contributory Causes

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

His Address John J. Kane Hospital

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

Misc.

Complete Funeral (except outlays)	$	
Casket 1 Pr. Funeral Bronze		120 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Century Charges		50 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
Notices in Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	170 00
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME

PAID April 1966

Entered into Ledger, page or below.

Misc.

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. 3514 Yearly No. 11 Date of Entry Feb 20 19 66

Name of Deceased James H. Geoghan (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow of Violet R. Geoghan

Residence 1842 Locust St Age of Husband or Wife (if living) Years

Charge to Violet R. Geoghan

Address 1842 Locust St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Roofer 160-12-5858 (Social Security Number)

Employer and Address

Date of Death Feb 20 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 27, 1892 Age 74 - 0 28 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James H. Geoghan

His Birthplace

Maiden Name of Mother Mary Kearns

Her Birthplace

Date of Funeral Feb 23, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Massillon, Ohio

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

Place of Death Mercy Hospital

Cause of Death Bronchial Pneumonia - chronic

Contributory Causes Pulmonary Emphysema

Certifying Physician John C. Shroer (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem. (Lodgepole Plot)

GEOGHAN
On Sunday, Feb. 20, 1966, James H., husband of Violet R. Geoghan. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1900 Forbes Ave. Funeral Wednesday morning at 9:30 o'clock. High mass of requiem in the Church of the Epiphany 10 A. M.

Diagram of Lot or Vault

Lot No. Row 5-1

Grave No. 25

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket a Rubberized Louvers	570 00
Burial Vault or Box a Plain (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Shoes + Tie + Underclothing (State Kind and Color)	4 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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	
Clergymen, $ 4 Singers, $ Organist, $	20 00
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in Papers (Names of Newspapers)	3 50
Sales Tax	
Total Footing of Bill	$ 701 50
Less	$
Balance	$

Entered into Ledger, page or below.

Misc Copy Bill sent VA 10-19-66 - 11-9-66

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-1-66	To Above Balance	100	$ 601 50		To Balance Forward		$
11-9-66	By Payment V.A.	$ 250	$ 351 50		By Payment	$	$
11-29-66	" " Allegheny County	$ 75	$ 276 50		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

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

VETERANS ADMINISTRATION
REGIONAL OFFICE
1000 LIBERTY AVENUE
PITTSBURGH, PA. 15222

August 30, 1966

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3011/212A
XC 2 153 079
GEOGHAN, James W.

Edward J. McAvoy Funeral Home
1700 Forbes Avenue
Pittsburgh, PA 15219

Gentlemen:

We have received VA Form 21-503, Application for Burial Allowance, which you recently submitted regarding the veteran's funeral expenses.

We did not receive an itemized statement of your charges. Also, you indicated on your application that the amount of $701.50 is unpaid. A prior application in our files from the veteran's wife indicates that she has paid these charges in full. However, she did not submit a receipted funeral bill with her claim, and we requested her to do so in our letter dated June 3, 1966.

Before we can continue action on your claim, we must have an itemized funeral bill and also, a statement from you clarifying the amount, if any, of any unpaid balance.

Very truly yours,

K A Miller
K. A. MILLER
Adjudication Officer

Encl:
VA Form 21-4138

cc: American Legion

cc: Mrs. Violet Geoghan
1842 Locust Street
Pittsburgh, PA 15219

6612 Mr. Smith
Will mail 530 form

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

VETERANS ADMINISTRATION

REGIONAL OFFICE
1000 LIBERTY AVENUE
PITTSBURGH, PA. 15222

3011-212

November 3, 1966

CLAIM NUMBER
XC 02153079 01
J W GEOGHAN

MCAVOY FUNERAL HOME
A/C J W GEOGHAN
1700 FORBES AVE
PITTSBURGH PA 15219

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.

[X] 1. $250.00 as an allowance covering the veteran's funeral and burial expenses.

NOTE: If you are a funeral director 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.

[ ] 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. $_____ 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.

Very truly yours,

K. A. Miller

K. A. MILLER
Adjudication Officer

Copy AL
Mrs. Violet Geoghan
1842 Locust St.
Pittsburgh, Pa. 15219

FL 21-841
Nov 1963 (R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

3011/212A

Form approved.
Budget Bureau No. 76-R355.1

VETERANS ADMINISTRATION

STATEMENT IN SUPPORT OF CLAIM

NOTE.—If additional space is needed, use reverse.

CLAIM NO.

LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (*Type or print*)

GEOGHAN, James W.

XC- 2 153 079

The following statement is made in connection with a claim for benefits in the case of the above named veteran:

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED	SIGNATURE
	SIGN HERE ▶

ADDRESS

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year, or both.

VA FORM 21-4138

GPO: 043 16 - 77965 - 1

RECORD OF FUNERAL

Total No. 3515 Yearly No. 12 Date of Entry Feb 23 1966

Name of Deceased Johanna Burke (Sr. M. Evangelista) (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1401 Locust St 19

Charge to Sisters of Mercy

Address 3333 Fifth Ave 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Sr Religious (Social Security Number)

Employer and Address

Date of Death Feb 23 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1893 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Daniel J. Burke

His Birthplace

Maiden Name of Mother Johanna Burke

Her Birthplace Ireland

Date of Funeral Feb 25, 1966 (Date) (Day of Week) (Hour) M.

Services at Mercy Hospital Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death Acute Coronary Insufficiency

Contributory Causes A.S.H.D.

Cancerous of Gall Bladder

Certifying Physician John C. Stowe (or Coroner)

His Address

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { St Vincents

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

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

Complete Funeral (except outlays)	$	
Casket 4 Bronze		315 00
Burial Vault or Box (State Kind)		50 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery 1 @ $		42 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		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 Notice		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	
PER Balance	$	365 00
Entered into Ledger, page or below.		407 00

McAVOY FUNERAL HOME PAID April 15, 1966

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3516 Yearly No. 13 Date of Entry Feb 24 1966

Name of Deceased Anna Connors 74 (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

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

Residence 14 Magee Street

Charge to David L. Kotchmajer

Address 871 Stanton Ave 9

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

How Secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 24, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Patrick Lynch

His Birthplace Ireland

Maiden Name of Mother Mary McKenna

Her Birthplace Ireland

Date of Funeral Feb 26, 1966 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

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 Congestive Heart Failure

Contributory Causes A & A D

Certifying Physician J. Cassidy M. D. (or Coroner)

His Address John J. Kane Hospital

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery } Calvary Cemetery

Cr. } CONNORS ... Lot No. ..... Grave No. ..... Section No. ..... Block No. ..... Owner .....

Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays) ..... $	
Casket 2 Professional Bearers	780 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)	17 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	155 00
Cremation	
Flowers, $ ✓ Palms, $ ..... Matting, $	21 25
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	10 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill ..... $	1205 25
Less ..... $	
Balance ..... $	

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

Misc. Statement 5/6/66 (6-6-66)

McAVOY FUNERAL HOME

PAID 6-24-66

Date		Amount Paid	Balance
Feb 25 1966	To Above Balance	500 00	$ 705 25
	By Payment	$	$
	" "	$	$

BLR J.M.

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. 3517 Yearly No. 14 Date of Entry Feb 27 1966

Name of Deceased Leonard Moore W.

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

Residence 2 Bedford Sq. 3 ☐ Husband ☐ Wife ☐ Widow of William F. Moore

Charge to William McElroy Age of Husband or Wife (if living) Years

Address 818 Londonderry Dr 34

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Feb 27, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 31, 1885 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Shumaker

His Birthplace

Maiden Name of Mother Catherine McLaughlin

Her Birthplace

Date of Funeral Mar 2, 1966 (Date) (Day of Week) (Hour) M.

Services at St. Brigids

Clergyman Msgr. Paul Bumpierre (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death 2 Bedford Square

Cause of Death Ca of Descending Colon

Contributory Causes Generalized Metastases and Hemorrhage

Certifying Physician Wm C. Brackenridge (or Coroner)

His Address 94 S 18th St 3

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 12

Grave No. 6

Section No. M.A.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	1340 00
Casket 4 Professional Service		975 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)		35 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Clergymen, $ 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		N.C.
(Names of Firms) McAVOY FUNERAL HOME		
Sales Tax Mar 2 1966		
Total Footing of Bill	$	
Less	$	
Balance	$	1388 00

Entered into ledger, page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3518 Yearly No. 15 Date of Entry Mar. 1 1966

Name of Deceased James P. Kennedy (What Race) W

☐ Married ☑ Single ☒ Widowed ☐ Divorced

Residence 127 E. 19th St San Bernardino Calif. ☐ Husband ☐ Wife ☐ Widow of Marie McCaffrey Age of Husband or Wife (if living) Years

Charge to Mrs Marie Trimble

Address 127 E. 19th St San Bernardino Calif

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Newspaper Worker (Social Security Number)

Employer and Address

Date of Death Mar 1 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 4 1894 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Mar 5, 1966 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death 127 E. 19th St San Bernardino

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory — Evergreen Cemetery

KENNEDY
On March 1, 1966, at San Bernardino, Calif., James P., husband of the late Marie McCaffrey, father of Mrs. Marie Trumble and James P. Kennedy Jr.; brother of Mrs. Marie Kyle, and Mrs. Annie Williams. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Porter Ave. Funeral Saturday morning at 9:30 o'clock. High mass of requiem in the Church of the Epiphany at 10 o'clock. Newspaper Drivers Local Union and friends invited. Visitation 2-4 and 7-10 p. m.

Lot No. 20

Grave No. 1

Section No. 40

Block No. 6

Owner

Misc.

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 4 @ $ 24 Service Cars		96 60
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies 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		
Clergymen, $ 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		75 00
Chapel Rental		150 00
16 Funeral Notices 3 Papers		24 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	670 60
Less	$	
Balance	$	

McAVOY FUNERAL HOME PAID May 13, 1966 PER JPM

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3519 Yearly No. 16 Date of Entry Mar 4, 1966

Name of Deceased Gergel N. (Diederich) DEIDERICH (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 116 S. 17th St 3. ☐Husband ☐Wife ☐Widow or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to Edward Diederich - Estate of Same

Address 4th Floor - Union Natl Bank

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Retired Sheet Metal Worker - 168-01-9835 (Social Security Number)

Employer and Address ____

Date of Death Mar 4, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 15 1892 Age 73 4 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Diederich

His Birthplace Germany

Maiden Name of Mother Yetta Roeder

Her Birthplace Germany

Date of Funeral Mar 8, 1966 (Date) (Day of Week) M. (Hour)

Services at Angel

Clergyman Protestant (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 Pgh Nursing Home

Cause of Death Myocardial Infarction

Contributory Causes ____

Certifying Physician Dr Gerber (or Coroner)

His Address 2912 Glenmore Ave

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Jefferson Memorial Park

DIEDERICH
On Friday, March 4, 1966, George N., brother of Mrs. Benjamin Canon, Mrs. Minnie McNichias, Mrs. Walter Wunderlich, Nathaniel G. and Howard A. Diederich. Friends invited to the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral services Tuesday, 9 morning at 9:30 o'clock. Sheet Metal Workers Union, No. 12 and friends invited. Visitation 2-4 and 7-10 p. m.

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Service	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)		
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 Country Chapel	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 ____		
Clergymen, $ ____ 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 ____		
13 line Death Notices in 2 Papers	13	00
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill May 5, 1966	$	1524 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

PER ____

Misc. Ind 4-30-66

Date		Amount Paid	Balance
Apr 6 66	To Above Balance	150 00	$ 1374 00
	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. 3520 Yearly No. 17 Date of Entry Mar 13 19 66

Name of Deceased Florence Boyerlein (What Race)

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

Residence 165 E 12th St 3

Charge to George H Boyerlein Jr.

Address 165 E 12th St 3

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Mar 13, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 25, 1910 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John E Jenkins

His Birthplace

Maiden Name of Mother Minnie Kang

Her Birthplace

Date of Funeral Mon 17 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Catholic (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death 165 E 12th St.

Cause of Death Acute Myocardial Failure

Contributory Causes Rheumatic Heart Disease, Chronic Bronchitis

Certifying Physician B. M. Fralda (or Coroner)

His Address 1617 Brunnicle Road

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory

BAYERLEIN

On Sunday, March 13, 1966, Florence Jenkins, wife of the late George H. Bayerlein, mother of Mrs. George, William, Donald, John and the late Florence Sauerhoff; also 12 grandchildren, 3 great-grandchildren, Catherine Gleason, sister of Kenneth, William, John, Grover, Robert and Richard Jenkins, Mrs. Margaret Mary, Mrs. Catherine Abendschein and Mrs. Louise De Pete. Friends received in THE EDWARD J. MEAVOY FUNERAL HOME, 1700 Perrysville Avenue, on Thursday morning at 9:15 o'clock. High Mass of Resurrection in the Church of The Epiphany at 10 o'clock.

Lot No. 548

Grave No. 9

Section No. 70

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket Prepurchase Service		1395 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, $		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		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		
Clergymen, $ 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		
18 line Death Notices in 3 Papers (Names of Newspapers)		27 00
Sales Tax		
Total Footing of Bill	$	1752 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. Statement 3/21/66 - 6926 - 3-8-66 - (9-19-66)

727.00

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Mar 17 1966	To Above Balance	1025 00	$ 627 00		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Interment at

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3521 Yearly No. 18 Date of Entry Mar 16 1966

Name of Deceased Dennis Lapsey (What Race)

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

Residence 1402 Fifth Ave LG

Charge to Mrs Ruth Sparkman

Address 1402 Fifth Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 187-01-2569 (Social Security Number)

Employer and Address N. J. Navy

Date of Death Mar 16, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 22, 1900 (Mo.) (Day) (Yr.) Age 65 (Yrs.) 2 (Mos.) 24 (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Mon 19, 1966 (Date) (Day of Week) (Hour) M.

Services at Grayling Church

Clergyman Major Edwin Brennan (Address)

Religion of the Deceased Catholic

Birthplace Peoria, Illinois

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

Place of Death John J. Kane Hospital

Cause of Death C.V.A. - Apnea

Contributory Causes Brain Syndrome

Arteriosclerotic Cardiovascular Disease

Certifying Physician Wm R. Hunt - Coroner (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery Pontiac

Diagram of Lot or Vault

Lot No. 6

Grave No. 22

Section No. 16

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1000 —
Casket Bronze	750 00
Burial Vault or Box O.R. Cook (State Kind)	160 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Charley (State Kind and Color)	18 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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 County Charges	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	
Clergymen, $ 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	10 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$ 1056 00

McAVOY FUNERAL HOME

PAID Apr 5, 1966

Entered into Ledger page or below. PER

Misc.

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. 3522 Yearly No. 19 Date of Entry Mar. 28 1966

Name of Deceased Catherine Logan
☐ Married ☐ Single ☒ Widowed ☐ Divorced
W. (What Race)

Residence 72 Congress St. 19.
☐Husband ☐Wife ☐Widow } Morton Logan
or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to
Address
Order given by (or informant)
How Secured
If Veteran, Name of War
Occupation Housewife
(Social Security Number)
Employer and Address
Date of Death Mar. 28 1966 (Mo.) (Day) (Yr.) (Hour)
Date of Birth Unknown Age abt 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Name of Father Unknown Dunbar
His Birthplace
Maiden Name of Mother Unknown
Her Birthplace
Date of Funeral Mar 31, 1966 (Date) (Day of Week) M. (Hour)
Services at Epiphany Church
Clergyman Msgr. Daniel Brennan (Address)
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 Cardiac Failure
Contributory Causes A.S.H.D.

Certifying Physician Dr Jerry Poch (or Coroner)
His Address John J Kane Hospital
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. 32
Section No. 28
Block No. Rear 2
Owner

Misc.

Complete Funeral (except outlays)	$	
Casket		144 85
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)		20 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 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		
Clergymen, $ 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 (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	419 85
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc.

PAID 6-25-66

PER JPM

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3523 Yearly No. 20 Date of Entry Mar. 28, 1966

Name of Deceased Margaret Schwartz (What Race) N.
☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☒ Widow } of Henry Schwartz
or ____ of } Age of Husband or Wife (if living) ____ Years

Residence 2026 Forbes Ave 18

Charge to Peter J. Sedlak

Address 208 S Aiken Ave 6.

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife (Social Security Number)

Employer and Address ____

Date of Death Mar 25, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Yrs. 67 Mos. 6 Days

Name of Father Peter J. Sedlak

His Birthplace ____

Maiden Name of Mother Unknown

Her Birthplace ____

Date of Funeral Apr 6, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. David Brennan (Address)

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 Cardiac Arrest

Contributory Causes Circumstances

Certifying Physician Dr. A. Sampsonas (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Michaels Cemetery

SCHWARTZ (Sedlak)
On Monday, March 28, 1966, Margaret Sedlak, wife of the late Harry J. Schwartz, sister of Peter J. Sedlak. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Friday morning at 9:30 o'clock. High mass of requiem in the Church of the Epiphany at 10 a. m.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$ 1100	00
Casket Professional Home	995	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 ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____		
19 line Death Notices in 3 Papers (Names of Newspapers)	35	00
Sales Tax $		
Total Footing of Bill $		
Less $		
Balance $	1182	00

Entered into Ledger, page ____ or below.

Misc. McAVOY FUNERAL HOME

PAID 4-12-66

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 ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3524 Yearly No. 21 Date of Entry Mar 30 19 66

Name of Deceased Ruth C. Lee (What Race) W.

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

Residence 6202 Auburn St 6

Charge to Bernard O. Lee

Address 6202 Auburn St. 6

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Waitress 203-12-8829 (Social Security Number)

Employer and Address ____

Date of Death Mar. 30 1966 (Mo.) (Day) (Yr.)

Date of Birth June 10, 1924 Age 41 - 8 - 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Hour) (Days)

Name of Father Joseph Clark

His Birthplace ____

Maiden Name of Mother Catherine Falls

Her Birthplace ____

Date of Funeral Apr. 2, 1966 (Date) (Day of Week) M. (Hour)

Services at Holy Sepulchre Church

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Pittsburgh Hospital

Cause of Death Hepatic Neurosis

Contributory Causes Acute Infectious Hepatitis Severe

Certifying Physician Dr. John R. Fridy (or Coroner)

His Address Pittsburgh Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Lot No. ____

Grave No. 75

Section No. 16

Block No. 6

Owner ____

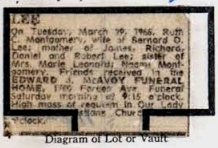


Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$
Casket Bronze	800 00
Burial Vault or Box (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress & underclothing (State Kind and Color)	25 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	205 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ - 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	
4 line Death Notices in 3 Papers	18 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1172 00
Less	$
Balance	$ 0

McAVOY FUNERAL HOME

Entered into Ledger, Page ____ or below.

Misc. Statement and Agr. 2, 1966 (6-7-66) (9-14-66)

Date		Amount Paid	Balance	Date		Amount Paid	Balance
June 28-66	To Above Balance	$ 250 00	$ 922 00	Oct 21, 1966	To Balance Forward	25 00	$ 47 00
Sept 23, 1966	By Payment Mcfc	$ 730 00	$ 192 00	Mar. 14, 1967	By Payment	$ 47 00	$
Nov 6, 1966	" "	$ 110 00	$ 82 00		" "	$	$
Feb 14 1967			72 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. 3525 Yearly No. 22 Date of Entry April 21 19 66

Name of Deceased Thomas Colonel Spitzer (White Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 1726 Justice St.

Charge to Mary Louise Spitzer

Address 1726 Justice St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Machinist 705-03-7819 (Social Security Number)

Employer and Address

Date of Death April 19 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth February 14 1882 Age 84 - 2 - 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Phillip S. Spitzer

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral April 23, 1966 M. (Date) (Day of Week) (Hour)

Services at Brown-Service F.H. Birmingham Ala. (Address)

Clergyman

Religion of the Deceased Protestant

Birthplace Bessemer, Alabama

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

Place of Death St. Josephs Hospital

Cause of Death Arteriosclerotic Heart Disease

Contributory Causes Carcinomatosis from Prostatic Carcinoma

Certifying Physician Dr. E. W. Jeu Jr. (or Coroner)

His Address 2021 E Cannon St Fl 13203

Motor / Ship } Remains to Brown-Service F.H. Birmingham Ala.

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Valhalla Cemetery, Route 4 - Box 239 Bessemer, Ala.

SPITZER
On Tuesday, April 19, 1966, Thomas Colonel, husband of Mary Spitzer, father of Mrs. Mary Louise Riddle, grandfather of William and John Beard; also two great-grandchildren. Friends received in the EDWARD McAVOY FUNERAL HOME, 1700 Forbes Ave. Visitations until 10 p.m. Wednesday. Services 4th Saturday, 4th Birmingham, Ala.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Invoice		845 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress shirt + Underclothing (State Kind and Color)		5 00
Slippers, $ ✓ Hose, $		5 00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		5 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ✓ Palms, $ Matting, $		52 50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
21 line Death Notices in 2 Papers		10 50
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill May 3, 1966	$	923 00
Less	$	
Balance	$	

Entered in Ledger, page 27 or below.

PD

Misc. Statement sent Apr. 26, 1966

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3526 Yearly No. 23 Date of Entry April 26 19 66

Name of Deceased Donald John Lydon (Infant.) (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

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

Residence 1788 Hanson Dr. 26

Charge to John Lydon

Address 1788 Hanson Dr. Pgh, Pa 26

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None None (Social Security Number)

Employer and Address

Date of Death April (Mo.) 20 (Day) 1966 (Yr.) (Hour)

Date of Birth April (Mo.) 18, 1964 (Day) Age (Yr.) (Mos.) 2 (Days)

Name of Father John Lydon

His Birthplace

Maiden Name of Mother Lillian Janet Bishop

Her Birthplace

Date of Funeral April (Date) 21, 1966 (Day of Week) M. (Hour)

Services at

Clergyman Rev. Henry C. Hawkins - Overbrook Pres. Church (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death South Side Hospital

Cause of Death Pneumonia, Interstitial Emphysema

Contributory Causes Atelectasis Premature Birth

Certifying Physician Dr. Henry L. Hawkins (or Coroner)

His Address 4141 Brownsville Rd. 34

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Jefferson Memorial Park

Lot No. 248-C

Grave No. Top of 2

Section No. 41 (Baptist)

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$
Casket & Service	350 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 ✓	350 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	$ 700 00
Less PER JPM	$
Balance	$

McAVOY FUNERAL HOME

PAID

May - 2 - 1966

Entered into Ledger, page or below.

Misc. Statement sent 4-28-66

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3527 Yearly No. 24 Date of Entry April 26 19 66

Name of Deceased Anthony Earl Esposito W.

☒ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 23 D Denver Dr. McKees Rocks (☒ Husband ☐ Wife ☐ Widow) or ____ of Mercedes Ann Esposito (What Race) Age of Husband or Wife (if living) Deceased Years

Charge to Mercedes Ann Esposito

Address 23 D Denver Dr., McKees Rocks, Pa.

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Carpenter 194-28-0262 (Social Security Number)

Employer and Address ____

Date of Death April (Mo.) 21 (Day) 1966 (Yr.) (Hour)

Date of Birth September (Mo.) 13 (Day) 1925 (Yrs.) Age 40 (Mos.) 5 (Days) 8

Name of Father Fernando Acevedo

His Birthplace ____

Maiden Name of Mother Margarita Sanabia

Her Birthplace ____

Date of Funeral April 25, 1966 (Date) (Day of Week) (Hour) M.

Services at Mother of Sorrows Church

Clergyman Fr. Fanbuggio (Address)

Religion of the Deceased Catholic

Birthplace New York, New York

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

Place of Death Ohio Valley Hospital

Cause of Death Blunt + open injuries of body 98%

Contributory Causes ____

Certifying Physician Dr. Wm R. Hunt - coroner (or Coroner)

His Address 542 Fourth Ave Pgh 19, Pa.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 37

Grave No. 4

Section No. R

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$
Casket 7 Sunrise 2100	390 00
Burial Vault or Box (State Kind)	200 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines 1 @ $	25 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)	
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	150 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	126 00
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ Singers, $ Organist, $	30 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	32 00
(Names of Newspapers)	
Disaster Benefits	27 00
Sales Tax	
Total Footing of Bill 2724	$ 3934 00
Less	$
Balance	$
Entered into Ledger, page or below.	

Misc. Statement to E.H. Nevins Act. 5/4/66

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

Burial of

ANTHONY EARL ESPECTO

Date of Death

April 21, 1966

Date of Burial

April 25, 1966

Place of Burial

Calvary Cemetery

Addressed to

Mercedes Ann Especto

23 D Denver Drive

Mc Kees Rocks, Pa.

Statement of Professional Service Rendered

Casket & Professional Services	3300.00	
Burial Vault	200.00	
		3500.00
CASH DISBURSEMENTS		
Cemetery Charges	180.00	
Flowers	126.00	
Automobile Hire	25.00	
Religious Service	30.00	
Disaster Pouch	27.00	
Death Notices	32.00	
Death Certificates	4.00	
		424.00
Total.....		$3924.00

McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH 19, PA.

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RECORD OF FUNERAL

Total No. 3528 Yearly No. 25 Date of Entry May 19, 1966

Name of Deceased Mary Agnes O'Leary (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1449 Imlay Ave 24

☐ Husband ☒ Wife ☐ Widow } Jeremiah T. O'Leary
or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Miss Kathleen O'Leary

Address 1449 Imlay Ave 24

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife NONE (Social Security Number)

Employer and Address ____

Date of Death May (Mo.) 13 (Day) 1966 (Yr.)

Date of Birth Dec (Mo.) 5, (Day) 1897 (Yr.) Age 68 (Yrs.) 5 (Mos.) 7 (Days)

Name of Father John Mabrey

His Birthplace ____

Maiden Name of Mother Catherine Barry

Her Birthplace ____

Date of Funeral May (Date) 16, 1966 (Day of Week) M. (Hour)

Services at Epiphany

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1449 Imlay Ave 24

Cause of Death Acute Myocardial Infarction A.S.H.D. Diabetes Mellitus

Contributory Causes ____

Certifying Physician Geo. F. Kavalles (or Coroner)

His Address 3700 Fifth Ave.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Cr Calvary Cemetery

O'LEARY
On Thursday, May 12, 1966, Mary Agnes Mabrey, wife of Jerry H. O'Leary, mother of Sister M. Michele R.S.M., mother of Kathleen M. O'Leary, Mrs. Helen (Pamela) Mrs. Bernice Simon, John F. Daniel and Terrence A. O'Leary, sister or Mrs. Cecelia Hannon; also 11 grandchildren. Friends, received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10:00 o'clock.

Diagram of Lot or Vault

Lot No. 512
Grave No. 6
Section No. H
Block No. ____
Owner ____

Misc. ____

Complete Funeral (except outlays) $		
Casket & Professional Services	931	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)		
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 crediting 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		
Clergymen, $30 Singers, $40 Organist, $	70	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 3 Papers	24	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	1423	00
Less $		
Balance $		

Entered into Ledger page ____ or below.

McAVOY FUNERAL HOME

Misc. Statement 5-31-66

PAID 6-22-66

PER JPM

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3529 Yearly No. 26 Date of Entry May 19, 1966

Name of Deceased Joseph D. Toney (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1709 Forbes Ave 19

☒ Husband ☐ Wife ☐ Widow of Josephine A. Toney

Charge to Josephine A. Toney

Address 1709 Forbes Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War W. W. II

Occupation Labarer 175-16-0293 (Social Security Number)

Employer and Address

Date of Death May 15 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 20, 1920 Age 45 4 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Stanley Toney

His Birthplace

Maiden Name of Mother Marianna Tannone

Her Birthplace

Date of Funeral May 20, 1966 M. (Date) (Day of Week) (Hour)

Services at Epiphany (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Brinkley, Arkansas

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

Place of Death Mercy Hospital

Cause of Death Acute Myoblastic Leukemia

Contributory Causes

Certifying Physician Dr. ~~Kennedy~~ Kenny (or Coroner)

His Address Mercy Hospital

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

Misc.

Complete Funeral (except outlays)	$ 1824	00
Casket 4 Professional Services		1650 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		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
13 line Death Notice in 3 Papers (Names of Newspapers)	19	50
Sales Tax		
Total Footing of Bill	$ 1904	50
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME

PAID June 6, 1966

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant 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. 3530 Yearly No. 27 Date of Entry May 19, 19 66

Name of Deceased Andrew J. Flinn (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 3604 Forbes Ave. 13

Charge to Robert Dixon

Address 1814 Tustin St 19

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

How Secured .....

If Veteran, Name of War WW I

Occupation Laborer 190-32-9190 (Social Security Number)

Employer and Address .....

Date of Death May (Mo.) 16 (Day) 1966 (Yr.)

Date of Birth Oct. (Mo.) 27 (Day) 1888 (Yr.) Age 77 (Yrs.) 6 (Mos.) 19 (Days) (Hour)

Name of Father Michael Flinn

His Birthplace .....

Maiden Name of Mother Ellen Kearns

Her Birthplace .....

Date of Funeral May 18, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 3604 Forbes Ave 13

Cause of Death Intermediate Cardiovascular Disease

Contributory Causes Fatty Change of Liver

Certifying Physician Dr. Wm R Hunt, Coronor (or Coroner)

His Address 542 Fourth Ave. 19

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Lot No. 167

Grave No. 8

Section No. K

Block No. .....

Owner .....

Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays)	$
Casket 4 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)	
8 Certif. Copies of Death Certificates No. 3 (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb ✓	105 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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 Notice in Tribune Review	9 00
(Names of Newspapers)	
Sales Tax	
Total Footing or Bill	$ 1287 00
Less PER	$
Balance	$

McAVOY FUNERAL HOME

PAID July 21, 1966

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

Misc. Id number cancelled 4-14-67

Date		Amount Paid	Balance	Date		Amount Paid	Balance
June 24-66	To Above Balance	334 34	$ 952 66		To Balance Forward		$
July 19-66	By Payment	$ 255 -	$ 697 66		By Payment	$	$
	" "	$ 447 -	$ 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

RECORD OF FUNERAL

Total No. 3531 Yearly No. 28 Date of Entry May 25 1966

Name of Deceased John F. Trimble
☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1610 Tustin St 19.

Charge to Veronica A. Trimble

Address 1610 Tustin St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Bartender 171-18-6958 (Social Security Number)

Employer and Address

Date of Death May 25, 1966 (Mo.) (Day) (Yr.)

Date of Birth Nov 8, 1908 Age 57 - 6 - 17 (Hour)
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Trimble

His Birthplace

Maiden Name of Mother Sarah McGuire

Her Birthplace

Date of Funeral May 28, 1966 (Date) (Day of Week) (Hour) M.

Services at Church of the Epiphany

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Mercy Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Severe Hypertension

Certifying Physician Dr. Chas H. Tyson (or Coroner)

His Address Mercy Hospital

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Calvary Cemetery

Diagram of Lot or Vault

Lot No. 21

Grave No. 5

Section No. 40

Block No.

Owner Amelia Meyers

Misc.

☐ Husband ☐ Wife ☐ Widow } of { Veronica A. Trimble (What Race)
Age of Husband or Wife (if living) Years

Complete Funeral (except outlays) $		
Casket 7 Professional Service	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)		
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	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		
Clergymen, $ ✓ 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	20	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	996	00
Less $		
Balance $		

Entered into Ledger, page or below.

11-2-66 4-18-67

Misc. 4-19-67

Date		Amount Paid	Balance
6-16-66	To Above Balance	$ 50 00	$ 996 00
July 8 66	By Payment	$ 255 00	$ 691 00
July 8 66	"	$ 50 00	$ 641 00
July 27 1967	"	$ 25 00	$ 616 00

Date		Amount Paid	Balance
Nov 9 67	To Balance Forward	20 00	$ 596 00
Nov 28 69	By Payment	$ 20 00	$ 576 00
" "		$	$

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

FUNERAL SERVICE FOR John F. Trimble

Professional services including care and preparation of the body; consultation with family and clergyman; arrangement and direction of reviewal and funeral; preparation and filing of necessary notices, authorizations and consents; and, other services and attendance prior to, during and following the funeral. Local transportation of the body. Use of establishment facilities and paraphernalia. Casket (750.00 & Complete Funeral Services as selected . . . . . $ . . . . .)

For outside receptacle as selected . . . . . $ 100.00

For clothing . . . . . $ . . . . . .

For _____ $ . . . . . .

For _____ $ . . . . . .

For _____ $ . . . . . .

TOTAL OF OUR CHARGES $ 850.00

CASH ADVANCES FOR YOUR CONVENIENCE

For additional automotive equipment . . . . $ . . . . . .

For train, air or long distance funeral coach $ . . . . . .

For flowers . . . . . $ . . . . . .

For cemetery or crematory charges . . . . . $ 105.00

For newspaper notices . . . . . $ 20.00

For Clergy honorarium . . . . . $ 20.00

For transcripts . . . . . $ . . . . . .

For telegrams and long distance telephone . $ . . . . . .

For _____ $ . . . . . .

For _____ $ . . . . . .

For _____ $ . . . . . .

TOTAL OF CASH ADVANCES $ 145.00

Total for Our Services, Merchandise, and Cash Advanced for your Convenience

$ _____

Payable in monthly installments of 150.00 each 15 day of month.

The foregoing memorandum has been read by (to) me and I hereby acknowledge receipt of a copy of same and agree to pay the above funeral account and such additional services and materials as ordered by me, on or before . . . . . , 19 . . .

The liability hereby assumed is in addition to the liability imposed by law upon the estate and others, and shall not constitute a release thereof.

Legal rate of interest will apply to past due accounts.

Ronald Trimble . . . . (L.S.)

By John P. McAvoy . . . . Veronica Trimble . . . . (L.S.)

Date May 26, 1966 . . . , 19 . . . . . (L.S.)

THIS IS NOT A STATEMENT

Member of the National Funeral Directors Association

RECORD OF FUNERAL

Total No. 3532 Yearly No. 29 Date of Entry July 2, 1966

Name of Deceased Baby Girl Bruno
☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 280 Elwyn Ave.

Charge to Marie Dolores Bruno

Address 280 Elwyn Ave. 34

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation ____ (Social Security Number)

Employer and Address ____

Date of Death July 2 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 2 66 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ____

His Birthplace ____

Maiden Name of Mother Marie Dolores Bruno

Her Birthplace Pittsburgh, Pa.

Date of Funeral July 5, 1966 (Date) (Day of Week) M. (Hour)

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 S. S. Hospital

Cause of Death Pneumonia Pulmonary Atelectasis

Contributory Causes ____

Certifying Physician Dr. Charles Hoking (or Coroner)

His Address 213 Swanview Ave

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 ____

Misc. ____

Complete Funeral (except outlays)	$
Casket + Professional Service	40 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ____ Hair Dressing, $ ____	
Dressing Body, $ ____ Underwear, $ ____	
Suit or Dress (State Kind and Color)	
Slippers, $ ____ Hose, $ ____	
Folding Chairs, $ ____ Tarpaulin, $ ____	
Candelabrum, $ ____ Candles, $ ____	
Door Spray, $ ____ Gloves, $ ____	
Funeral Car, $ ____ Ambulance, $ ____	
Limousines to Cemetery ____ @ $ ____	
Extra Limousines ____ @ $ ____	
Autos to R. R. Station ____ @ $ ____	
Getting Remains from ____	
Taking Remains to ____	
Trip to Coroner's Inquest ____	
Delivering Box to ____	
Deliver Flowers to ____	
Removal Charges ____	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ____ Use of Chapel, $ ____	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery 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 ____	
Clergymen, $ ____ Singers, $ ____ Organist, $ ____	
Railroad / or Motor { Tickets, $ ____ Aero-plane Service, $ ____	
Telegr., Phone, Cable or Radio Charges ____	
Cash Advanced ____	
Out of town Funeral Director's Charges ____	
Personal Service ____	
____ line Death Notices in ____ Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 50 00
Less	$
Balance	$

Entered into Ledger, page ____ or below.

Misc. McAVOY FUNERAL HOME PAID July 4, 1966

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

PER JM

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. 3533 Yearly No. 30 Date of Entry July 4 19 66

Name of Deceased Frank F. Cafaredi

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1826 Forbes Ave 19

Charge to Catherine A Cafaredi

Address 1826 Forbes Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War W.W.II 33-404-990

Occupation Operating Engineer 208-01-4815 (Social Security Number)

Employer and Address

Date of Death July 4 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 10 1906 Age 59 8 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral July 8 1966 M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1826 Forbes Ave

Cause of Death Carcinoma of Abdomen Carcinomatosis of Abdomen Carcinoma of Ascites

Contributory Causes

Certifying Physician E.W. Jew Jr. (or Coroner)

His Address 2021 E. Ohsman St. 3

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery 17

CAFARDI
On Monday, July 4, 1966, Frank F., beloved husband of Catherine, dear Kindell, father of Richard, Bernard, and James Allen, brother of Joseph Carmondy, also survived by 4 grandchildren. Funeral Service will be conducted by the McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Friday morning at 9:30 from Holy Name of Jesus Church. Requiem Mass at 10 o'clock. Interment Epiphany at 10 a.m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1060 —
Casket + Professional Service		875 00
Burial Vault or Box Top soil (State Kind)		175 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 Certif. Copies of Death Certificates No.		6 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		
Clergymen, $ 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		
15 line Death Notices in 4 Papers (Names of Newspapers)		30 00
Sales Tax		
Total Footing of Bill	$	1106 00
Less	$	
Balance	$	

Entered into Ledger, page or below

McAVOY FUNERAL HOME

Misc. Statement 7-4-66

PAID Aug 10, 1966

PER J.L. III.

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. 3534 Yearly No. 31 Date of Entry July 5 1966

Name of Deceased Robert J. Bledsoe
☐ Married ☐ Single ☐ Widowed ☒ Divorced

☐ Husband ☐ Wife ☐ Widow / or ____ of ____ (What Race)

Residence 5505 Bacon St. Age of Husband or Wife (if living) ____ Years

Charge to 1821 Lamm St, Kansas City, Mo.

Address Nancy Edmunds

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War WWII 39-843-659

Occupation Head Waiter 556-05-8545 HA (Social Security Number)

Employer and Address ____

Date of Death July (Mo.) 5 (Day) 1966 (Yr.) (Hour)

Date of Birth Apr (Mo.) 23, 1910 (Day) Age 56 (Yr.) 3 (Yrs.) 2 (Mos.) 22 (Days)

Name of Father Robert A Bledsoe

His Birthplace ____

Maiden Name of Mother Allie Brannon

Her Birthplace ____

Date of Funeral July 8, 1966 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Dr. Mangan (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 (Oakland)

Cause of Death Recurrent Carcinoma of tongue and left side of neck

Contributory Causes ____

Certifying Physician V.A. Hospital (or Coroner)

His Address ____

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Homewood Cemetery (Vet.)



Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket 4 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 Clothing (State Kind and Color)		42 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		
Certif. Copies of Death Certificates No. (State Number and District)		
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		
Clergymen, $ ✓ 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		12 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1330 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. Statement July 1966 12-9-66 - 4-19-67

VA

Date			Amount Paid		Balance	
Sept 9	1966	To Above Balance UNION	250	00	$1080	00
Mar 1	1966	By Payment S.S.	$ 255	00	$ 825	00
Mar 15	1967	" " VA	$ 290	00	$ 535	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

FUNERAL SERVICE FOR Robert J. Bledsoe

Professional services including care and preparation of the body; consultation with family and clergyman; arrangement and direction of reviewal and funeral; preparation and filing of necessary notices, authorizations and consents; and, other services and attendance prior to, during and following the funeral. Local transportation of the body. Use of establishment facilities and paraphernalia. Casket ( )

as selected	$ 1050.00
For outside receptacle as selected	$ 200.00
For clothing	$ 42.00
For Slippers	$ 6.00
For	$
For	$
TOTAL OF OUR CHARGES	$ 1298.00

CASH ADVANCES FOR YOUR CONVENIENCE

For additional automotive equipment	$
For train, air or long distance funeral coach	$
For flowers	$
For cemetery or crematory charges	$
For newspaper notices	$ 8.00
For Clergy honorarium	$ 20.00
For transcripts	$
For telegrams and long distance telephone	$
For	$
For	$
For	$
TOTAL OF CASH ADVANCES	$ 28.00

Total for Our Services, Merchandise, and Cash Advanced for your Convenience

$ 1326.00

The foregoing memorandum has been read by (to) me and I hereby acknowledge receipt of a copy of same and agree to pay the above funeral account and such additional services and materials as ordered by me, on or before Sept. 8, 1966.

The liability hereby assumed is in addition to the liability imposed by law upon the estate and others, and shall not constitute a release thereof.

Legal rate of interest will apply to past due accounts.

Mrs. Nancy Edmonds (L.S.)

By John P. McElroy (L.S.)

Date July 8, 1966. (L.S.)

THIS IS NOT A STATEMENT

1821 Lawn St.
Kansas City, Mo.

NFDA — 6

Member of the National Funeral Directors Association

RECORD OF FUNERAL

Total No. 3535 Yearly No. 32 Date of Entry July 13 19 66

Name of Deceased Louise Cesmusaras

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 2034 Forbes Ave 19

Charge to D.P.A.

Address

Order given by Ernest Zigan 1114 Forbes Ave
(or informant)

How Secured

If Veteran, Name of War

Occupation None 159-22-1345
(Social Security Number)

Employer and Address

Date of Death July 13 1966
(Mo.) (Day) (Yr.) (Hour)

Date of Birth May 3, 1910 Age 56 2 10
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Andrew Chrisanovakes

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral July 16, 1966 M.
(Date) (Day of Week) (Hour)

Services at Epiphany
(Address)

Clergyman Brennan

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 Ca of Esophagus with trachea
Esophageal fistula

Contributory Causes

Certifying Physician Dr Averson
(or Coroner)

His Address Mercy Hospital

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

Misc.

☐Husband ☐Wife ☒Widow } Louise Cesmusaras
or of } Age of Husband or Wife (if living) (What Race) Years

Complete Funeral (except outlays)	$	
Casket 4 Progressman	120	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	50	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers		
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax Oct 14, 1967		
Total Footing of Bill	$ 170	00
Less	$	
Balance	$	

Entered PER JPM into Ledger, page or below.

Misc.

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. 3536 Yearly No. 33 Date of Entry June 22 July 15 1966

Name of Deceased Arthur H. Hargrave (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☒ Husband ☐ Wife ☐ Widow of Mary E. Marshal Hargrave

Residence 1726 Forbes Ave Age of Husband or Wife (if living) Years

Charge to Mary E. Hargrave

Address 1726 Forbes Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War WW II 33307740

Occupation Western Union Messenger

Employer and Address (Social Security Number) 210-03-6191

Date of Death 6 (Mo.) - 22 (Day) - 66 (Yr.) (Hour)

Date of Birth Oct. (Mo.) 6 (Day) 1901 (Yr.) Age 64 (Yrs.) - 8 (Mos.) - 16 (Days)

Name of Father John H. Hargrave

His Birthplace

Maiden Name of Mother Anna B. Kelly

Her Birthplace

Date of Funeral June (Date) 26 (Day of Week) 1966 (Hour) M.

Services at A. Chapel

Clergyman Dean Rollett (Address)

Religion of the Deceased Protestant

Birthplace Canada

Resided in the State

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

Cause of Death Acute Myocardial Infarction

Contributory Causes

Certifying Physician W. R. Bailey M.D. (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Homewood Cemetery (S.P.)

Lot No. 500

Grave No. 4

Section No. 27

Block No. 5

Owner Selden Plot

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket 7 Professional Service		995 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)		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)		
12 Certif. Copies of Death Certificates No.		12 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		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in (Names of Newspapers)		10 00
Sales Tax		
Total Footing of Bill	$	1250 00
Less PER	$	
Balance	$	

McAVOY FUNERAL HOME July 23, 1966

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
July 14 1966	To Above Balance	1200 00	$ 50 —
	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. 3597 Yearly No. 34 Date of Entry July 22 19 66

Name of Deceased Mary J. Finan (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 1626 Locust Street 19.

Charge to Mrs Frances A. Gilbert

Address 1626 Locust Street 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Cashier 192-10-1082 (Social Security Number)

Employer and Address

Date of Death July 22, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 19, 1885 Age 81-4-3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Daniel Finan

His Birthplace

Maiden Name of Mother Ellen Gallagher

Her Birthplace

Date of Funeral July 26, 1966 (Date) (Day of Week) (Hour) M.

Services at Gaspiling Church

Clergyman Msgr. Daniel Brennan (Address)

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 Mercy Inf.

Cause of Death Cardiac Failure

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Alphonse J. Cipriani (or Coroner)

His Address 2927 Glenmore Ave

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery


FINN
On Friday, June 24, 1966, MARY J. FINAN, daughter of the late Daniel and Ellen Gallagher Finan and devoted sister of Mrs. William Gilbert of Sewickley and Mrs. John Gaylord of Pittsburgh and nephew of Mrs. Rose Finan. Relatives and friends are invited to attend the Funeral Service from the EDWARD J. McAVOY FUNERAL HOME, 1626 Locust St., Tuesday morning at 9:15 o'clock. Solemn Requiem Mass in the Church of the Epiphany at 10 a. m.

Diagram of Lot or Vault

Lot No. 186

Grave No. 2

Section No. 6

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1360 —
Casket X Professional Services		1010 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)		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		
5 Certif. Copies of Death Certificates No. (State Number and District) (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		
Clergymen, $ ✓ 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		
12 line Death Notices in 3 Papers (Names of Newspapers)		19 20
Sales Tax		
Total Footing of Bill	$	1417 20
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

PAID Aug 20, 1966

Misc.

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

PER JMM

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. 3538 Yearly No. 35 Date of Entry July 23 1966

Name of Deceased Paul A. Hausman (What Race) W

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

Residence 1607 E. 12th St Tulsa Okla.

Charge to Fitzgerald Funeral Home Father 5-11-51

Address 14th at Boulder Ave Tulsa, 14 Okla.

Order given by Catherine Hebbes (or informant)

How Secured 459 Austin Ave - 341-3608

If Veteran, Name of War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death July 23 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 66 Yrs 8 Mos 3 Days (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral July 27, 1966 (Date) (Day of Week) M. (Hour)

Services at ~~Graceland Church~~ Graceland

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 Tulsa Okla.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 297

Grave No. 3

Section No. 4

Block No. .....

Owner .....

Misc. .....

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, $	25 00
Limousines to Cemetery 1 @ $	22 50
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from Hearse	15 00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, $ ..... (State Physician's or Coroner's) 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	
Clergymen, $ ✓ 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	75 00
..... line Death Notices in ..... Papers	
(Names of Newspapers)	
.....	
Sales Tax	
Total Footing of Bill $	452 50
Less $	
Balance $	

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

Misc. Statement 8-4-66

McAVOY FUNERAL HOME

PAID 8-27-66

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.

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

Address .....

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

RECORD OF FUNERAL

Total No. 3539 Yearly No. 36 Date of Entry Aug 4 1966

Name of Deceased Peter Anthony (Infant) W (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 831 Gallion Ave 26

Charge to Richard Anthony

Address 831 Gallion Ave 26

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death July 26 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 26 1966 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Richard Anthony

His Birthplace

Maiden Name of Mother Alice Hasty

Her Birthplace

Date of Funeral July 27, 1966 (Date) (Day of Week) (Hour) M.

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

Cause of Death Prematurity

Contributory Causes

Certifying Physician Dr. Wm Stengel (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 232

Grave No.

Section No. T

Block No.

Owner Mrs. Anthony

Diagram of Lot or Vault

Misc.

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

Complete Funeral (except outlays)	$	
Casket + Professional Service		40 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)		7 50
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb ✓		10 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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	$	57 50
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. Statement 8-4-66

PAID Aug-11-1966

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

PER C J Mc Avoy

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

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RECORD OF FUNERAL

Total No. 3540 Yearly No. 37 Date of Entry Aug 5 1966

Name of Deceased Peter L Clauss (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5815 Fifth Ave

☒ Husband ☐ Wife ☐ Widow of Alvina Alice (Hunsberger) Clauss Age of Husband or Wife (if living) Years

Charge to Alvina Alice Clauss

Address 5815 Fifth Ave 531-8799

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Machinist 174-18-6240 (Social Security Number)

Employer and Address

Date of Death July (Mo.) 29 (Day) 1966 (Yr.) (Hour)

Date of Birth Feb (Mo.) 22 (Day) 1904 (Yr.) Age 62 (Yrs.) 5 (Mos.) 27 (Days)

Name of Father Anthony Clauss

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Aug (Date) 2 (Day of Week) 1966 (Hour) M.

Services at Chapel

Clergyman Rev Morgan (Address)

Religion of the Deceased Protestant

Birthplace Cleveland Ohio

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

Place of Death Residence

Cause of Death Chronic Congestive Heart Failure

Contributory Causes Hypertension

Certifying Physician Fred A Brassel M.D. (or Coroner)

His Address 1786 Liberty Ave

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Allegheny Cemetery

CLAUS
On Friday, July 29, 1966, at his residence in Shadyside, Peter L., beloved husband of Alice (Kreuzberg) father of Mrs. Rosemary Moore, and Kenneth D. Clauss; also four grandchildren. Funeral services in the EDWARD J. McAVOY FUNERAL HOME, 1701 Forbes Ave., on Tuesday morning at 11 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1200 00
Casket 4 Professional Services		1154 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.		3 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		406 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 Delivery Service McAVOY FUNERAL HOME		10 00
(Names of Newspapers) PAID Sept 23, 1966		
Sales Tax		
Total Footing of Bill	$	1387 00
Less PER Balance	$	
Entered into Ledger, page or below.	$	

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3541 Yearly No. 38 Date of Entry Aug 5 1966

Name of Deceased Patrick Jr. Mc Donough

☐ Married ☒ Single ☐ Widowed ☐ Divorced

W (What Race)

Residence 2023 Watson St Pgh 19

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

Charge to Thomas Mc Donough Sr.

Address 2023 Watson St Pgh 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Plumber's Helper 193-34-1675 (Social Security Number)

Employer and Address ____

Date of Death July 30 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 10, 1942 Age ____ (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Mc Donough Sr.

His Birthplace ____

Maiden Name of Mother Barbara Mc Donough

Her Birthplace ____

Date of Funeral Aug 3, 1966 (Date) (Day of Week) M. (Hour)

Services at St Agnes Church

Clergyman Rev. Bailey (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 2020 Fifth Ave. 9-16-66

Cause of Death Acute Seconal Poisoning

Contributory Causes ____

Official Inquest Finding

Certifying Physician Wm. R. Hunt, Coroner (or Coroner)

His Address 542 4th Ave Pgh.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

McDONOUGH
On Saturday, July 30, 1966, Patrick Jr. McDonough, son of Thomas and Barbara McDonough, brother of Mrs. Barbara Mickio, Mrs. Anna Montana, Mrs. Margaret Tyvoro, Mrs. Mary Hanover, Catherine, Thomas Sr., Regis and John Mc Donough. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Wednesday morning at 9:15, Solemn High Mass of requiem in St. Agnes Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 55

Grave No. 1

Section No. MA

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1100	—
Casket		895	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)		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 ____			
Cremation ____			
Flowers, $ ____ Palms, $ ____ Matting, $ ____			
Rental of Tent, $ ____ of Temporary Vault, $ ____			
Opening of Grave or Tomb ____			
Lining Grave, $ ____ Lowering Device, $ ____			
Outlay for Shipping Charges ____			
Clergymen, $ ____ 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		15	00
(Names of Newspapers)			
Sales Tax Aug 5, 1966			
Total Footing of Bill	$	1146	00
Less	$		
PER ____ Balance	$		

McAVOY FUNERAL HOME
PAID

Entered into Ledger, page ____ of below.

Misc. ____

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

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

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RECORD OF FUNERAL

Total No. 3542 Yearly No. 39 Date of Entry Aug 8 1966

Name of Deceased Giovanna De Francesco ☐ Married ☐ Single ☑ Widowed ☐ Divorced W (What Race)

Residence 1616 Tustin St. 19

Charge to Celeste De Francesco ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Address 1616 Tustin St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife 175-12-4385 D (Social Security Number)

Employer and Address ____

Date of Death Aug 6, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 24, 1883 Age 82 - 8 - 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank Palmieri

His Birthplace ____

Maiden Name of Mother UNKNOWN

Her Birthplace ____

Date of Funeral Aug 9, 1966 (Date) (Day of Week) (Hour) M.

Services at Church of the Epiphany

Clergyman Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 1616 Tustin St. 19

Cause of Death ____

Contributory Causes ____

Certifying Physician Dr. Joe W. Clark (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 504

Grave No. 8

Section No. 20

Block No. ____

Owner Giovanna De Francesco

Misc. ____

Complete Funeral (except outlays)	$	1560 —
Casket 4 Professional Services		1260 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)		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		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 ____		
Clergymen, $ ✓ 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 1 Papers		6 00
(Names of Newspapers) ____		
Sales Tax ____		
Total Footing of Bill	$	1623 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

McAVOY FUNERAL HOME

PAID Aug - 9 1966

PER J. Coffin

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3543 Yearly No. 40 Date of Entry Aug 10, 1966

Name of Deceased Oscar T. Riesmeyer

☒ Married ☐ Single ☐ Widowed ☐ Divorced

W (What Race)

☒ Husband ☐ Wife ☐ Widow of Mary A. Riesmeyer

Age of Husband or Wife (if living) Years

Residence 406 Laurie Dr. 15235

Charge to Mary A Riesmeyer

Address 406 Laurie Dr. 15235

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 210-01-7235 A (Social Security Number)

Employer and Address

Date of Death Aug 9 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 3, 1895 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John T. Riesmeyer

His Birthplace

Maiden Name of Mother Carolina Moore

Her Birthplace

Date of Funeral Aug 12, 1966 M. (Date) (Day of Week) (Hour)

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 406 Laurie Dr. 15235

Cause of Death Pulmonary Edema & Arteriosclerosis/Lung

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Wm J Garner (or Coroner)

His Address 107 Allison Ave. Pgh 35

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Grad Shepherd Greensburg

RIESMEYER
On Tuesday, Aug. 9, 1966, Oscar Sr., husband of Mary A. Murray; father of Oscar Jr. and Bernard J. Riesmeyer; grandfather of Patricia and Michael Riesmeyer; also survived by one sister, Mrs. Florence Geyer, and a twin brother, Oliver F. Riesmeyer. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Friday at 2 P.M.

Diagram of Lot or Vault

Lot No.

Grave No. 10 EXD

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	850 —
Casket 4 Funeral Services		525 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		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		
Clergymen, $ 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		
11 line Death Notices in 2 Papers (Names of Newspapers)		11 00
Sales Tax		
Total Footing of Bill	$	874 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. State 6-9-5

PAID 9-20-66

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

PER JPM

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. 3544 Yearly No. 41 Date of Entry August 15 1966

Name of Deceased Howard A. Diederich W.

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

Residence 116 So. 17th Street Fgh. 3

☒ Husband ☐ Wife ☐ Widow of Irene Ina Caudle

Age of Husband or Wife (if living) Years

Charge to Winfield W Hinton

Address 25 Lenn St. Toms River, N. J.

Order given by Winfield W Hinton (Son)
(or informant)

How Secured

If Veteran, Name of War

Occupation Dispatcher 170-01-6329
(Social Security Number)

Employer and Address Yellow Cab Co.

Date of Death Aug 11, 1966
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 16, 1899 Age
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Henry Diederich

His Birthplace D

Maiden Name of Mother Henrietta Roder

Her Birthplace D

Date of Funeral Aug 15, 1966 M.
(Date) (Day of Week) (Hour)

Services at Chapel
(Address)

Clergyman Rev. Hammeyer

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa

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

Place of Death West Penn Hospital

Cause of Death Cut of Right Lung Hemorrhage Internal
Bleeding Heart Lung to chest Injury

Contributory Causes

Certifying Physician M Cohen MD
(or Coroner)

His Address West Penn Hospital

Motor / Ship { Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / Crematory { Allegheny County Memorial Park



Diagram of Lot or Vault

Lot No.

Grave No. 3

Section No. 100

Block No.

Owner Diederich, Howard

Misc.

Complete Funeral (except outlays)	$
Casket + Professional Services	1495 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)	6 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	
6 Certif. Copies of Death (State Number and District) Certificates No.	6 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	120 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
13 line Death Notices in 3 Papers (Names of Newspapers)	20 80
Sales Tax	
Total Footing of Bill $	1861 80
Less $	
Balance $	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. Statement 8-15-66

PAID 8-27-66

PER JPM

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. 3645 Yearly No. 142 Date of Entry August 17 19 66

Name of Deceased Alice M. McGurk W.

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

Residence 306 Muttenbergers St 19

Charge to Charles McGurk

Address 306 Muttenbergers St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife NONE (Social Security Number)

Employer and Address

Date of Death Aug 16 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth UNKNOWN Age ABT 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Christopher McGuire

His Birthplace

Maiden Name of Mother Sarah Green

Her Birthplace

Date of Funeral Aug 20, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Lucas (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Montefiore Hospital

Cause of Death Arteriosclerotic Vascular Disease

Contributory Causes Cerebrovascular Accident - Left Carotid Occlusive Disease

Certifying Physician Dr. Lang (Attd. / Coroner)

His Address Montefiore Hospital

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery { Calvary Cemetery

Crem



Diagram of Lot or Vault

Lot No. 643

Grave No. 5

Section No. M

Block No.

Owner Catherine McGurk

Misc.

Complete Funeral (except outlays)	$	1660 —
Casket 4 Professional Services		1335 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)		42 50
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		105 00
Cremation		
Flowers, $ ✓ Palms, $ Matting, $		21
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		N/R
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1727 50
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. 9-21-66

PAID

9-21-66

PER JOM

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. 3546 Yearly No. 43 Date of Entry September 2 1966

Name of Deceased Frank P. McCloskey (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

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

Residence 2005 De Land St.

Charge to Mrs. Mary Qualey

Address 311 Washington Rd 16

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None None (Social Security Number)

Employer and Address ____

Date of Death Aug. 30, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John E. McCloskey

His Birthplace ____

Maiden Name of Mother Mary Shanelin

Her Birthplace ____

Date of Funeral Sept 3, 1966 M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death John J Kane Hospital

Cause of Death Generalized Arteriosclerosis

Contributory Causes Unrec. with Basal Cell Carcinoma of Nose, Carcinoma of Right side of Colon

Certifying Physician C. H. Pinchlan (or Coroner)

His Address John J Kane Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

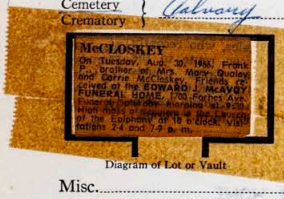


Diagram of Lot or Vault

Lot No. 4

Grave No. 6 x D

Section No. 40

Block No. ____

Owner Frank McCloskey

Misc. ____

Complete Funeral (except outlays)	$ 1100 —
Casket 4 Professional Services	815 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 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 ____	
1 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____	
Gross Total for Sales Tax	$ ____
Outlay for Lot Cemetery Charges	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 ____	
Clergymen, $ ____ 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 (Names of Newspapers)	10 00
Sales Tax ____	
Total Footing of Bill	$ 1123 50
Less ____	$ ____
Balance	$ ____

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. PAID 9-12-66

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
9-2	66	To Above Balance	800	—	$ 300	—			To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	

PER JPM

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3547 Yearly No. 44 Date of Entry September 6 1966

Name of Deceased John Joyce (What Race) NW

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1904 Fifth Ave

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

Charge to Mrs Mary Cook

Address 34 Calvin St Braintree Boston, Mass

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Plumber's Helper 210-07-6662 (Social Security Number)

Employer and Address ____

Date of Death Sept 3, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 9 1903 Age 63 - 1 - 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Edward Joyce

His Birthplace ____

Maiden Name of Mother Brigid Duffin

Her Birthplace ____

Date of Funeral Sept. 6, 1966 (Date) (Day of Week) (Hour) M.

Services at Church of Epiphany

Clergyman Rev Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy State Hospital

Cause of Death Pulmonary Insufficiency

Contributory Causes Pulmonary T.B.

Certifying Physician ____ (or Coroner)

His Address Mercy State Hospital

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 ____

Misc. Rent to S.S. 9-15-66

Complete Funeral (except outlays) $	
Casket Professional Service	870 00
Burial Vault or Box C.P. (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (State Kind and Color)	4 50
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
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, $	26 35
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
11 line Death Notices in 1 Papers	6 60
(Names of Newspapers)	
Sales Tax	$ 11 13 35
Total Footing of Bill	$
Less	$
Balance	$

Entered into Ledger page ____ below.

McAVOY FUNERAL HOME

Misc.

PAID May 31, 1967

PER J.M.

Date			Amount Paid	Balance
9-15	66	To Above Balance	904 00	$ 269 35
3-31	67	By Payment S.S.	$ 255 00	$ 14 35
		" "	$	$

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

146

RECORD OF FUNERAL

Total No. 3648 Yearly No. 45 Date of Entry September 14, 1966

Name of Deceased Stella Petrikas W (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☒ Widow } of Stanley Petrikas

Residence 130 Multrie St. 19 Age of Husband or Wife (if living) Years

Charge to Estate Nicholas Stone (Attorney)

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Seamstress A200-20-3267 (Social Security Number)

Employer and Address

Date of Death Sept. (Mo.) 6 (Day) 1966 (Yr.) (Hour)

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

Name of Father Stanislaus Denbas

His Birthplace

Maiden Name of Mother Barbara Lasinskas

Her Birthplace

Date of Funeral Sept. 10, 1966 (Date) (Day of Week) (Hour) M.

Services at St Casimirs Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Lithuania

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

Place of Death Montefiore Hospital

Cause of Death Surgical Mutilation Vein Thrombosis

Contributory Causes

Certifying Physician Dr. S. Kaufmann (or Coroner)

His Address Montefiore Hospital

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } St Casimirs



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket & Professional Services	1335	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)	31	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		
5 Certif. Copies of Death Certificates No. (State Number and District)	5	00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	75	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
11 line Death Notices in 6 Papers (Names of Newspapers)	33	00
Sales Tax		
Total Footing of Bill $	1704	00
Less $		
Balance $		

Entered into Ledger, McAVOY FUNERAL HOME

Misc. Mailed 9-20-66

PAID 9-30-66

PER J P M

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

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 3649 Yearly No. 46 Date of Entry September 14, 1966

Name of Deceased Infant David Granger Blackledge (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 6333 Watson St 19

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

Charge to Mrs. Joseph Nolan

Address 1643 Watson St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death Sept 10, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 9, 1966 Age 1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Judith Blackledge

Her Birthplace

Date of Funeral Sept 12, 1966 (Date) (Day of Week) M. (Hour)

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 Fraser Warren's Hospital

Cause of Death Respiratory Distress Syndrome

Contributory Causes Prematurity

Certifying Physician Dorothy D. W Pittman (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Hollywood Cemetery

Lot No. 40 C

Grave No. C

Section No. 12

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Professional 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 Charges		5 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		15 00
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc.

PAID 9-14-66

PER JCM

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3650 Yearly No. 47 Date of Entry September 16 1966

Name of Deceased Gilbert L Vogel

☒ Married ☐ Single ☐ Widowed ☐ Divorced

W (What Race)

Residence 68 Van Braam St 19

☒ Husband ☐ Wife ☐ Widow of Nina Anna Vogel Age of Husband or Wife (if living) Years

Charge to Nina Vogel

Address 68 Van Braam St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Food Handler 205-01-1253 (Social Security Number)

Employer and Address

Date of Death Sept 15 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15 1913 Age 53 - 4 - 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph L Vogel

His Birthplace

Maiden Name of Mother Mary Vaughan

Her Birthplace

Date of Funeral Sept. 17 1966 (Date) (Day of Week) (Hour) M.

Services at Church of the Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Washington, Pa.

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

Place of Death Mercy Hospital

Cause of Death CA of Lung & Metastases

Contributory Causes

Certifying Physician Anthony C. Lepisto (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Loretto Cemetery


VOGEL
On Thursday, Sept. 15, 1966, Gilbert husband of Nina Cinzi, father of Mrs. Rose Marie Vaglio, Norma Fricke and Mrs. Gail Schuh, brother of Leo and Melvin Vogel, Mrs. Merle Zellers, Hazel Thomas, Mrs. Rita Hartless; also five grandchildren. Friends invited in the EDWARD J. McAVOY FUNERAL HOME, 1200 Bedford Ave. Funeral Saturday morning at 9:30. Please omit flowers. Requiem in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No. 9

Section No. New Single

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1330 50
Casket Professional Services		915 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		
6 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		210 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
13 line Death Notices in 3 Papers		19 50
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1370 50
Less	$	
Balance	$	

PAID Nov. 1, 1966

Entered into Ledger, Page or below.

Misc. 10-19-66

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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. 3651 Yearly No. 48 Date of Entry Oct 5, 19 66

Name of Deceased Leslie C. Izzo

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 7147 Roos Rd. Houston, Texas 36

☒ Husband ☐ Wife ☐ Widow } Lillian Izzo (What Race)
or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mrs. Lillian Izzo

Address 7147 Roos Rd. Houston 36, Texas

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation ____ (Social Security Number)

Employer and Address ____

Date of Death Oct. 2, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 28, 1917 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Anthony J. Izzo

His Birthplace ____

Maiden Name of Mother Fanny Martino

Her Birthplace ____

Date of Funeral October 4, 1966 (Date) (Day of Week) M. (Hour)

Services at Epiphany St. Ann's

Clergyman Msgr. ____ Fr. Harbison (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Houston, Texas

Cause of Death Natural Causes

Contributory Causes ____

Certifying Physician ____ (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

IZZO
Suddenly in Houston, Texas, on Sun. Oct. 2, Leslie C., husband of Lillian (Pat) Miller; father of Robert, Mary Patricia; brother of Mrs. Camerlia Hamder, Mrs. Constance (Rolf) Arn, Loretta Yurko, Mrs. Geraldine Normis Colombo, Mrs. Geraldine Hall. Friends receive at the FUNERAL HOME OF J. McAVOY, Funeral Home, 1708 Forbes Ave. at High. Thursday morning at St. Ann's Church. Rosary at 10:30.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. 40

Block No. ____

Owner ____

Misc. ____

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, $ ____	30	00
Limousines to Cemetery ✓ @ $ ____	25	00
Extra Limousines @ $ ____		
Autos to R. R. Station @ $ ____		
Getting Remains from Airport	20	00
Taking Remains to ____		
Trip to Coroner's Inquest ____		
~~Delivering Box to~~ Glenhurst	15	00
~~Deliver Flowers to~~ Instructions	14	00
~~Removal Charges~~ Acknowledgment Cards	10	00
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ ____ Use of Chapel, $ ✓	150	00
Gross Total for Sales Tax $		
Outlay for Lot Cemetery Charges	155	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 ____		
Clergymen, $ ____ 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 ____	75	00
13 line Death Notices in 2 Papers	13	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	752	00
Less $		
Balance $		

Entered into Ledger page ____ or below.

McAVOY FUNERAL HOME

Misc. 10-19-66

PAID
11-16-66

PER J P 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

150

RECORD OF FUNERAL

Total No. 3652 Yearly No. 49 Date of Entry Oct 5, 19 66

Name of Deceased Angelo Cassi

☐ Married ☐ Single ☒ Widowed ☐ Divorced

(What Race) W

☒ Husband ☐ Wife ☐ Widow } of Flora Householder

Age of Husband or Wife (if living) Years

Residence 115 Gist St. 19

Charge to Virginia Bennett

Address 115 Gist St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Dishwasher 182-12-7786 (Social Security Number)

Employer and Address

Date of Death October 2 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 29, 1884 Age 82 (Mo.) (Day) (Yr.) (Yrs.) 3 (Mos.) 4 (Days)

Name of Father Angelo Cassi

His Birthplace R

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Oct. 7, 1966 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Rev. Jack Thompson (Address)

Religion of the Deceased Protestant

Birthplace Rome, Italy

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

Place of Death 115 Gist St.

Cause of Death Cerebral Hemmorhage

Contributory Causes A. S. H. D

Certifying Physician Lake Bennett (or Coroner)

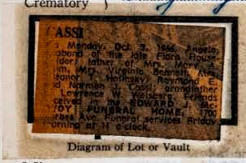
His Address 556 Medical Arts Bldg.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Allegheny Cemetery



Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Professional Services	990 00
Burial Vault or Box (State Kind)	200 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Suit (State Kind and Color)	37 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	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	
Clergymen, $ ✓ 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	
McAVOY FUNERAL HOME	
11 line Death Notices in 3 Papers (Names of Newspapers)	16 50
OCT 25 1966	
Sales Tax	
Total Footing of Bill	$ 1387 50
Less PER	$ 40 00
Balance	$ 1347 50

Entered into Ledger, page or below.

Misc 10-19-66

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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. 3653 Yearly No. 50 Date of Entry Oct 10, 1966

Name of Deceased Grace A. Zahn

☒ Married ☐ Single ☐ Widowed ☐ Divorced

W
(What Race)

Residence 1726 Watson St. 19

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

Charge to Clement Zahn

Address 1726 Watson St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife Clearwoman 171-18-1859 (Social Security Number)

Employer and Address

Date of Death October 6, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 28, 1920 (Mo.) (Day) (Yr.) Age 45 - 9 - 8 (Yrs.) (Mos.) (Days)

Name of Father John Noonan

His Birthplace

Maiden Name of Mother Anna Maynard

Her Birthplace

Date of Funeral Oct. 8, 1966 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Montefiore Hospital

Cause of Death Respiratory Arrest, H. D. Bleeding

Contributory Causes Metastic Carcinomas of Breast

Certifying Physician R. Levy (or Coroner)

His Address Montefiore Hospital

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

Misc.

Complete Funeral (except outlays)	$	1565 00
Casket + Professional Services		1130 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)		30 00
Slippers, $ ✓ Hose, $		5 00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		155 00
Cremation		
Flowers, $ 63 Palms, $ Matting, $		63 00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
14 line Death Notices in 2 Papers (Names of Newspapers)		14 00
Sales Tax		
Total Footing of Bill	$	1620 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

PAID Oct 29 1966

PER JPM

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3554 Yearly No. 91 Date of Entry October 12, 1966

Name of Deceased Carol Daugherty 381-26-59 W
(What Race)

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

Residence 180 Oneida St. 11

Charge to Mrs. Mary Lynch

Address 180 Oneida St. 11

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Waitress (Social Security Number) 207-36-6049

Employer and Address

Date of Death Oct. (Mo.) 7 (Day) 1966 (Yr.)

Date of Birth Dec. (Mo.) 7 (Day) 1945 (Yr.) Age 19 (Yrs.) 10 (Mos.) (Hour) (Days)

Name of Father Thomas Lynch

His Birthplace

Maiden Name of Mother Mary Passuzzo

Her Birthplace

Date of Funeral October 11, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Magee Women's Hospital

Cause of Death Hypertensive Encephalopathy

Contributory Causes Malignant phase of Essential Hypertension - Congestive Heart Failure

Certifying Physician J. P. Pennell (or Coroner)

His Address Magee Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

DAUGHERTY
On Friday, Oct. 7, 1966, Carol Lynch, wife of David Daugherty, daughter of Thomas and Mary Lynch, sister of Mrs. Nora Scherrer, Mrs. Mary Ann Rankin, Kathleen, Irene, John and Thomas Lynch, and Charles Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral on Tuesday morning at 9:30, thence High mass of requiem in the Church of the Epiphany at 10 a. m. Relatives and

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 40

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Services	895	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)	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		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	20	00
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 4 Papers	25	20
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1183	20
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. 11-3-66

Date			Amount Paid		Balance	
Dec. 14	1966	To Above Balance	1322	00	$ 1051	20
Jan 10	1967	By Payment	$ 10	00	$ 1041	20
Nov. 4	1969	" "	$ 300	00	$ 741	20

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

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

MANUFACTURERS OF EMBALMING FLUIDS, SUNDRIES AND
CEMETERY EQUIPMENT

Frigid Fluid Company

465 N. Desplaines St. Chicago, Illinois 60610
PHONE: 312-666-2701

Robert E. Tucker
Bergen & Bergen
281-4200

Mary French
150 Oneida
RE Canal Dayghetty

7-18-67

BOB KOONTZ
1033 Edward Drive
Pittsburgh, Pa. 15227
412- 884-9096

RECORD OF FUNERAL

Total No. 3555 Yearly No. 52 Date of Entry October 12, 1966

Name of Deceased Charles P. Dunn (What Race) W

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

Residence 209 Van Braam St 19

Charge to Estate (Ernst Musar Att.)

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 195-18-2454-A (Social Security Number)

Employer and Address

Date of Death October 9 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Kahnawa Age abt 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Dunn

His Birthplace

Maiden Name of Mother Sarah McConnell

Her Birthplace

Date of Funeral October 12, 1966 M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes Arteriosclerotic Heart Disease

Certifying Physician (or Coroner)

His Address Mercy Hospital

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.

Owner

Misc.

Complete Funeral (except outlays)	$ 1086	00
Casket 4 Professional Services	845	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)	7	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	105	00
Cremation		
Flowers, $ ✓ Palms, $ Matting, $	26	50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
10 line Death Notices in 2 Papers (Names of Newspapers)	10	00
Sales Tax		
Total Footing of Bill $	1126	00
Less $		
Balance $		

Entered into Ledger, page or below

McAVOY FUNERAL HOME

Misc. 10-19-66

PAID Oct. 31, 1966

PER J.P.M.

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Address

Witness

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

RECORD OF FUNERAL

Total No. 3556 Yearly No. 53 Date of Entry October 12, 1966

Name of Deceased Antonio Cremmarco (W)

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

Residence 1711 Edna St. 19 ☒ Husband ☐ Wife ☐ Widow of Helen Anderson

Charge to Mrs. Helen Cremmarco Age of Husband or Wife (if living) Years

Address 1711 Edna St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer NONE (Social Security Number)

Employer and Address

Date of Death October 10, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 27, 1888 Age 78 (Mo.) (Day) (Yr.) (Yrs.) 4 (Mos.) 13 (Days)

Name of Father Daniele Cremmarco

His Birthplace

Maiden Name of Mother Carmela Gibbone

Her Birthplace

Date of Funeral October 13, 1966 M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman Msgr. Buchanan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Cranio-Cerebral Injuries

Contributory Causes Gunshot wound of Head

Certifying Physician William R. Hunt, Coroner (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

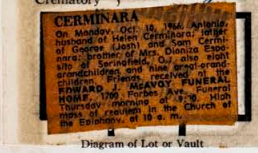


Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 40

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$		
Casket + Professional Services		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			
Clergymen, $ 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			
12 line Death Notices in 3 Papers		18	00
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	1134	00
Less	$		
Balance	$		

Entered into Ledger, page or below.

Misc. 11-3-66

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
		To Above Balance			$		Dec. 17	1966	To Balance Forward	123	80	$ 268	20
Oct. 15	66	By Payment	$ 300		$ 834	–	June 7	1967	By Payment	$ 81	80	$ 186	40
Nov. 22	66	" "	$ 442		$ 392	–	Jul 12	1967	" "	$ 40	00	$ 146	40
							Aug 21	67	Insurance	30	00	116	40

Insurance $ Names of Lodges Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3557 Yearly No. 54 Date of Entry Oct 24, 1966

Name of Deceased Patrick J. O'Donnell (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 303 Muhlenberger St. 19

☒ Husband ☐ Wife ☐ Widow (or) of Catherine Foland Age of Husband or Wife (if living) Years

Charge to Catherine O'Donnell

Address 303 Muhlenberger St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Plumber 192-10-7166 (Social Security Number)

Employer and Address

Date of Death Oct. 13, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 66 yrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph O'Donnell

His Birthplace

Maiden Name of Mother Ann McDonough

Her Birthplace

Date of Funeral Oct. 17, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Ca of Colon with Metastases

Contributory Causes

Certifying Physician (or Coroner)

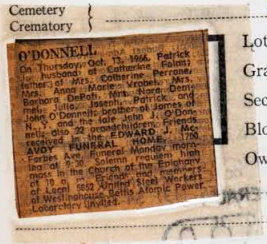
His Address

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Calvary


O'DONNELL
On Thursday, Oct. 13, 1966, Patrick J. husband of Catherine Foland, father of Mrs. Catherine Perrone, Mrs. Anna Marie Vrabel, Mrs. Mary Ann DePalo, Mrs. Rose Darby, Barbara DePalo, Mrs. Patrick, and the late John J., O'Donnell, brother of James of Long Island, N. Y. and the late John J., O'Donnell, also 22 great-grandchildren. Friends are received in the EDWARD J. McDONOUGH FUNERAL HOME, 1700 AVOY Forbes Ave. Funeral Monday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock. Friends members of Local 5892 Steel Workers of Westinghouse Bettis Atomic Power Laboratory Invited.

Lot No.

Grave No.

Section No. 40

Block No.

Owner

Complete Funeral (except outlays)	$	1190 00
Casket 7 Professional Services		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)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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, $		73 50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		
16 line Death Notices in 3 Papers		28 80
(Names of Newspapers) Daily News Mt. Newspt. Pa.		13 50
Sales Tax	$	12 25 10
Total Footing of Bill	$	
Less	$	
Balance		

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc.

PAID Nov. 11, 1966 PER J.P.M.

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Address

Witness

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

RECORD OF FUNERAL

Total No. 3558 Yearly No. 65 Date of Entry Oct. 24, 1966

Name of Deceased Margaret Harte (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 417 Lockhart St.

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

Charge to Msgr. Daniel Brennan

Address 1015 Epiphany St. 19

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

How Secured .....

If Veteran, Name of War .....

Occupation Housekeeper Social Security Number None

Employer and Address .....

Date of Death Oct. 14, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 9, 1962 (Mo.) (Day) (Yr.) Age 63-10-5 (Yrs.) (Mos.) (Days)

Name of Father Frantin Harte

His Birthplace .....

Maiden Name of Mother Rosa Mueller

Her Birthplace .....

Date of Funeral Oct. 18, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death John J. Kane Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Jay Hyby Park (or Coroner)

His Address .....

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 .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket		252 88
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)		20 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Clergymen, $ ✓ 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		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	549 88
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

McAVOY FUNERAL HOME

Misc. .....

PAID 11-14-66 PER JPM

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. 3559 Yearly No. 56 Date of Entry October 24, 1966

Name of Deceased Mary F. Leheny (W)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1642 Landa Dr. 27 ☐Husband ☒Wife ☐Widow of Martin A. Leheny (What Race)

Age of Husband or Wife (if living) 71 Years

Charge to James Griffin

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 Oct 21, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 13, 1884 Age 82 - 9 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Martin Griffin

His Birthplace

Maiden Name of Mother Sarah Hague

Her Birthplace

Date of Funeral Oct 24, 1966 (Date) (Day of Week) (Hour) M.

Services at St. Agnes Church

Clergyman Fr. Bailey (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Villa Dr. Mercibar

Cause of Death Coronary Occlusion - A.S.H.D.

Contributory Causes Congestive Heart Failure

Certifying Physician Clyde Duffy (or Coroner)

His Address 5134 Butler St.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

LEHENY
On Friday, Oct. 21, 1966, Mary F. Griffin, wife of the late Patrick A. Leheny, aunt of James L. Griffin. Friends received in the EDWARD F. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9 o'clock. Requiem High Mass in St. Agnes' Church at 10 o'clock.

Diagram of Lot or Vault

Lot No. 274

Grave No. 3

Section No. F

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1701	29
Casket a Continental Series	1395	00
Burial Vault or ~~Box~~ (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Chalky (State Kind and Color)	40	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $	4	00
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		
Clergymen, $ c 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		
8 line Death Notices in 3 Papers	12	80
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $		
Less $		
Balance $	1776	00

McAVOY FUNERAL HOME
Nov 7, 1966
PER

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/25/66	To Above Balance	834 29	$ 941 71		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness

Address

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

158

RECORD OF FUNERAL

Total No. 3560 Yearly No. 57 Date of Entry October 29, 1966

Name of Deceased James F. Leonard (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 209 Van Braam St. ☒ Husband ☐ Wife ☐ Widow or ____ of Frances Forever

Charge to Frances Leonard Age of Husband or Wife (if living) ____ Years

Address 209 Van Braam St.

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Warehouseman 190-07-3376 (Social Security Number)

Employer and Address ____

Date of Death Oct. 27, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 13, 1909 Age 67 - 1 - 14 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Leonard

His Birthplace ____

Maiden Name of Mother Margaret Joyce

Her Birthplace ____

Date of Funeral Oct. 31, 1966 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death A.S.H.D. Myocardial Infarction

Contributory Causes ____

Certifying Physician R. F. Klugschmidt (or Coroner)

His Address 1501 Locust St. Pgh. 15219

Motor / Ship { Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory { Calvary Cemetery


LEONARD
On Thursday, Oct. 27, 1966, James F., Husband of Frances; Stepson of Mrs. Rosemarie Sheridan; Mrs. Jane Phillips; Mrs. Margaret O'Neil; Mrs. Mary Theresa Bartlett; Frank, Robert and Edward McGrath; brother of Mrs. John McBride of Monhall. Pa. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. (Oakland). Mass of Requiem at 10 A.M. Monday in the Church of the Epiphany. Interment Calvary Cemetery. Please omit flowers.

Lot No. 78

Grave No. 24

Section No. M A

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket		750 00
Burial Vault or Box R.P. (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 ____		
6 Certif. Copies of Death Certificates No. (State Number and District)		6 M
Pall Bearer Service, $ ____ Use of Chapel, $ ____ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		270 00
Cremation ____		
Flowers, $ ✓ Palms, $ ____ Matting, $ ____		36 75
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ✓ 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 ____		
14 line Death Notices in 3 Papers		22 40
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1215 15
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. PAID 1-18-67 PER JM

Date		Amount Paid	Balance
Nov 9, 66	To Above Balance	5 00 00	$ 715 15
Nov 25, 66	By Payment	$ 500 00	$ 215 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.

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

159

Total No. 3561 Yearly No. 58 Date of Entry November 16 1966

Name of Deceased Harry L. McElroy W (What Race)

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

Residence 119 Van Braam St. 19

Charge to Helen McElroy

Address 119 Van Braam St. 19

Order given by 261-1170 (or informant)

How Secured

If Veteran, Name of War

Occupation Newspaper Mailer 168-05-3267 (Social Security Number)

Employer and Address

Date of Death Nov 14, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 30, 1902 Age 64 (Mo.) (Day) (Yr.) (Yrs.) 1 (Mos.) 14 (Days)

Name of Father Harry McElroy

His Birthplace

Maiden Name of Mother Leanora Sheridan

Her Birthplace

Date of Funeral Nov 18, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Mercy Hospital

Cause of Death C.A. of Left Lung

Contributory Causes

Certifying Physician Christy M. Lipaczi (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

McELROY
On Monday, Nov. 14, 1966, Harry L. husband of Helen Gruber, father of Mrs. Betty Morey, Pa. and James H. McElroy; brother of William, McSkane also eight grandchildren. Friends received at the EDWARD McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:30 with solemn high mass of requiem in the Church of the Epiphany at 10 o'clock. Newspaper Mailers Union, Local 22, and friends invited.

Diagram of Lot or Vault

Lot No. 4

Grave No. 1 X D

Section No. F

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1970 —
Casket 7 Professional Services		1625 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		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		
Clergymen, $ 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 N.C.		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	2014 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
Nov 20, 1966

Entered PER Ledger page or below.

Misc.

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. 3562 Yearly No. 59 Date of Entry November 19, 1966

Name of Deceased Joseph Spagnolo (What Race: W)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1614 Locust St. 19

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

Charge to Samuel Spagnolo

Address 1614 Locust St. 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation ____

Employer and Address ____ (Social Security Number)

Date of Death November 14, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 4, 1913 Age 53 - 7 - 10 (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Name of Father Joseph Spagnolo

His Birthplace ____

Maiden Name of Mother Maria Campanella

Her Birthplace ____

Date of Funeral November 17, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Fr. Pucci (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mayview State Hospital

Cause of Death Coronary Infarction / HS. H.D

Contributory Causes ____

Certifying Physician Dan S. Bivens (or Coroner)

His Address Bridgeville, Pa

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery



Diagram of Lot

Lot No. 629

Grave No. 3 x D

Section No. H

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$ 1247	42
Casket + Professional Services	870	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)	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)		
1 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	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 ____		
Clergymen, $ ✓ 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 ____		
11 line Death Notices in 2 Papers (Names of Newspapers)	11	00
Sales Tax ____		
Total Footing of Bill $	1294	50
Less $		
Balance $		

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. ____

PAID 1-16-67 PER JPM

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3563 Yearly No. 60 Date of Entry November 26, 1966

Name of Deceased George C. Haney

☑ Married ☐ Single ☐ Widowed ☐ Divorced

☑ Husband ☐ Wife ☐ Widow of Edna E. McKenzie (What Race) W

Age of Husband or Wife (if living) ____ Years

Residence 116 Muttenberger St 19

Charge to Edna E. Haney

Address 116 Muttenberger St. 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War W. W. II

Occupation Truck Driver 171-18-2327 (Social Security Number)

Employer and Address ____

Date of Death Nov. (Mo.) 24. (Day) 1966 (Yr.) ____ (Hour)

Date of Birth May (Mo.) 23, (Day) 1914 (Yr.) Age (Yrs.) 52 (Mos.) ____ (Days)

Name of Father John Haney

His Birthplace ____

Maiden Name of Mother Ida Hancher

Her Birthplace ____

Date of Funeral Nov. 28, 1966 (Date) ____ (Day of Week) ____ (Hour) M.

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Montefiore Hospital

Cause of Death Acute Coronary Insufficiency

Contributory Causes ____

Certifying Physician L. Levy / Goldstein (or Coroner)

His Address Montefiore Hospital

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery (Soldiers' Plot)

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

HANEY
On Thursday, Nov. 24, 1966, George C., beloved husband of Edna E. McKenzie; father of Mrs. Joanne Baker, Eileen, Mrs. Betty Murray, Georgeanne and Christine Haney; also three grandchildren; brother of Frank, John, Harry, Clyde and Daniel Haney, Mrs. Evelyn Kidder and Mrs. Sally Mae Goodyear. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1703 Forbes Ave. Funeral Monday morning at 9:30. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock.

Misc. ____

Complete Funeral (except outlays)	$	
Casket 4 Professional Services	2295	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)		
16 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	16	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 ____		
Clergymen, $ ____ 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 ____		
15 line Death Notices in ____ Papers (Names of Newspapers)	31	50
Sales Tax	$ 2.72	50
Total Footing of Bill	$	
Less PER ____ Balance	$	
Entered into Ledger, page ____ or below.		

EDWARD J. McAVOY FUNERAL HOME PAID NOV 14, 1966

Misc. ____

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. 3563 Yearly No. 61 Date of Entry November 26, 1966

Name of Deceased Mary Reshetnik (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☒ Wife ☐ Widow } of Carpo Reshetnik

Residence 1607 Edna St. 19 Age of Husband or Wife (if living) Years

Charge to Michael Bill (Son)

Address 1607 Edna St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 189-12-2061B (Social Security Number)

Employer and Address

Date of Death Nov. 24, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age abt 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Nov. 28, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Fr. Pusey (Address)

Religion of the Deceased Catholic

Birthplace Poland

Resided in the State Pennsylvania (County) (Years) (Months)

Place of Death John J. Kane Hospital

Cause of Death Congestive Heart Failure

Contributory Causes A.S.H.D.

due to fall to floor

Certifying Physician Wm. R. Hunt, Coroner (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

RESHETNIK (Bill)
On Thursday, Nov. 24, 1966, Mary, wife of Carp Reshetnik, mother of Mr. Michael Bill, grandmother of Barry. Friends received at the ED. WARD McAVOY FUNERAL HOMES, 1700 Forbes Ave. Funeral Monday morning at 10:30 o'clock, from mass of requiem in the Church of the Epiphany at 11 o'clock.

Diagram of Lot or Vault

Lot No. 18

Grave No. 1

Section No. 40

Block No. 9

Owner

Misc.

Complete Funeral (except outlays)	$	1107 00
Casket 4 Professional Services		965 00
Burial Vault or Box		100 00
Embalming Body (State Kind)		
Barber, $ Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)		22 50
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		
Clergymen, $ 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		
9 line Death Notices in 3 Papers (Names of Newspapers)		14 40
Sales Tax		
Total Footing of Bill	$	1132 90
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc.

McAVOY FUNERAL HOME

PAID 1-5-67

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

Date	PER JOW	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. 3564 Yearly No. 62 Date of Entry December 15, 1966

Name of Deceased Joseph Santangelo (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow of Jennie Panichella Age of Husband or Wife (if living) ____ Years

Residence 1600 Locust St. 19

Charge to Jennie Santangelo

Address 1600 Locust St. 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Tailor 169-28-3139 (Social Security Number)

Employer and Address ____

Date of Death Dec. 15. 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 29, 1902 Age 64 (Mos.) (Day) (Yr.) (Yrs.) 8 (Mos.) 16 (Days)

Name of Father Pompeo Santangelo

His Birthplace Italy

Maiden Name of Mother Victoria Silvagni

Her Birthplace Italy

Date of Funeral Dec 19, 1966 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death McAvoy Hospital

Cause of Death A.S.H.D. Cardiac Stenosis

Contributory Causes Diabetes Mellitus

Certifying Physician Dr. Falco (or Coroner)

His Address McAvoy Hospital

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery

SANTANGELO
On Thurs., Dec. 15, 1966, Joseph, husband of Jennie Panichella; father of Victoria Santangelo, brother of Michael, Anthony and Palmer Santangelo, Mrs. Collins, Mrs. Julia Sullivan and Mrs. Frances Pullano. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mon. morning at 9:30 o'clock. Solemn requiem high mass in the Church of the Epiphany at 10 o'clock. Visitations 1-4 and 7-10 p. m.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$
Casket + Professional Services	965 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 00
12 Certif. Copies 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	
Clergymen, $ Singers, $ Organist, $	30 00
Railroad or Motor / Aero-plane Tickets, $ Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 3 Papers	20 80
(Names of Newspapers)	
Sales Tax	$ 12 27 80
Total Footing of Bill	$ 40 00
Less	$ 118 7 80
Balance	

McAVOY FUNERAL HOME
Jan 2 1967

Entered into Ledger, page ____ on below.

Misc. ____

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

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 3565 Yearly No. 63 Date of Entry December 26, 1966

Name of Deceased Dorothy E. Wernecke (W)

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

Residence 518 North Negley Ave 6

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

Charge to John H. Wernecke

Address 1107 Cresswell St. 10

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Telephone Operator (Social Security Number)

Employer and Address ____

Date of Death Dec. 26, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 15, 1910 Age 56 - 1 - 11 (Mo.) (Day) (Yr.) (Yes.) (Mos.) (Days)

Name of Father John H. Spahrmann

His Birthplace Deceased

Maiden Name of Mother Kate Sheddie

Her Birthplace Deceased

Date of Funeral Dec. 30, 1966 (Date) (Day of Week) M. (Hour)

Services at Funeral Home

Clergyman Dr. Jack Munyan (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa.

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

Place of Death 550 Grant St.

Cause of Death Coronary Thrombosis

Contributory Causes Hypertensive Heart Disease, Arteriosclerosis

Certifying Physician Jules C. Landy (or Coroner)

His Address 1121 Highland Bldg 6

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Homestead Cemetery



Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner John H. Wernecke

Misc. ____

Complete Funeral (except outlays)	$
Casket & Professional Services	1425 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)	40 00
Slippers, $ ____ Hose, $ ____	
Folding Chairs, $ ____ Tarpaulin, $ ____	
Candelabrum, $ ____ Candles, $ ____	
Door Spray, $ ____ Gloves, $ ____	
Funeral Car, $ ____ Ambulance, $ ____	
Limousines to Cemetery ____ @ $ ____	
Extra Limousines ____ @ $ ____	
Autos to R. R. Station ____ @ $ ____	
Getting Remains from ____	
Taking Remains to ____	
Trip to Coroner's Inquest ____	
Delivering Box to ____	
Deliver Flowers to ____	
Removal Charges ____	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery 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 ____	
Clergymen, $ ____ 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 ____	
9 line Death Notices in 3 Papers (Names of Newspapers)	13 50
Sales Tax ____	
Total Footing of Bill	$ 1804 50
Less	$
Balance	$

McAVOY FUNERAL HOME PAID Jul 25, 1967

Entered into Ledger, page ____ or below.

Misc. ____

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. 3566 Yearly No. 1 Date of Entry Jan 15, 19 67

Name of Deceased Joseph (Guiseppe) Imbruglia (Mucki) (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1325 Fifth Ave. 19

Charge to Josephine Imbruglia

Address 1325 Fifth Ave

☒ Husband ☐ Wife ☐ Widow of Josephine Capadanno Age of Husband or Wife (if living) Years

Order given by (or informant)

How Secured

If Veteran, Name of War W.W.I

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death Jan. (Mo.) 15, (Day) 1967 (Yr.) (Hour)

Date of Birth Jan. (Mo.) 27, (Day) 1895 (Yr.) Age 71 (Yrs.) (Mos.) (Days)

Name of Father Philip Imbruglia

His Birthplace

Maiden Name of Mother Minnie Manna

Her Birthplace

Date of Funeral Jan 20, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death VA Hospital, Aspinwall

Cause of Death Chronic Pancreatitis

Contributory Causes

Certifying Physician S.W. Halgen Sub Registrar (or Coroner)

His Address

Motor Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory { Calvary Cemetery

Lot No. 464

Grave No. 4

Section No. H

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	2213 50
Casket Professional Services		1750 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, $		5 00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines ✓ @ $		25 00
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		155 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		
Clergymen, $ ✓ 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		
line Death Notices in Papers		22 50
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	2213 50
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

PAID 1-21-67

PER J.P.M.

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3567 Yearly No. 2 Date of Entry January 22 19 67

Name of Deceased Thomas B. Murray

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow of Bernadette Callaghan (What Race)

Age of Husband or Wife (if living) 77 Years

Residence 456 Augusta St. 11

Charge to Bernadette Murray

Address 456 Augusta St. 11

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death Jan. 22, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 7 1904 Age 62 - 7 - 17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William Murray

His Birthplace

Maiden Name of Mother Nora Joyce

Her Birthplace

Date of Funeral Jan. 26, 1967 (Date) (Day of Week) (Hour) M.

Services at St. Johns

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Wheeling W. Va.

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

Place of Death Mercy Hospital

Cause of Death Fractured Aortic Abdominal Aneurysm

Contributory Causes Arteriosclerosis, L. Occipital Lobe

Certifying Physician Richard E. Hockey (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Braddock Catholic Cemetery

MURRAY
On Sunday, Jan. 22, 1967, Thomas B., husband of Bernadette Callaghan; brother of Mrs. Mary Reisnever and Walter Murray. Friends may call at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Thursday morning at 9:30. Resident. High mass in the Church of St. Elizabeth at 10 o'clock. Visitations 2-4 and 7-9 p.m.

Diagram of Lot or Vault

Lot No. 259

Grave No. 6 X D

Section No. K

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1202 25
Casket Professional Services		835 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $ ✓		20 00
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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		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		
Clergymen, $ ✓ 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 2 Papers (Names of Newspapers)		10 00
Sales Tax		
Total Footing of Bill	$	1244 00
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME
Jan 21, 1967

Entered into Ledger, page or below.

Misc Statement 2-11-67

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. 3566 Yearly No. 3 Date of Entry January 24, 1967

Name of Deceased Michael Patrick Bayerlein (Infant) W (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 52 Roscoe St. 03

Charge to Donald Bayerlein

Address 52 Roscoe St. 03

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

How Secured .....

If Veteran, Name of War .....

Occupation .....

Employer and Address ..... (Social Security Number)

Date of Death Jan. (Mo.) 24 (Day) 1967 (Yr.) (Hour)

Date of Birth Jan. (Mo.) 23 (Day) 67 (Yr.) Age 36 (Yrs.) 3 (Mos.) 1 (Days)

Name of Father Donald Bayerlein

His Birthplace .....

Maiden Name of Mother Charolette Balalaveke

Her Birthplace Pittsburgh ~~Mercy Hospital~~

Date of Funeral January 26, 1967 (Date) (Day of Week) M. (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Mercy Hospital Pittsburgh

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

Place of Death Mercy Hospital

Cause of Death Congestive Heart Disease

Contributory Causes Prematurity

Certifying Physician Wm. F. Stengel (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 548

Grave No. 9

Section No. 20

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket + Professional Services	75 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	
Clergymen, $ ..... 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	25 00
Total Footing of Bill	$
Less	$
Balance	$

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

McAVOY FUNERAL HOME

Misc. PAID 1-26-67

PER JM

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3569 Yearly No. 4 Date of Entry January 26 19 67

Name of Deceased Edmund M. Lutes (What Race) W

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

Residence RD #6 Butler, Pa 586-7201

Charge to Janice Lutes

Address RD #6 Butler, Pa

Order given by (or informant)

How Secured

If Veteran, Name of War WW I

Occupation Mechanical Engineer 190-09-3127A (Social Security Number)

Employer and Address

Date of Death Jan. 26 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 28, 1897 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William E. Lutes

His Birthplace D

Maiden Name of Mother Maude Brewer

Her Birthplace D

Date of Funeral Jan. 28, 1967 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Dozer (Address)

Religion of the Deceased Protestant

Birthplace New York

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

Place of Death VA Hospital Butler, Pa

Cause of Death Pulmonary insufficiency

Contributory Causes Pulmonary Emphysema

Certifying Physician Carl Friedenbergh M.D. (or Coroner)

His Address VA Hospital, Butler Pa.

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

Misc. SONS ADDRESS

MR. EDMUND LUTES

3155 WEST GENEVA STREET

LOS ANGELES, CALIFORNIA

Complete Funeral (except outlays)	$
Casket Professional Services	785 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	
Clergymen, $ 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.

Misc. Returned 2-17-67

McAVOY FUNERAL HOME

PAID

Feb. 26, 1967

PER JVM

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3570 Yearly No. 5 Date of Entry January 31, 1967

Name of Deceased Anthony Gagliardino

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 411 So. Meadowcroft Ave 28 W (What Race)

Charge to Mary Gagliardino ☑ Husband ☐ Wife ☐ Widow of Mary Kowalski Age of Husband or Wife (if living) Years

Address 411 So. Meadowcroft Ave 28

Order given by (or informant)

How Secured

If Veteran, Name of War WW I 2465940

Occupation Restaurateur 184-14-7684 (Social Security Number)

Employer and Address

Date of Death Jan. (Mo.) 31, (Day) 1967 (Yr.) (Hour)

Date of Birth Nov. (Mo.) 19 (Day) 1893 (Yr.) Age 73 (Yrs.) 2 (Mos.) 12 (Days)

Name of Father Joseph Gagliardino D

His Birthplace

Maiden Name of Mother Antonette Anaglia D

Her Birthplace

Date of Funeral Feb. 4, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death Mercy Hospital

Cause of Death Metastatic Disease - Ca of Prostate

Contributory Causes ASHD & old Myocardial Infarct

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery



Diagram of Lot or Vault

Lot No. 424

Grave No. 7

Section No. N

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 4 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 (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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)	8	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		
Clergymen, $ 2 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 3 Papers	18	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1136	00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. Statement 2-17-67

McAVOY FUNERAL HOME

PAID Jan. 20 1967

PER JFM

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

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

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

170

RECORD OF FUNERAL

Total No. 3571 Yearly No. 6 Date of Entry February 8, 1967

Name of Deceased Mary (De More) Gallo (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 225 Morland St. 10

Charge to Nicky Gallo

Address 645 Southcrest Dr. 26

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Kitchen Helper 322-28-3627 (Social Security Number)

Employer and Address ____

Date of Death Feb 8, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 16, 1894 Age 72 - 9 - 22 (Mo) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Blasco Armenti

His Birthplace D

Maiden Name of Mother Madeline Arcaro

Her Birthplace D

Date of Funeral Feb 13, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death St. Joseph Hospital

Cause of Death Probable Coronary Thrombosis

Contributory Causes A. S. H. D.

Certifying Physician Dr. J. R. Sorace (or Coroner)

His Address 2307 Braddock Rd.

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Lot No. 5 Row

Grave No. 56 2

Section No. 17

Block No. ____

Owner ____

GALLO (DeMore) On Wednesday, Feb. 8, 1967, Mary, mother of Mrs. Maria Spelling, Mrs. Catherine Stryker, Mrs. Theresa Hughes, Mrs. Ann Morgano, Mrs. Margaret Melendo, Philip, Nick, John and Anthony Gallo, sister of Mrs. Ollie Pelosi. Mrs. Rose Montuoro, Mrs. Madeline Gallezzo and James Armenti; also survived by 33 grandchildren and three great-grandchildren. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Bores Ave. Funeral Monday morning at 9:15 o'clock. High mass of requiem at the Church of the Epiphany at 10 a. m.

Complete Funeral (except outlays) $	
Casket 1 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 Clothing (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)	
2 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ ____ Use of Chapel, $ ____	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	105 00
Cremation ____	
Flowers, $ ____ Palms, $ ____ Matting, $ ____	
Rental of Tent, $ ____ of Temporary Vault, $ ____	
Opening of Grave or Tomb ____	
Lining Grave, $ ____ Lowering Device, $ ____	
Outlay for Shipping Charges ____	
Clergymen, $ 2 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 ____	
16 line Death Notices in 4 Papers ____	33 60
(Names of Newspapers) ____	
Sales Tax ____	
Total Footing of Bill $	1455 60
Less $	
Balance $	

Entered into Ledger, page ____ or below.

Misc. Interment

McAVOY FUNERAL HOME

PAID Apr 6, 1967

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

for the payment of aforesaid sum, and 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. 3532 Yearly No. 7 Date of Entry February 11, 1967

Name of Deceased Sarah Griffin ☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 2114 Fifth Ave 19 ☐ Husband ☐ Wife ☑ Widow (What Race) W

Charge to Mary Griffin or ☐ of ☐ John Griffin Age of Husband or Wife (if living) Years

Address 2114 Fifth Ave. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 167-10-7653D (Social Security Number)

Employer and Address

Date of Death February 11, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 3, 1884 Age 82 - 11 - 8 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Kelly

His Birthplace D

Maiden Name of Mother Mary Bradley

Her Birthplace D

Date of Funeral February 15, 1967 (Date) (Day of Week) (Hour) M.

Services at St. Agnes

Clergyman Fr. Bailey (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Mercy Hospital

Cause of Death Coronary Occ. of Intracranial Hemorrhage

Contributory Causes Liver Metastases

Certifying Physician Dr. E. Cimino (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No.

Grave No. 4

Section No. 60

Block No.

Owner

Misc.


GRIFFIN
On Saturday, Feb. 11, 1967 Sarah Kelly, beloved wife of the late John Griffin, devoted mother of Patrick Griffin, loved sister of Mary Kelly, Mrs. Catherine Mahoney, Mrs. Nellie Bernard, Michael, John and the late Edward J. Griffin, also loved by four grandchildren, and one great-grandchildren. Friends and relatives, also members of the family, Residence, 2114 Fifth Ave., are invited to attend the funeral Wednesday morning, at 9:15 o'clock. Solemn requiem high mass at St. Agnes Church, at 10 o'clock. Interment in Calvary Cemetery.

Complete Funeral (except outlays)	$ 1720 00
Casket Professional Services	1450 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)	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	
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	75 50
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
14 line Death Notices in 4 Papers (Names of Newspapers)	28 00
McAVOY FUNERAL HOME	
Sales Tax June 9, 1962	
Total Footing of Bill	$ 1793 50
Less	$
Balance	$

Entered into Ledger, page or below. PEH

Misc. Statement 3/13/67

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3/29/67	To Above Balance	700 00	$ 1020 —		To Balance Forward		$
4/15/67	By Payment	$ 800	$ 220 —		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3513 Yearly No. 8 Date of Entry February 22, 1967

Name of Deceased Agnes M. Gaynord W

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

Residence 1626 Locust St 19 ☐ Husband ☒ Wife ☐ Widow } of John J. Gaynord

Charge to John J. Gaynord (750 Wrayside St 27) or Age of Husband or Wife (if living) Years

Address 1626 Locust St 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 159-22-5395 (Social Security Number)

Employer and Address

Date of Death February 22, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 6, 1894 Age 72 (Mo.) 9 (Mos.) 16 (Days) (Day) (Yr.) (Yrs.)

Name of Father David Jones

His Birthplace D

Maiden Name of Mother Ellen Gallagher

Her Birthplace D

Date of Funeral February 25, 1967 (Date) M. (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Mercy Hospital

Cause of Death Cardiac Arrest - Myocardial

Contributory Causes Infarction - A.S.H.D

Certifying Physician Joel M. Ulrich (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

GAYNORD
On Wednesday, Feb. 22, 1967, Agnes M. Fiss, wife of John J. Gaynord, mother of Mrs. Mary Martha & John J. Gaynord, Jr., sister of Mrs. Frances Gilbert and Anthony Fiss, also 11 grandchildren. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Saturday morning at 9:30 o'clock, requiem high mass in the Church of The Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 213

Grave No. 4 X D

Section No. K

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket + Professional Service	850 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)	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	
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges!	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	
Clergymen, $ 1 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	
12 line Death Notices in 4 Papers (Names of Newspapers)	24 00
Sales Tax	
Total Footing of Bill $	1301 00
Less $	
Balance $	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc.

PAID May 15, 1967

PER J.M.

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

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 3514 Yearly No. 9 Date of Entry February 23, 1967

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

Married ☐ Single ☐ Widowed ☐ Divorced

Residence 52 Lowrie Square St 19

☒ Husband ☐ Wife ☐ Widow of Mary T. McGrath Age of Husband or Wife (if living) Years

Charge to Mary McGrath

Address 124 Tecumseh St 17

Order given by (or informant)

How Secured

If Veteran, Name of War WWII

Occupation Truck Driver 163-12-9364 (Social Security Number)

Employer and Address

Date of Death February 23, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth September 29 1917 Age 49 1 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James F. McGrath

His Birthplace

Maiden Name of Mother Mary A. Mullen

Her Birthplace

Date of Funeral February 27, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death St. Francis Hospital 19

Cause of Death Arteriosclerotic Cardiovascular

Contributory Causes Disease + Jaundice

Certifying Physician Wm. R. Hunt, Coroner (or Coroner)

His Address 412 Fourth Ave. 19

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

McGRATH
Suddenly, on Thursday, Feb. 24, 1967, John A. (Jack) late of 124 Tecumseh, husband of Mary T. (nee Grant); brother of Mrs. Newman Smith, Mrs. George Linn, Remis and the late James McGrath; also one grandchild. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:30 o'clock. Low mass in the Church of the Epiphany at 10 a.m.

Diagram of Lot or Vault

Lot No. 124

Grave No. 6

Section No. R

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1600 —
Casket		1175 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)		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)		8 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 Cemetary Charges		105 00
Cremation		
Flowers, $ Palms, $ Matting, $		136 50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
1 2 line Death Notices in 2 Papers (Names of Newspapers)		13 20
Sales Tax		
Total Footing of Bill	$	1693 70
Less	$	
Balance	$	

McAVOY FUNERAL HOME
Apr 1, 1967

Entered into Ledger, page or below.

Misc. Mailed 3/22/67

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. 3575 Yearly No. 10 Date of Entry February 25, 19 67

Name of Deceased Sr Mary Alphonsus (Teresa Agnes O'Brien) xx (What Race)

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

Residence St Xavier Academy, Latrobe

Charge to Sisters of Mercy 13

Address 3333 Fifth Ave-13

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation In Religion 202-40-3011 (Social Security Number)

Employer and Address ____

Date of Death February 25, 1967 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father John C. O'Brien

His Birthplace ____

Maiden Name of Mother Rachel Little

Her Birthplace ____

Date of Funeral February 28, 1967 (Date) (Day of Week) M. (Hour)

Services at St Xavier Chapel

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Volcano, W. Va

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 John C. Shaner (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Xaviers Cemetery Latrobe

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Services		315 00
Burial Vault or Box (State Kind)		55 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
____ Certif. Copies 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 ____		
Clergymen, $ ____ 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	$	370 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. January 31 67

PAID May 12, 1967

PER J P 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. 3576 Yearly No. 11 Date of Entry February 27, 1967

Name of Deceased Ferdinand (Frank) Kosick (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Y.M.C.A. Smithfield St. Pittsburgh Pa.

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

Charge to Helen Kosick

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Florist (Social Security Number)

Employer and Address

Date of Death Feb 27, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13, 1906 Age (Yrs.) (Mos.) (Days)

Name of Father Ferdinand Kosick

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Mar 4, 1967 (Date) (Day of Week) (Hour) M.

Services at

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace N. Y.

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

Place of Death Memphis, Tennessee

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Forest Hearn Cemetery



Diagram of Lot or Vault

Lot No. 19

Grave No. 3

Section No. 14

Block No. 14

Owner

Misc.

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, $	30 00
Limousines to Cemetery ✓ @ $	25 00
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from Airport	25 00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	15 00
~~Removal Charges~~ Gratuity	15 00
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $ ✓	150 00
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	
Clergymen, $ 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	15 00
line Death Notices in Papers	8 00
(Names of Newspapers)	
Sales Tax $	668 00
Total Footing of Bill $	
Less $	
Balance $	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. Total 2/28/67

3-5-67

PSR JPM

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

176

RECORD OF FUNERAL

Total No. 3577 Yearly No. 12 Date of Entry March 1, 1967

Name of Deceased Robert A Dickson (What Race)

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

Residence 1918 Fifth Ave 19

Charge to Mrs. Edna Rose

Address 2033 Fortune St Pgh. 12

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Laborer 172-12-3978 (Social Security Number)

Employer and Address ____

Date of Death March 1, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 31, 1910 Age 56 - 7 - 1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William Dickson

His Birthplace D

Maiden Name of Mother Anna Burke

Her Birthplace D

Date of Funeral March 4, 1967 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Latrobe, Pa.

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

Place of Death ____

Cause of Death Intermediate Cardiovascular

Contributory Causes Disease Pulmonary Emphysema + fatty change of liver

Certifying Physician Wm R Hunt (or Coroner)

His Address 512 4th Ave Pgh. 19

Motor / Ship Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory Calvary Cemetery

DICKSON... On Wednesday, March 1, 1967, Robert A., brother of Mrs. Edna Lomax; Mrs. Elizabeth McDermott, Mrs. Edna Rose and William Dickson. Friends received in the McAVOY FUNERAL HOME, 2033 Forbes Ave. Funeral Saturday morning at 10:30. High mass of requiem in the Church of the Epiphany at 11 o'clock. Visitation 2 to 4 and 7 to 9 p. m.

Diagram of Lot or Vault

Lot No. 1

Grave No. 63

Section No. 16

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays) $	
Casket Professional Services	600 00
Burial Vault or Box outside Case (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	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 ____	
Clergymen, $ ____ 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 Notice in Newspapers	11 00
(Names of Newspapers) ____	
Sales Tax ____	
Total Footing of Bill $	918 00
Less PER $	
Balance $	

McAVOY FUNERAL HOME PAID Mar 8, 1967 PER

Entered into Ledger, page ____ or below.

Misc. Insured 3/3/67

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

281-2793

Total No. 3518 Yearly No. 13 Date of Entry March 5, 1967

Name of Deceased Josephine Goggins ☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 29 Muhlenberger St 19 ☐Husband ☐Wife ☐Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Estate

Address J W Goggins 7W 6-4990

Order given by (Miss Margaret Ivie Kelley) (or informant)

How Secured

If Veteran, Name of War

Occupation School Matron 164-28-4254 A (Social Security Number)

Employer and Address

Date of Death March 2, 1967 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Patrick Goggins

His Birthplace

Maiden Name of Mother Bridget Ivie Quane

Her Birthplace

Date of Funeral March 9, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death South Side Hospital

Cause of Death Chronic Renal Disease (Interval between onset and death) and Pneumonia

Contributory Causes

Certifying Physician Rose Bach M.D. (or Coroner)

His Address 3300 Fifth Ave Pgh 13

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

GOGGINS
On Sunday, March 5, 1967, Josephine, the mother of Walter J. Goggins, Mrs. Gertrude Kerr, Mrs. Marie McCormick, Rose, Margaret, Mc Govern, sister-in-law of Mrs. Anna Goggins, also great nieces and nephews. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 5750 Forbes Ave. (Shadyside) Tuesday morning at 9:30. High mass of requiem in the Church of the Epiphany at 10 o'clock. Interment

Diagram of Lot or Vault

Lot No. 56
Grave No. 1 2
Section No. E
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$
Casket 4 Professional Bearers	815 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)	40 00
Slippers, $ ✓ Hose, $	5 00
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	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	
Clergymen, $ ✓ Singers, $ Organist, $	20 00
Railroad or Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 2 Papers	12 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1200 00
Less	$
PER Balance	$

McAVOY FUNERAL HOME
Mon 19, 1967

Entered into Ledger, page or below.

Misc. Returned 5/22/67 7-18-67

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. 3519 Yearly No. 14 Date of Entry March 7, 1967

Name of Deceased Simone G Iracelli

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow of Lidwina Kaas (What Race) W

Age of Husband or Wife (if living) Years

Residence 1914 Forbes Ave 19

Charge to Mrs. Lydwina Iracelli

Address 1914 Forbes Ave. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 167-26-6389 (Social Security Number)

Employer and Address

Date of Death March 7, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 17, 1884 Age 82 11 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frascato Iracelli

His Birthplace

Maiden Name of Mother Maria Nicola

Her Birthplace

Date of Funeral March 11, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Carcinoma of Prostate

Contributory Causes A.S.H.D. - Pneumonia

Certifying Physician Christy M. Lepage (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery



Diagram of Lot or Vault

Lot No. 425

Grave No. 1

Section No. T

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1515 —
Casket Transportation Services		1180 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		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		
Clergymen, $ 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		
1 Hearse		40 00
12 line Death Notices in 1 Papers		24 00
Homestead Messenger 1X (Names of Newspapers)		1 65
2 Lifton Registers		5 00
Sales Tax		
Total Footing of Bill	$	1596 65
Less	$	
Balance	$	

Entered into Ledger page or below.

McAVOY FUNERAL HOME

Misc.

PAID Apr. 7 1967

PSR

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3580 Yearly No. 15 Date of Entry March 11, 1967

Name of Deceased Artenus R. Kelly (☑ Married ☐ Single ☐ Widowed ☐ Divorced) (What Race) W.

Residence 347 Rollins Ave. 06

Charge to Dennis Kustanis

Address 3401 e Lincolnway Pl. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Cook 173-12-0929 (Social Security Number)

Employer and Address

Date of Death March 11, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth UNKNOWN Age abt 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Clarence Kelly

His Birthplace D

Maiden Name of Mother Martha Elliot

Her Birthplace D

Date of Funeral Mar 16, 1967 (Date) (Day of Week) (Hour) M.

Services at St George Serian Orthodox Church (Address)

Clergyman Fr. James Moana

Religion of the Deceased Syrian Orthodox

Birthplace Latchawgle, Pa.

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

Place of Death Shadyside Hospital

Cause of Death Cardiac failure - Aortic Valve

Contributory Causes Stenosis - Hypercholesterolemia

Certifying Physician Norman Cohen M.D. (or Coroner)

His Address 6300 Darlington Rd.

Motor Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory { Lot Lincoln Cemetery

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

KELLY
On Saturday, March 11, 1967, Artenus Kelly of Ohio, husband of Mrs. Phyllis Kelly, father of Norman, Gerald, Samuel and Irene Kelly, brother of Mrs. Mary Brown, Frances Hackney, Mrs. Elizabeth Mc Avoy, a member of the Parish Age Pensioners Association of the St. George's Syrian Orthodox Church, in his 60th year.
FUNERAL HOME, 1750 Forbes Ave. Pittsburgh
Funeral services at 10:30 a.m. Thursday, March 16, 1967 in St. George's Syrian Orthodox Church at 11th a.m.
INTERMENT

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	
Casket Professional Services	985	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)	110	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 Cemetery	15	00
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	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		
Clergymen, $ 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 3 Papers	15	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1396	00
Less Paid on Acct Mar 14, 1967	$ 620	00
Balance	$ 776	00

Entered into Ledger, page or below.

Misc 5-29-67 (7-1841)

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/29/67	To Above Balance SS.	196 20	$ 576 80		To Balance Forward		$
4-22-67	By Payment	$ 300 00	$ 276 80		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed Address

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

RECORD OF FUNERAL

Total No. 3581 Yearly No. 16 Date of Entry March 12, 1967

Name of Deceased Elder C. Caldwell

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 60 South 20th St 03

Charge to Irma Caldwell

Address 60 South 20th St 03

Order given by (or informant)

How Secured VA Claim C-4677824

If Veteran, Name of War WW I 182.516.7

Occupation Construction 162-18-6833 (Social Security Number)

Employer and Address

Date of Death March 12, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 22, 1891 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Nelson Caldwell

His Birthplace D

Maiden Name of Mother Susan Kenamard

Her Birthplace D

Date of Funeral March 15, 1967 (Date) (Day of Week) (Hour) M.

Services at Funeral Home (Address)

Clergyman Rev. Dr. Jack Hayford

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death South Bay Hospital

Cause of Death Hypertension, Arterial Disease, Acute Cerebral Hemorrhage

Contributory Causes Generalized Arteriosclerosis - Acute Congestive Cardiac Failure

Certifying Physician Dr. Laszkowski (or Coroner)

His Address 941 So. 18th St Tph 03

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Pleasant Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Race W

☒ Husband ☐ Wife ☐ Widow } of Irma Caldwell (What Race)

Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	
Casket Professional Services	446	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)	20	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 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		
Clergymen, $ Singers, $ Organist, $	10	00
Railroad / or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 615	00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc.

McAVOY FUNERAL HOME

PAID May 15, 1967

PER J P M

Date		Amount Paid	Balance
1967	To Above Balance	90 00	$ 580 00
Apr 20 1967	By Payment S.S.	$ 255 00	$ 325 00
Apr 24 1967	" " V.A	$ 250	$ 75 00

Date		Amount Paid	Balance
5/15 67	Allegheny County To Balance Forward	75 -	$ —
	By Payment	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 3588 Yearly No. 17 Date of Entry March 13, 1967

Name of Deceased Harry L. Smith

☐ Married ☐ Single ☑ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of } Blanche Smith (What Race) D

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

Residence 3691 Woodward Street 22

Charge to Mary Agnes Smith 3691 Woodward St. Det. Mich. 313-921-7276

Address 148 3 Orchard Dr. Lot 34 2783 MORRISON AVE. UNION N.J. 07083

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

How Secured .....

If Veteran, Name of War WW I 129-04-46

Occupation Ship Detective 176-01-3293 (Social Security Number)

Employer and Address .....

Date of Death March 13, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 24, 1888 Age 78 (Yrs.) (Mos.) (Days)

Name of Father John J. Smith

His Birthplace D

Maiden Name of Mother Delia Costello

Her Birthplace D

Date of Funeral March 17 1967 (Date) (Day of Week) (Hour) M.

Services at Joseph J. (Address)

Clergyman Rev. D. J. (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Henry Hospital

Cause of Death A.C.H.D. Pulmonary Embolism

Contributory Causes Embolism Infarction Old Myocardial Infarction

Certifying Physician Dr. (or Coroner)

His Address Henry Hospital

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

Lot No. 562

Grave No. 6

Section No. 5

Block No. .....

Owner .....


SMITH ... on Monday, March 13, 1967, Harry L. ... beloved ... of the late Blanche (Lone) Smith, brother of Mrs. Mary Agnes Smith, late James C. Smith, former Post ... and late John B. Smith. ... received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave., ... Members of the Fraternal Order of ... Church of the Epiphany at 10 a.m. ... Police, Port Pitt Lodge, No. ... and the American Legion, ... Post 638 and friends ... Visiting hours ... to 9 p.m.

Mis .....

Complete Funeral (except outlays)	$	1474 —
Casket 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)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		8 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		
Clergymen, $ ..... 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		
17 line Death Notices in 5 Papers (Names of Newspapers)		12 50
Sales Tax		
Total Footing of Bill	$	1535 50
Less	$	
Balance	$	

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

Misc. Statement 3-29-67

McAVOY FUNERAL HOME

PAID June 2, 1967

PER .....

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Apr 1	1967	To Above Balance	1096	00	$ 382	00			To Balance Forward			$	
June 2	1967	By Payment	$ 382	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. 3583 Yearly No. 16 Date of Entry March 14 1967

Name of Deceased Peter Lagnese (What Race) W

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

Residence 120 Kirkpatrick St. 17 Age of Husband or Wife (if living) Years

Charge to Margaret Lagnese

Address 120 Kirkpatrick St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Tailor 174-05-5557A (Social Security Number)

Employer and Address

Date of Death March 14, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 15, 1886 Age 75 9 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Lagnese

His Birthplace D

Maiden Name of Mother Rose Maria Diana

Her Birthplace D

Date of Funeral March 18, 1967 (Date) (Day of Week) (Hour) M.

Services at St. Agnes Church

Clergyman Fr. Bailey (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Acute Pulmonary Edema

Contributory Causes A.S.H.D - Pneumonia

Certifying Physician L. Bailey M.D (or Coroner)

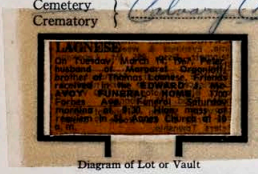
His Address Mercy Hospital

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Calvary Cemetery



Lot No. 84

Grave No. 19 XD

Section No. 11A

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 1 Professional Services	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)		
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	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		
Clergymen, $ 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)	15	00
Sales Tax		
Total Footing of Bill	$ 1443	00
Less	$	
Balance	$	

Entered into Ledger, page ... of Ledger

McAVOY FUNERAL HOME
March 21, 1967
Per J.P.M.

Misc. Interment 3-14-67

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

Insurance $ Names of Lodges Insurance Companies

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

391-4029

Total No. 3584 Yearly No. 19 Date of Entry March 22, 1967

Name of Deceased James A. Riddle (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1839 Locust St. 19 ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living) Years

Charge to Mrs. Emma Woods or } of

Address 1839 Locust St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Newspaper Worker 200-23-2155 (Social Security Number)

Employer and Address

Date of Death March 22, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 3, 1901 Age 65 7 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John A. Riddle

His Birthplace

Maiden Name of Mother Blanche McGrann

Her Birthplace

Date of Funeral March 26, 1967 M. (Date) (Day of Week) (Hour)

Services at Epiphany (Church)

Clergyman Msgr. Daniel Cunningham (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death John J. Kane Hospital

Cause of Death Cerebral Hemorrhage

Contributory Causes Cancinoma, Pharynx

Certifying Physician Clement Lewis Jr. (or Coroner)

His Address Scott Twp. Ph. 1543

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

RIDDLE—In Pittsburgh, On Wednesday, March 22, 1967, James A., son of Mrs. Blanche Riddle, brother of Mrs. Marie McDermott, Mrs. Dan Woods, William, Harry, Eugene, and Howard Riddle. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Saturday morning at 9:30 o'clock. Blessing service in the Church Epiphany at 10:30 a. m. Members of Newspaper Mailers Union Local No. 22 and friends invited. Interment at Calvary Cemetery.

Lot No. 26

Grave No. 4 X D

Section No. 10

Block No. 9

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Services		905 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)		39 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Clergymen, $ 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 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1323 00
Less	$	
Balance	$	

Entered into Ledger page 1967.

McAVOY FUNERAL HOME

Misc.

PAID Sept. 15, 1967

PER J.M.M.

Date		Amount Paid	Balance
May 27 67	To Above Balance	800 —	$ 523 00
June 13 67	By Payment	$ 255 —	$ 268 00
Sept 15 67	" "	$ 268 —	$

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. 2585 Yearly No. 20 Date of Entry March 22, 19 67

Name of Deceased Rev. Thomas J. Kelly (What Race) W

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

Residence 71 Cranford St 19

Charge to Estate of James Dillon, Att.

Address Bruggs Bldg Yorba & Grant 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Sr. Religious 208-34-3321 (Social Security Number)

Employer and Address ____

Date of Death March 22, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth December 30, 1903 Age 63 - 2 - 23 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas J. Kelly

His Birthplace D

Maiden Name of Mother Mumford Georgie

Her Birthplace D

Date of Funeral March 27, 1967 M. (Date) (Day of Week) (Hour)

Services at St. Brigid Church

Clergyman Msgr. Paul Bascompierre (Address)

Religion of the Deceased Catholic

Birthplace Johnstown, Pa

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

Place of Death 71 Cranford St.

Cause of Death Myocardial Infarction

Contributory Causes Hypertensive Heart Disease Hypertension - Chronic

Certifying Physician James A. Jones (or Coroner)

His Address 3641 Strand Ave 17

Motor / Ship } Remains to ____

Size of Casket ____

Manufactured by ____ (State Color and Number)

Cemetery / Crematory } Calvary Cemetery East



Diagram of Lot or Vault

Lot No. 44

Grave No. 02

Section No. 6A

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1375 —
Casket Professional Services		1175 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 4 @ $		25 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.		4 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		
Clergymen, $ 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)		20 00
Sales Tax		
Total Footing of Bill	$	1425 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. Stat + Cert 3.00

PAID May 20 1967

Per J. M.

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

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

Witness ____ Signed ____

Address ____

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

RECORD OF FUNERAL

Total No. 3586 Yearly No. 21 Date of Entry March 24, 1967

Name of Deceased Charles L. Locco

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

Residence 2210 Lawhins Way 03

☒ Husband ☐ Wife ☐ Widow of Iwa Helen Locco Age of Husband or Wife (if living) Years

Charge to Iwa Helen Locco

Address 2210 Lawhins Way 03

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Caretaker 161-18-3135 (Social Security Number)

Employer and Address

Date of Death March 21, 1967 (Mo.) (Day) (Yr.)

Date of Birth June 1, 1904 (Mo.) (Day) (Yr.) Age (Hour) 62 - 9 - 23 (Yrs.) (Mos.) (Days)

Name of Father Eugene Locco

His Birthplace D.

Maiden Name of Mother Loretta Carrara

Her Birthplace D

Date of Funeral March 28, 1967 (Date) (Day of Week) (Hour) M.

Services at St. Casimirs Church

Clergyman Fr. Walter Kovaneckas (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death St. Joseph Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes 1. H.D. - Coronary Arteriosclerosis

Certifying Physician D.H. Cuchural (or Coroner)

His Address 220 Maywood Ave

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

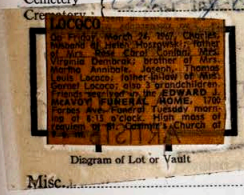

LOCOCO
On Friday, March 24, 1967, Charles Raymond M. Locco, Husband of Iwa Helen Hosgrove; father of Mrs. Rose Carol Gombity, Mrs. Virginia Dembrak; brother of Mrs. Martha Annibale, Joseph, Thomas, Louis Locco; father-in-law of Russ, Daniel Locco; also 3 grandchildren. Friends may call at the EDWARD J. McAVOY FUNERAL HOME, Ltd. Forest and Howard. Tuesday morning at 8:15 o'clock. High mass of requiem at St. Casimir's Church at

Diagram of Lot or Vault

Lot No. 44

Grave No. 32 XD

Section No. MA

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1200 —
Casket 4 Professional Services		930 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		
Clergymen, $ 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		
13 line Death Notices in 3 Papers		20 80
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1328 80
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc.

McAVOY FUNERAL HOME

PAID Apr. 12, 1967

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

Date PER		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

186

RECORD OF FUNERAL

Total No. 3587 Yearly No. 22 Date of Entry March 24, 1967

Name of Deceased Edward K Doherty (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1706 Fifth Ave 19

☑ Husband ☐ Wife ☐ Widow } of Norma Doherty

Charge to Mrs Norma Doherty

Address 1706 Fifth Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Teamster 192-10-1588 A (Social Security Number)

Employer and Address

Date of Death March 24, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 30, 1901 Age 66 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Patrick Doherty

His Birthplace D

Maiden Name of Mother Mary Mulvaney

Her Birthplace D

Date of Funeral March 27, 1967 (Date) M. (Day of Week) (Hour)

Services at Epiphany

Clergyman Msgr Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Lighthouse Nursing Home

Cause of Death Mech. Myocardial Infarct

Contributory Causes Arteriosclerosis

Pneumococcal Pneumonia

Certifying Physician Lewis E. McIntire (or Coroner)

His Address R.D. #4

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 26

Grave No. 2 x D

Section No. 110

Block No. 9

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$
Casket Progressional Bronze	1115 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	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	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad or Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in (Names of Newspapers) McAVOY FUNERAL HOME Apr 29, 1967	13 20
Sales Tax	
Total Footing of Bill	$ 1894 20
Less PER	$
Balance	$

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3586 Yearly No. 23 Date of Entry March 27, 1967

Name of Deceased George R. Rodney Jr. W

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

Residence 9 Marion St. 19 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to

Address

Order given by A Buckley Fed Funeral Officer (or informant) U.S. Courthouse + P.O. 19

How Secured X16984774

If Veteran, Name of War Korean 13289542

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death March 27, 1967 (Mo.) (Day) (Yr.)

Date of Birth March 6, 1930 (Mo.) (Day) (Yr.) Age 37 (Yrs.) — (Mos.) 21 (Days) (Hour)

Name of Father George Rodney

His Birthplace D

Maiden Name of Mother UNKNOWN

Her Birthplace

Date of Funeral March 30, 1967 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh

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

Place of Death 9 Marion St.

Cause of Death Arteriosclerotic Cardio -

Contributory Causes vascular Disease

Certifying Physician Wm R. Hunt - Coroner (or Coroner)

His Address 542 Fourth Ave 19

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Hollywood Cemetery

Lot No. Soldier Plot

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket		285 00
Burial Vault or Box (State Kind)		100 00
Embalming Body (Name of Embalmer)		50 00
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress Desautes Funeral (State Kind and Color)		30 00
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ — Ambulance, $		25 00
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
Autos to R. R. Station ____ @ $		
Getting Remains from Morgue		15 00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		15 00
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		3 00
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ____ Palms, $ ____ Matting, $		
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ — Singers, $ ____ Organist, $		10 00
Railroad / Motor { Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
____ line Death Notices in ____ Papers (Names of Newspapers)		
Gratuities MAVOY FUNERAL HOME		7 00
Sales Tax		
Total Footing of Bill Jan 12, 1968	$	525 00
Less	$	
Balance	$	

Entered into Ledger Page ____ or below.

PER

Misc.

Date		Amount Paid	Balance
11/2067	To Above Balance V.A.	132	$
12/5/67	By Payment	$ 250 00	$ 143 00
	" "	$	$

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

Insurance $ ____ Names of Lodges ____ Insurance Companies

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

Witness ____ Signed ____ Address ____

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

RECORD OF FUNERAL

Total No. 3589 Yearly No. 24 Date of Entry April 2, 1967

Name of Deceased Walter J Glendon

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow (Widow's Name) Catherine Glendon

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

Residence 59 Van Buaam St 19

Charge to Mrs. Catherine Glendon

Address 59 Van Buaam St 19

Order given by Mrs. Lida Tilson (or informant)

How Secured

If Veteran, Name of War

Occupation Painter 159-12-4606 (Social Security Number)

Employer and Address

Date of Death April 2 1967 (Mo.) (Day) (Yr.)

Date of Birth Feb 16 1883 Age 84 (Yrs.) 1 (Mos.) 16 (Days) (Hour)

Name of Father John Glendon (Mo.) (Day)

His Birthplace

Maiden Name of Mother Martha Terrill

Her Birthplace

Date of Funeral April 5, 1967 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman

Religion of the Deceased Protestant (Address)

Birthplace Wheeling W. Va.

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

Place of Death 59 Van Buaam St.

Cause of Death Cardiorenal Disease

Contributory Causes A S H D

Certifying Physician L Barnett (or Coroner)

His Address 556 Medical Arts Bldg 13

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { South Side Cemetery

Lot No. 209

Grave No. 3

Section No. I

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Services	420	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)	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		
1 Certif. Copies of Death Certificates No. (State Number and District)	1	00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax $		
Outlay for Lot 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		
Clergymen, $ 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	10	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	701	00
Less $		
Balance $		

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. PAID April 7, 1967

PER J.P.M.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

621-4748

189

Total No. 3590 Yearly No. 25 Date of Entry April 6 1967

Name of Deceased Michael Herbinko

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow of Sophie Kovathovelu (W) (What Race)

Age of Husband or Wife (if living) Years

Residence 340 Craft Ave 13

Charge to Mrs. Sophie Herbinko

Address 340 Craft Ave. 13

Order given by (or informant)

How Secured

If Veteran, Name of War W W II

Occupation Blacksmith (Social Security Number)

Employer and Address

Date of Death April 6 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Yrs.) (Mos.) (Days)

Name of Father George Herbinko

His Birthplace

Maiden Name of Mother Julie Keller

Her Birthplace

Date of Funeral April 9, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Twin Locks, Pa.

Resided in the State Pennsylvania

Place of Death V.A. Hospital Oakland (or U.S. or City or Country) (Years) (Months)

Cause of Death Disseminated Fungal

Contributory Causes Infection with Renal Failure.

Certifying Physician Ezra Landau M.D.

His Address V.A. Hospital - Oakland (or Coroner)

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery S.P.

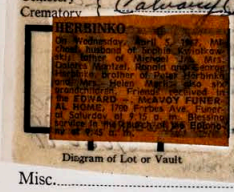


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

		1967	
Complete Funeral (except outlays)	$	1467	00
Casket Professional Services		1160	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)		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 V.A. Hospital Oakland			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
5 Certif. Copies of Death Certificates No. (State Number and District)		5	00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ Palms, $ Matting, $			
Rental of Tent, $ of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ Lowering Device, $			
Outlay for Shipping Charges			
Clergymen, $ Singers, $ Organist, $		20	00
Railroad or Motor Tickets, $ Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
12 line Death Notices in 3 Papers (Names of Newspapers)		18	00
Sales Tax			
Total Footing of Bill	$	1446	50
Less	$		
Balance	$		

McAVOY FUNERAL HOME

PAID

Apr 24 1967

PER JM

Entered into Ledger, page or below.

Misc. New Address 3941 Hemlock St Pgh 24 621-4748

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3591 Yearly No. 26 Date of Entry April 13, 1967

Name of Deceased Mary M. George

☐ Married ☐ Single ☑ Widowed ☐ Divorced

(What Race) W

Residence 114 Muhlenberger St. 19

☐ Husband ☑ Wife ☐ Widow of George Sheha D

Age of Husband or Wife (if living) Years

Charge to Mike Massen

Address 114 Muhlenberger St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Kitchen Helper 160-22-6540 (Social Security Number)

Employer and Address

Date of Death April 13, 1967 (Mo.) (Day) (Yr.)

Date of Birth July 12, 1893 (Mo.) (Day) (Yr.) Age 73 (Yrs.) - 9 (Mos.) - 1 (Hour) (Days)

Name of Father Mason Mason

His Birthplace

Maiden Name of Mother Monica Hag

Her Birthplace

Date of Funeral April 17, 1967 (Date) (Day of Week) M. (Hour)

Services at Our Lady of Victory

Clergyman Fr. John Sferra (Address)

Religion of the Deceased Catholic

Birthplace Lago of Lebanon

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

Place of Death John J. Kane

Cause of Death A. S. H. D. Generalized

Contributory Causes Arteriosclerosis

Certifying Physician Joseph Sapka (Coroner)

His Address

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary Cemetery

Lot No. Row 1

Grave No. 64

Section No. 14

Block No.

Owner

GEORGE
On Thursday, April 13, 1967, Mary M., Massen, wife of the late George Sheha; sister of Mike Massen. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:15. High mass of requiem in Our Lady of Victory Church, Brookline at 10 o'clock.

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$ 1427 00
Casket Professional Services	1035 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)	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	
2 Certif. Copies of Death Certificates No. (State Number and District)	2 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	165 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	
Clergymen, $ 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
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1477 00
Less PER	$ 417 00
Balance	$ 1060 00

McAVOY FUNERAL HOME
Apr. 27, 1967

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3592 Yearly No. 27 Date of Entry April 17, 1967

Name of Deceased Infant Stewart Helen

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5316 Mansfield St 24 (What Race)

Charge to John Helen ☐ Husband ☐ Wife ☐ Widow or ____ of Age of Husband or Wife (if living) ____ Years

Address 5316 Mansfield St 24

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation ____

Employer and Address ____ (Social Security Number)

Date of Death ____ (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 17, 1967 Age ____ (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Helen

His Birthplace ____

Maiden Name of Mother Grace Haney

Her Birthplace ____

Date of Funeral April 18, 1967 M. (Date) (Day of Week) (Hour)

Services at ____

Clergyman ____ (Address)

Religion of the Deceased Catholic

Birthplace Mercy Hospital

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

Place of Death Mercy Hospital

Cause of Death Pneumonia Atelectasis

Contributory Causes Gestation approx 5 mo.

Certifying Physician Richard M. Kenna

His Address 1501 Locust St. (or Coroner)

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 ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket + Professional 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 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 ____		
Clergymen, $ ____ 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	$	20 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. McAVOY FUNERAL HOME PAID Apr 17, 1967 PER J.H.

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

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RECORD OF FUNERAL

Total No. 3593 Yearly No. 28 Date of Entry April 29 1967

Name of Deceased Kathyrene Mardis W

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

Residence 3 South Cowan Rd Carnegie ☐ Husband ☒ Wife ☐ Widow } of Francis J. Mardis D

Age of Husband or Wife (if living) Years

Charge to John D Mc Huzeh

Address 3 South Cowan Rd Carnegie

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death April 29, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 8, 1882 Age 84-10-21 (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Name of Father Joseph Swiftland

His Birthplace

Maiden Name of Mother Catherine Shaw

Her Birthplace

Date of Funeral May 2, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Ohio Valley Hospital

Cause of Death A.S.H.D., Gen Arterio-

Contributory Causes sclerosis

Certifying Physician Eugene Hodgeson (or Coroner)

His Address Ohiodale

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 199

Grave No. 3

Section No. K

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket + Professional Service	500	00
Burial Vault or Box Outside Case (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)	35	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
1 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	1	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		
Clergymen, $ ✓ 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		
5 line Death Notices in 2 Papers	9	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 770	00
Less Cr. 4-30-67	$ 270	00
Balance	$ 500	00

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. 4-25

PAID July 1, 1967 PER J.P.M.

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

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

RECORD OF FUNERAL

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276-2106

Total No. 3594 Yearly No. 29 Date of Entry May 1, 1967

Name of Deceased Orazio Sforza (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☒ Widow } of Angela Macrase

Residence 2321 Fifth Ave 13 Age of Husband or Wife (if living) Years

Charge to Anthony Sforza Sr.

Address 1393 Meadowlark Dr. 43

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Church Sexton (Social Security Number) None

Employer and Address

Date of Death May 1, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 18, 1882 (Mo.) (Day) (Yr.) Age 85 (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral May 5, 1967 (Date) (Day of Week) (Hour) M.

Services at St Pamphilus

Clergyman Fr. Theodore (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Brain Tumor

Contributory Causes

Certifying Physician George Geary (or Coroner)

His Address Mercy Hospital

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. 66

Grave No. 6 x D

Section No. 21

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket — Funeral Services	945	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, $	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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	105	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers	12	00
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Sept 2, 1967	$ 1267	50
Less (Balance)	$	
	$	

Entered into Ledger, page or below.

PER

Misc. 5-23-67

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

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3595 Yearly No. 30 Date of Entry May 7, 1967

Name of Deceased Albert J. Geiger

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1519 Methyl St. 16

Charge to Mrs. Rosemarie Geiger

Address 1519 Methyl St. 16

Order given by 341-8905 (or informant)

How Secured

If Veteran, Name of War WWII 2523612

Occupation Pipefitter 200-20-3555 (Social Security Number)

Employer and Address

Date of Death May 7, 1967 (Mo.) (Day) (Yr.)

Date of Birth Feb 3, 1928 Age 39 (Yrs.) 3 (Mos.) 4 (Days) (Hour)

Name of Father Albert Geiger (Mo.) (Day) (Yr.)

His Birthplace

Maiden Name of Mother Mary Sullivan

Her Birthplace

Date of Funeral May 10, 1967 (Date) (Day of Week) M. (Hour)

Services at St Catherine of Siena (Residence)

Clergyman Fr. Wallace (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death 1519 Methyl St. (Years) (Months)

Cause of Death Acute Coronary Thrombosis

Contributory Causes Coronary Artery Disease

Certifying Physician Leonhardt Leroy (or Coroner)

His Address 3500 Fifth Ave.

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory — Calvary Cemetery

GEIGER
Suddenly, on Sunday, May 7, 1967, Albert J. Geiger of Westmont Manor. Beloved husband of Rosemarie (nee Gerdy); father of Albert Jr., Carol Ann and Richard; dear son of Mary C. and the late Albert Geiger; brother of Mrs. Patricia Dinger. Friends are invited to the EDWARD J. McGARRY FUNERAL HOME, 1700 Jackson Ave., Westmont. Funeral Wednesday morning at 9:15 o'clock, High mass of requiem in St. Catherine of Siena Church at 10 a.m.

Diagram of Lot or Vault

Lot No. Sather Plat

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays) $	956 00
Casket + Professional Service	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, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
8 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	8 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	[illegible]
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	[illegible]
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 Notice 2 Papers (Names of Newspapers)	13 00
Sales Tax	
Total Footing of Bill $	996 00
Less $	
Balance $	

McAVOY FUNERAL HOME
May 1st Ave

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
[illegible]	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and 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. 3596 Yearly No. 31 Date of Entry May 27 1967

Name of Deceased Henry Francis Tracy (What Race) W

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

Residence 133 Bigham St 11

Charge to Albert Collyear

Address 133 Bigham St 11

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 172-16-9571 (Social Security Number)

Employer and Address

Date of Death May 27 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 28, 1906 Age 60 - 9 - 29 (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Henry F Tracy

His Birthplace

Maiden Name of Mother Nellie M. Curren

Her Birthplace

Date of Funeral June 1, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Mr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

Resided in the State Pennsylvania (or Ld. or City or County) (Years) (Months)

Place of Death 133 Bigham St. 11

Cause of Death Cardiovascular Accident

Contributory Causes Hypertension - Diabetes Mellitis - Chronic Colitis

Certifying Physician T. H. Auchlaw (or Coroner)

His Address 1501 Locust St. 19

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

Misc.

Complete Funeral (except outlays)	$	
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)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
1 Certif. Copies of Death Certificates No. (State Number and District) (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		
Clergymen, $ 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		
10 line Death Notices in 6 Papers	26	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1287	00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc 6-2 McAVOY FUNERAL HOME

PAID June 2, 1967

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

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RECORD OF FUNERAL

Total No. 3597 Yearly No. 32 Date of Entry May 27, 19 67

Name of Deceased John Schardong (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

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

Residence Sturgeon, Pa.

Charge to

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death May 27, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Schardong

His Birthplace

Maiden Name of Mother Regina Werner

Her Birthplace

Date of Funeral May 31, 1967 (Date) (Day of Week) M. (Hour)

Services at St Patricks Church Noblestown (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Noblestown, Pa.

Resided in the State Pennsylvania (or U.S. or Other Country)

Place of Death Woodville State Hospital (Years) (Months)

Cause of Death A.S.H.D

Contributory Causes

Certifying Physician S.C. Fines (or Coroner)

His Address Woodville State Hospital

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } St Patricks Cemetery - Noblestown

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 4 Professional Services	500 00
Burial Vault or Box Outside 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)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	75 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ Singers, $ Organist, $	20 00
Railroad / Aero- or Motor { Tickets, $ 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	
Sales Tax	
Total Footing of Bill 8-10-67	$ 695 00
Less	$
Balance	$

Entered into Ledger, page 111 or below.

Misc. state mint Jewels

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6-12-67	To Above Balance	$ 358 66	$ 336 34	7-28-67	To Balance Forward	91 74	$ 18 28
7-10-67	By Payment	$ 122 32	$ 214 02		By Payment	$	$
7-19-67	" "	$ 105 00	$ 109 02		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3598 Yearly No. 33 Date of Entry June 2 1967

Name of Deceased Mary Banyshy
☒ Married ☐ Single ☐ Widowed ☐ Divorced
☐ Husband ☒ Wife ☐ Widow } of Frank Banyshy (What Race) Age of Husband or Wife (if living) Years

Residence 1610 Locust St. 19

Charge to Frank Banyshy

Address 1610 Locust St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Janitress 198-24-7366 (Social Security Number)

Employer and Address

Date of Death June 2, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 23, 1913 Age 54 - 3 - 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Alexander Aeples

His Birthplace

Maiden Name of Mother Margaret Coughlin

Her Birthplace

Date of Funeral June 6, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Pulmonary Edema

Contributory Causes Congestive Heart Failure

Metastatic CA of R Lung

Certifying Physician Anthony Repepi (or Coroner)

His Address Mercy Hospital

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. 46

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	625 00
Casket Professional Service		150 00
Burial Vault or Box (State Kind)		225 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 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		
Clergymen, $ 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		
Choir		40 00
13 line Death Notices in 3 Papers		20 80
(Names of Newspapers)		
Sales Tax	$	1678 80
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered in the Ledger page or below.

McAVOY FUNERAL HOME

Misc.

PAID June 12, 1967 PSR 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

198

RECORD OF FUNERAL

Total No. 3599 Yearly No. 34 Date of Entry June 14, 1967

Name of Deceased Catherine V. Dacy (What Race) W

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

Residence 304 Mittenberger St. 19

Charge to Estate of Dacy, James J. 19

Address 304 Mittenberger St. 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Film Inspector 209-03-1261-A (Social Security Number)

Employer and Address ____

Date of Death June 11, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 13, 1900 Age 67 (Yrs.) 1 (Mos.) 28 (Days) (Mo.) (Day)

Name of Father James J Dacy

His Birthplace ____

Maiden Name of Mother Margaret Reagen

Her Birthplace ____

Date of Funeral June 15, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Metastatic Ca of Breast

Contributory Causes ____

Certifying Physician J. R. Lewis (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

DACY
On Sunday, June 11, 1967, Catherine V., sister of Edward J., William J. and James J. Dacy. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Thursday morning at 9:30. Requiem high mass in the Church of the Epiphany, at 10 o'clock.

Lot No. ____
Grave No. ____
Section No. 16
Block No. ____
Owner ____

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Service	750	00
Burial Vault or Box outside case (State Kind)	125	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 ____		
3 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	3	00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	220	00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ Singers, $ ____ Organist, $	20	00
Railroad / Aero-plane or Motor } Tickets, $ ____ Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
8 line Death Notices in 3 Papers	14	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1172	00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. 7/5/67

McAVOY FUNERAL HOME
PAID
July 11, 1967

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. 3600 Yearly No. 35 Date of Entry June 15 19 67

Name of Deceased John Z. Miller 261-9641

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

Residence 1626 Watson St 19 ☒ Husband ☐ Wife ☐ Widow of Mary V. Miller Age of Husband or Wife (if living) Years

Charge to Mary V. Miller

Address 1626 Watson St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Laborer 168-05-8937 (Social Security Number)

Employer and Address

Date of Death June 15, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 11, 1898 Age 69 (Mo.) (Day) (Yr.) 5 (Yrs.) 4 (Mos.) (Days)

Name of Father Anthony Zemaitis

His Birthplace

Maiden Name of Mother Angela Kosyczewski

Her Birthplace

Date of Funeral June 19, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1626 Watson St.

Cause of Death A S H D

Contributory Causes

Certifying Physician W. R. Barley (or Coroner)

His Address 1991 Locust St 19

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

MILLER
On Thursday, June 15, 1967 John Z., husband of Mary Sudey, father of Mrs. Florence Slamecka, Mrs. Virginia Shacht, Mrs. Helena Coyle, Mrs. Rita McGrath, Mary Kay, Joseph P. AMD Donald A. Miller, brother of Mrs. Bertha Palermo of N.Y., Mrs. Lillian Fisher of N.Y. also 18 grandchildren. Friends received in the EDWARDS-McAVOY FUNERAL HOME, 1765 Forbes Ave. Funeral Monday morning at 9:30, solemn requiem Mass in the Church of the Epiphany at 10 o'clock. Members of Local Union No. 192 & and friends invited.

Misc.

Complete Funeral (except outlays)	$ 1460 00
Casket Professional Service	1095 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (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)	
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, $	94 50
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	
16 line Death Notice to Papers (Names of Newspapers)	17 60
Sales Tax	
Total Footing of Bill	$ 1512 60
Less PSR Balance	$

McAVOY FUNERAL HOME PAID July 13, 1967

Entered into Ledger, page or below.

Misc. 7/6/67

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

200

RECORD OF FUNERAL

Total No. 3601 Yearly No. 36 Date of Entry June 16 1967

Name of Deceased Mary V. Wiseman (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 5246 Clarewin Ave 29

Charge to Estate Ernest Norman

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None 199-36-991 (Social Security Number)

Employer and Address

Date of Death June 16, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 20 1876 Age 90 (Yrs.) 5 (Mos.) 26 (Days) (Mo.) (Day) (Yr.)

Name of Father William Wiseman

His Birthplace

Maiden Name of Mother Catherine Sullivan

Her Birthplace

Date of Funeral June 19, 1967 (Date) (Day of Week) (Hour) M.

Services at St Paul Cathedral

Clergyman Msgr. Fauley (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death Holy Ghost Mourning Home

Cause of Death

Contributory Causes

Certifying Physician Fred Thompson (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary Cemetery



Diagram of Lot or Vault

Lot No. 297

Grave No. 19

Section No. G

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 1 Professional Service	1195 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (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)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	110 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	63 00
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	20 00
Clergymen, $ ✓ 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 2 Papers (Names of Newspapers)	8 80
Sales Tax	
Total Footing of Bill	$ 1668 80
Less	$
Balance	$

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

Misc. 7/6/67

McAVOY FUNERAL HOME

PAID

July 28, 1967

PER J M

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3602 Yearly No. 37 Date of Entry June 17, 1967

Name of Deceased Nicholas Izzo 341-2501

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

Residence 147 Cape May Ave 16 ☐ Husband ☐ Wife ☐ Widow of Theresa Izzo

Charge to Theresa Izzo Age of Husband or Wife (if living) 0 Years

Address 147 Cape May Ave 16

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Barber 169-28-3913A (Social Security Number)

Employer and Address

Date of Death June 17, 1967 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Carmen Izzo

His Birthplace

Maiden Name of Mother Philomena DeFranco

Her Birthplace

Date of Funeral June 21, 1967 (Date) (Day of Week) (Hour) M.

Services at St Pamphilus

Clergyman Fr Theodore (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death A. S. H. D.

Contributory Causes Fracture of Left Femur

Certifying Physician Wm R. Hunt, Coroner (or Coroner)

His Address 542 Fourth Ave 19

Motor Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Calvary Cemetery

Lot No. 569

Grave No. 5

Section No. 20

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	1125 -
Casket 4" Professional Service		775 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)		
Hose, $		
Slippers, $ Tarpaulin, $		
Folding Chairs, $ Candles, $		
Candelabrum, $ Gloves, $		
Door Spray, $ Ambulance, $		
Funeral Car, $ @ $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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		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		
Clergymen, $ ✓ 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) McAVOY FUNERAL HOME		19 20
Sales Tax	$	1160 20
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page or below.

PER

Misc. 7/6/67

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3603 Yearly No. 38 Date of Entry June 20 1967

Name of Deceased Baby Allen

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

Residence 323 Robin hood Dr Zelienople Pa.

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

Charge to Richard J Allen

Address 323 Robinhood Dr. Zelienople

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation None (Social Security Number)

Employer and Address ...

Date of Death June 21, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 21, 1967 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Richard Allen

His Birthplace Pittsburgh, Pa

Maiden Name of Mother Patricia Fortunato

Her Birthplace Pittsburgh, Pa.

Date of Funeral June 22, 1967 (Date) (Day of Week) (Hour) M.

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 Magee Women's Hospital

Cause of Death Premature ity

Contributory Causes ...

Certifying Physician Hyman E Cantor (or Coroner)

His Address 3401 Fifth Ave. 13

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 John Fortunato May 1961

Misc. ...

Complete Funeral (except outlays)	$
Casket 4 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 ...	
Certif. Copies of Death (State Number and District) 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 ...	
Clergymen, $ ... Singers, $ ... Organist, $	
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges ...	
Cash Advanced ...	
Out of town Funeral Director's Charges ...	
Personal Service ...	
... line Death Notices in ... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 45 00
Less	$
Balance	$

Entered into Ledger, page ... or below.

McAVOY FUNERAL HOME

Misc. 1/6/67

PAID 1-10-67

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.

Witness ... Signed ...

Address ...

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

RECORD OF FUNERAL

Total No. 3604 Yearly No. 39 Date of Entry June 21 1967

Name of Deceased Nora Noland (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☒ Wife ☐ Widow } of Michael Noland

Residence 106 West Street 19

Charge to Charles Shields

Address 3816 Delco Rd. 27 Age of Husband or Wife (if living) Years

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 188-18-7898 (Social Security Number)

Employer and Address

Date of Death June 21, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 9, 1901 Age 60 (Yrs.) 11 (Mos.) (Days)

Name of Father Bernard Shields

His Birthplace

Maiden Name of Mother Catherine Gunnerman

Her Birthplace

Date of Funeral June 24, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Sandusky, Pa.

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

Place of Death Mercy Hospital

Cause of Death Bronchopneumonia

Contributory Causes Post operative bilateral leg amputation for Arteriosclerosis

Certifying Physician C. A. Kelly Jr. (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Gates of Heaven Cem.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

NOLAN (Blank)

On Wednesday, June 21, 1967, Nora Shields, wife of Michael Nolan; mother of Leo B. Blank; sister of William F., Bernard M. and Charles F. Shields; grandmother of Darlene Blank. Friends may call at the McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Saturday morning at 8:30 a.m. High mass of requiem in the Church of the Epiphany at 9 o'clock. Visitation 2-4 and 7-9 p.m.

Diagram of Lot or Plot

Complete Funeral (except outlays)	$	
Casket Professional Service	1140	00
Burial Vault or Box (State Kind)	225	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)	40	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	4	00
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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)	12	00
Sales Tax		
Total Footing of Bill	$ 1441	00
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. 7-18-67

PAID July 21, 1967

BY

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. 3605 Yearly No. 40 Date of Entry June 21, 1967

Name of Deceased Charles Tannous (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 2093 Pioneer Ave 2d

Charge to Estate of Charles Tannous

Address

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Bowling Alley Attendant 172-14-2865 A (Social Security Number)

Employer and Address

Date of Death June (Mo.) 21, (Day) 1967 (Yr.)

Date of Birth UNKNOWN (Mo.) Age abt (Yrs.) 72 (Mos.) (Days)

Name of Father Tannous Asber

His Birthplace

Maiden Name of Mother Marie Ashmar

Her Birthplace

Date of Funeral June 26, 1967 (Date) (Day of Week) (Hour) M.

Services at Our Lady of Victory Church

Clergyman Fr. Thomas Marper (Address)

Religion of the Deceased Catholic

Birthplace Republic of Lebanon

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

Place of Death Mercy Hospital

Cause of Death A.S.H.D Coronary Thrombosis

Contributory Causes Acute M.I.

Certifying Physician W.R. Bailey (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

TANNOUS
On Wednesday, June 21, 1967, Charles (Charlie) Tannous, formerly of Duquesne, first brother of Mrs. Leno Marper, uncle of Rev. Thomas M. Marper, Pittsburgh, beloved by the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:15. Concelebrated Mass in Our Lady of Victory Church, Bunker St., Brookline, at 10 o'clock.

Lot No. 258

Grave No. 2

Section No. K

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	202.7 55
Casket + Professional Service		177.0 00
Burial Vault or Box (State Kind)		22.5 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
15 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		15 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
Flowers, $ — Palms, $ Matting, $		7.3 50
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 5 Papers		28 60
Daily News Mc Keesport (Names of Newspapers)		5 45
Sales Tax		
Total Footing of Bill	$	222.7 65
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc.

PAID July 15, 1967

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3606 Yearly No. 41 Date of Entry June 25, 1967

Name of Deceased Regis J. Laguna
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1843 Watson St 19

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

Charge to Joseph Laguna

Address 1843 Watson St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None 209-01-0054 C1 (Social Security Number)

Employer and Address ____

Date of Death June 23, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 6, 1939 (Mo.) (Day) (Yr.) Age 28 (Yrs.) (Mos.) (Days)

Name of Father Joseph Laguna

His Birthplace ____

Maiden Name of Mother Anna Bores

Her Birthplace ____

Date of Funeral June 28, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Hugh Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mayview State Hosp.

Cause of Death Coronary occlusion acute

Contributory Causes Circulatory collapse

Diabetes

Certifying Physician Saul C. Shewchella (or Coroner)

His Address Burgettsville Pa

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Loretto Cemetery

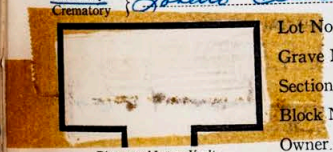


Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket 4 Professional Service	895	00
Burial Vault or Box (State Kind)	190	00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Clothing (State Kind and Color)	54	15
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ✓ 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 ____		
9 line Death Notices in 2 Papers (Names of Newspapers)	9	00
Sales Tax	$ 170	15
Total Footing of Bill	$ 315	00
Less Cr. June 26, 1967 Balance	$ 855	15

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

PAID Oct. 4, 1967

JPM

Date		Amount Paid	Balance
7/5/67	To Above Balance	100 —	$ 755 15
July 27/67	By Payment	$ 693 —	$ 62 62
9/4/67	" "	$ 50	$ 12 00
9/4/67			

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

Insurance $ ____ Names of Lodges 12

Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3607 Yearly No. 42 Date of Entry July 6 19 67

Name of Deceased Margaret Mellon (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1135 Fisher St.

Charge to Harold Mellon 1135 Fisher St. Pgh. Pa. 15210

Address 139 McCandless St. Pgh 15

Order given by Wm R Mellon (or informant)

How Secured 1947 Warren Rd 15205

If Veteran, Name of War

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death July 6 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 9, 1890 Age 76 11 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Anthony Williams

His Birthplace

Maiden Name of Mother Margaret Moran

Her Birthplace

Date of Funeral July 10, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Mercy Hospital

Cause of Death Embolism

Contributory Causes Fatal intestinal obstruction

Certifying Physician Lee O'Donnell (or Coroner)

His Address

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory { Calvary Cemetery

MELLON
On Thursday, July 6, 1967, Margaret, wife of Wm. J. Mellon; mother of Mrs. Antoinette Lo, Mrs. Edward Gallagher, Mrs. Hope Mellon, Harry and William Mellon; sister of Mary Kaple and Mrs. Helen Shanahan; also 14 grandchildren. Reposing at the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:30. High mass of Requiem in The Church of The Epiphany at 10 o'clock. (Visitations 2-4 and 7-9 p. m.)

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Professional Service	815 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (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)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	110 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	
4 line Death Notices in 2 Papers	15 40
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill Bill 6, 1967	$ 1225 40
Less	$
Balance	$

Entered into Ledger, page 22 or below.

Misc. 1-31-67

Jan 19, 1968 - 10 00 - 380
Jan 23, 1969 10 00 - 370
Feb 12, 1968 20 00 - 350
Mar 3, 1968 10 — 340 00
Mar 21, 1968 - 10 00

Date		Amount Paid	Balance
Aug 15 1967	To Above Balance	675 00	$ 550 40
Aug 21 1967	By Payment	$ 10 00	$ 540 40
Aug 31 67	" "	$ 10 00	$ 530 40
Sept 6 67	Names of Lodges	10 00	520 40
Sept 13 67		30 00	490 40
Oct 11 67		10 00	480 40

Date		Amount Paid	Balance
Mar	To Balance Forward		$
Apr 4, 1968 10 00 - 330 00	By Payment		$
Apr 15, 1968 10 - 320 00			$
May 1, 1968 40 00 - 280 00			
May 21, 1968 10 - 270 00			
May 30, 1968 10 - 260 00			
June 20, 1968 10 - 250 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. Ellsman, Long Beach, California

July 25 - 120 - Bal 760
July 10 - 100 Bal 660
Aug 10 - 10 00 Bal 50 00
Aug 15 - 15 00 Bal 35 00

RECORD OF FUNERAL

Total No. 3608 Yearly No. 43 Date of Entry July 7 19 67

Name of Deceased Frank Novak ☐ Married ☒ Single ☐ Widowed ☐ Divorced W (What Race)

Residence 542 Second Ave 19 ☐Husband ☐Wife ☐Widow } or ☐ of } Age of Husband or Wife (if living) Years

Charge to Audrey Previs

Address 2305 Sarah St 15203

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Railroader Unknown (Social Security Number)

Employer and Address

Date of Death July 7, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth UNKNOWN Age abt 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral July 10, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death Mercy Hospital

Cause of Death Heart Failure A.S.H.D

Contributory Causes Pneumonia

Certifying Physician W.R. Bailey (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

NOVAK
On Thursday, July 6, 1967, Frank Novak of 542 Second Ave. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 8:30. High mass of requiem in The Church of the Epiphany at 9 o'clock.

Diagram of Lot or Vault

Lot No.

Grave No. B5

Section No. 16

Row Block No. 7

Owner

Misc.

Complete Funeral (except outlays)	$ 117.00
Casket 4 Professional Services	815 00
Burial Vault or Box outside arch (State Kind)	175 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (State Kind and Color)	30 00
Slippers, $ ✓ Hose, $	5 00
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	160 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	5 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	1214 00
Less $	
Balance $	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

PAID 7-11-67

Misc.

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

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

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RECORD OF FUNERAL

Total No. 3609 Yearly No. 44 Date of Entry July 8, 1967

Name of Deceased Clara I. Roche

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☒ Wife ☐ Widow } of Thomas Roche (What Race) W Sr.

Residence 333 Burrows St 19 Age of Husband or Wife (if living) Years

Charge to Thomas Roche Sr.

Address 333 Burrows St.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death July 8, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 8, 1908 Age 59-6-0 (Mo.) (Day) (Yr.) (Hour) (Mos.) (Days)

Name of Father Benjamin F. Eynon

His Birthplace

Maiden Name of Mother Ida Gueiner

Her Birthplace

Date of Funeral July 11, 1967 (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman Rev Faulk (Address)

Religion of the Deceased Protestant

Birthplace Pittsburgh, Pa

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

Place of Death South Side Hospital

Cause of Death Chronic congestive

Contributory Causes Heart failure

Certifying Physician Schmidt (or Coroner)

His Address 505 Brownsville Rd

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Forest Lawn Gardens, Peters Twp

ROCHE
On Saturday, July 8, 1967, Clara Eynon, wife of Thomas Roche, mother of Thomas Roche Jr. Also survived by four grandchildren. Friends received in the EDWARDS MEMORIAL HOMES, Inc. Funeral Service Tuesday at 1 p. m. Visitations 2-4 and 7-9 p. m.

Diagram of Lot or Vault

Lot No. 132 B

Grave No. 4

Section No.

Block No. Garden of Faith

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket + Professional Service	815	00
Burial Vault or Box (State Kind)	225	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		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers	9	90
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1176	90
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. 7-31-67

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
Aug 12 1967	To Above Balance	655	64	$521	36	Dec 7 1967	To Balance Forward	50	00	$221	00
Sept 19 1967	By Payment	$200	00	$321	36	Jan 10 1968	By Payment	$150	00	$131	00
Oct 31 1967	" "	$ 50	00	$271	00	Jan 17 1968	" "	$ 50	00	$ 71	00

Insurance $ Names of Lodges

Insurance Companies AUG 8 68 30 00 $41 00
Oct 2 68 20 00 21 00

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

for the payment of aforesaid sum, and 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

209

11

Total No. 3610 Yearly No. 45 Date of Entry July 8, 19 67

Name of Deceased Blanche Riddle

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1608 Edna Street 19

Charge to Mrs. Jeanie McGinnis

Address 1608 Edna St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death July 8, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 17, 1884 Age 82 - 4 - 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Christopher Mc Brearty

His Birthplace

Maiden Name of Mother UNKNOWN

Her Birthplace

Date of Funeral July 12, 1967 M. (Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Forbes Pavilion

Cause of Death Pneumonia - Bacterial

Contributory Causes Cerebral Arteriosclerosis

A. S. H. D.

Certifying Physician Lawrence Ellis (or Coroner)

His Address

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory — Calvary Cemetery

RIDDLE
On Saturday, July 8, 1967, Blanche McCarthy, mother of Mrs. Marie McGinnis, Mrs. Emma Woods, William, Harry, Edward, and Howard. Riddle, also eight grandchildren, 19 great-grandchildren, friends. Relved in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Wednesday morning at 9:30, high mass of requiem in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 26

Grave No. 4

Section No. 10

Block No. 9

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Service		950 00
Burial Vault or Box (State Kind)		200 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)		34 50
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 00
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		N/C
(Names of Newspapers)		
Sales Tax	$	13 50
Total Footing of Bill	$	
Less	$	
Balance		

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. 7/31/67

PAID
Aug 1967

DSR

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

Insurance $ Names of Lodges Insurance Companies

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

361-3088

Total No. 3611 Yearly No. 46 Date of Entry July 11 1967

Name of Deceased Steward J. Haney ☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 5316 Moorfield St. 24 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Helen E. Haney

Address 5316 Moorfield St. 24

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

How Secured .....

If Veteran, Name of War .....

Occupation Military 210-34-8038 (Social Security Number)

Employer and Address .....

Date of Death July 11, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 2, 1945 Age 22 0 9 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Steward Haney

His Birthplace D.

Maiden Name of Mother Helen E. Kennedy

Her Birthplace .....

Date of Funeral July 17, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Coatesville Hosp. Coatesville, Pa.

Cause of Death Fractured Skull due

Contributory Causes to auto accident

Certifying Physician .....

His Address ..... (or Coroner)

Motor / Ship Remains to .....

Size of Casket .....

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

Cemetery / Crematory Calvary Cemetery

HANEY
Suddenly on Tuesday, July 11, 1967 in Coatesville, Pa., Steward J. Jr. Airman, 2nd Class U.S.A.F.; son of Helen E. Haney; brother of Eugene, George, Grace, Helen, and Susan Haney; grandson of Jack and Grace Kennedy. Friends received in the McAVOY FUNERAL HOME, 1700 Parkes Ave. Funeral Monday morning at 9:15 High mass of Requiem in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 54
Grave No. 34
Section No. 40
Block No. 1
Owner .....

Misc. Helen Lawhun (Helen Haney) 361-3088

Complete Funeral (except outlays)	$	2880 00
Casket 4 Professional Service		2295 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)		
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		370 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		
Clergymen, $ ✓ 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 McAVOY FUNERAL HOME		
12 line Death Notices in 4 Papers (Names of Newspapers) Aug 15 1967		25 20
Sales Tax		
Total Footing Bill	$	3010 20
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Misc. 8/1/67

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
8-1	67	To Above Balance Air Force Thanks	15	00	$2995	20			To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	

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

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

Nelle Ann
563-0963.

RECORD OF FUNERAL

261-0422

SHAY 263-1871 Death Notices

211

Total No. 3612 Yearly No. 47 Date of Entry July 12, 19 67

Name of Deceased Joseph W Whalen
☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 132 Montrose St 19

Charge to Emma W Whalen

Address 132 Montrose St. 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Linotype Operator 192-10-6172 A (Social Security Number)

Employer and Address

Date of Death July 12, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 5, 1890 Age 76 - 11 - 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank W Whalen

His Birthplace

Maiden Name of Mother Margaret Murphy

Her Birthplace

Date of Funeral July 17, 1967 (Date) (Day of Week) M. (Hour)

Services at St. Agnes Church

Clergyman Fr. Carmody (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Montefiore Hospital

Cause of Death A.H.S.D. & Pachenssis

Contributory Causes disease

Certifying Physician Levy (or Coroner)

His Address Montefiore Hosp.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

Lot No. 46

Grave No. 31

Section No. M A

Block No.

Owner 32 for 6 mos.

WHALEN
On Wed., July 12, 1967, Joseph E., husband of Emma Tyler, brother of James A. and the late Frank Whalen. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mon. morning at 11:30. Solemn Requiem High Mass in St. Agnes Church at 12 o'clock. Members of Typographical Union Local No. 7 and friends invited.

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	1765 00
Casket 9 Professional Service		1410 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)		
6 Certif. Copies of Death Certificates No.		6 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
Flowers, $ ✓ Palms, $ Matting, $		63 00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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 1/c (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1839 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. 8/8/67

PAID Aug 15, 1967

per J Mc

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

Names of

Insurance

RECORD OF FUNERAL

3351 - 3416

Total No. 3413 Yearly No. 48 Date of Entry July 21 1967

Name of Deceased Angela K. Filipelli

☒ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of Catalda Filipelli (Wife of Rec'd)

Residence 938 Lilly Lane 21

Age of Husband or Wife (if living) Years

Charge to Charles Filipelli (Son)

Address 938 Lilly Lane 21

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 175-12-2345 (Social Security Number)

Employer and Address

Date of Death July 21, 1967 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father James B. Buglia

His Birthplace D

Maiden Name of Mother Mary Rose Vita

Her Birthplace D

Date of Funeral July 25, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany (Address)

Clergyman Msgr. Brennan

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death Shadyside Hosp.

Cause of Death Coronary occlusion-ASHD

Contributory Causes Rheumatic Heart Disease

Certifying Physician Edw. Beaumonte (or Coroner)

His Address Shadyside Hosp.

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

Misc.

Complete Funeral (except outlays)	$
Casket 3 Professional Service	1675 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (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)	
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	170 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	105 00
Rental of Tent, $ ✓ of Temporary Vault, $	25 00
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	
McAVOY FUNERAL HOME line Death Notices in Papers.	
(Names of Newspapers) Sept. 1, 1967	
Sales Tax	
Total Footing of Bill	$ 2271 00
Less PER	$
Balance	$

Entered into Ledger, page or below.

Misc. 5/1/61

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
8-1	67	To Above Balance	1	10	$				To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and 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

261-5750

213

Total No. 3614 Yearly No. 49 Date of Entry July 25, 1967

Name of Deceased Mary E. Miller (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 309 First St. 19

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

Charge to Emma J. Miller

Address 309 First St.

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

How Secured .....

If Veteran, Name of War .....

Occupation None 186-38-4241 H (Social Security Number)

Employer and Address .....

Date of Death July 25, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 10, 1890 Age 76-10-15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John C. Mullen

His Birthplace D

Maiden Name of Mother Catherine Hoffman

Her Birthplace Pittsburgh Pa.

Date of Funeral July 28, 1967 (Date) (Day of Week) (Hour) M.

Services at St. Agnes Church

Clergyman Fr. Carmody (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death .....

Contributory Causes .....

Certifying Physician L. Barnett (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Mary Cemetery Penna Ave

Lot No. 313

Grave No. 4

Section No. O

Block No. .....

Owner .....



Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays)	$ 1480	00
Casket 4 Professional Services	1165	00
Burial Vault or Box (State Kind)	225	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)	30	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	110	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / or Motor { Tickets, $ ..... Aero- plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers (Names of Newspapers)	9	00
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Aug. 22, 1967	$ 1541	00
Less	$	
Balance	$	

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

PER

Misc. 8/2/67

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

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

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 3615 Yearly No. 50 Date of Entry July 29, 19 67

Name of Deceased Letitia Demaz (What Race)

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

Residence 1805 Blvd of Allies 19

Charge to Albert Demaz

Address 1805 Blvd of Allies 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Clerk 183-28-1111 (Social Security Number)

Employer and Address

Date of Death July 29, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 20, 1899 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Charles Demaz

His Birthplace

Maiden Name of Mother Helen Lavanche

Her Birthplace

Date of Funeral August 2, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pennsylvania

Resided in the State Pennsylvania (or City or County) (Years) (Months)

Place of Death 1805 Blvd of Allies

Cause of Death Cerebrovascular - Car Head

Contributory Causes of Pancreas

Certifying Physician Leo O'Donnell (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery



Diagram of Lot or Vault

Lot No. 1

Grave No. 3

Section No. 11

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1378 80
Casket Professional Service	965 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (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	110 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	42 00
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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	
8 line Death Notices in 3 Papers (Names of Newspapers)	12 80
Sales Tax	
Total Footing of Bill $	1423 80
Less $	
Balance $	

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Misc. 8/4/67

PAID Aug 5, 1967

Rec'd JPM

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3616 Yearly No. 51 Date of Entry August 31, 1967

Name of Deceased Florence Golden (Sr. M. Consolata) (What Race) W

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

Residence 3333 Fifth Avenue 13

Charge to Sisters of Mercy

Address 3333 Fifth Ave Pgh 13

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

How Secured .....

If Veteran, Name of War .....

Occupation Sr Religious Name (Social Security Number)

Employer and Address .....

Date of Death August 31, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 20, 1899 Age 67 11 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Golden

His Birthplace .....

Maiden Name of Mother Anna Ruffey

Her Birthplace .....

Date of Funeral Sept 4, 1967 (Date) (Day of Week) (Hour) M.

Services at Sisters of Mercy Chapel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Mercy Hospital

Cause of Death Ca. G.I. colon / metastases

Contributory Causes .....

Certifying Physician John J. Kennedy

His Address Mercy Hospital

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St Xaviers Latrobe Pa

GOLDEN (Sr. M. Consolata) On Thursday, Aug. 31, 1967, Sr. M. Consolata Golden of the Order of Mercy, sister of Mrs. Lillian Miller, Mrs. Alice Lawrence, Mrs. Gertrude Kerin and Miss Rose Golden. Funeral from St. Mary's Convent, 5th Fifth Ave., on Monday morning with high mass of requiem at 9 o'clock. Interment St. Xavier Cemetery, Latrobe.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket + Professional Services	315 00
Burial Vault or Box (State Kind)	69 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	
Clergymen, $ ..... 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 Oct. 24, 1967	$ 384 00
Total Footing of Bill	$
Less	$
Balance	$

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

Misc. 10-11-67

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

Insurance $ ..... Names of Lodges ..... 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. 3617 Yearly No. 52 Date of Entry September 16 1967

Name of Deceased James J. Mc Donald (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1242 Pleasant Rd 12

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

Charge to Bernard Mc Donald

Address 5222 Baptist Rd 36

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War WWII 2503734

Occupation Laborer 213-12-2272 (Social Security Number)

Employer and Address ____

Date of Death September 16, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 30, 1913 Age 53 8 16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Bernard Mc Donald

His Birthplace ____

Maiden Name of Mother Elizabeth Purcell

Her Birthplace ____

Date of Funeral Sept. 20, 1967 (Date) (Day of Week) M. (Hour)

Services at St Gabriel

Clergyman Rev O'Connell (Address)

Religion of the Deceased Catholic

Birthplace Shanahan, Pa

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

Place of Death 1242 Pleasant Rd 12

Cause of Death Pneumonitis / Perforated

Contributory Causes of Ulcer

Certifying Physician Wm K. Hunt, Coroner (or Coroner)

His Address 542 4th Ave 19

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Lot No. Veteran's

Grave No. ____

Section No. ____

Block No. ____

Owner ____

McDONALD
On Saturday, Sept. 16, 1967, James J., son of the late Bernard & Mrd Elizabeth Purcell, brother of Mrs. Ann Steele, Mrs. Mary Arnold, Mrs. Dolores Fravermuth, Bernard, Gerald and Robert McDonald. Friends of the family and Bernard's Post #4 U.S. Legion are invited. FUNERAL Wednesday morning at 9 o'clock. High Mass of Requiem in St. Gabriel's Church at 10 o'clock. Visitation 2-4, 7-9.

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$
Casket + Professional Service	830 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)	15 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 ____	
Cremation ____	
Flowers, $ ____ Palms, $ ____ Matting, $ ____	
Rental of Tent, $ ____ of Temporary Vault, $ ____	
Opening of Grave or Tomb ____	
Lining Grave, $ ____ Lowering Device, $ ____	
Outlay for Shipping Charges ____	
Clergymen, $ ____ 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 ____ (Names of Newspapers)	18 00
Sales Tax Jan 26, 1968	
Total Footing of Bill	$ 994 50
Less PER ____ Balance	$ ____
Entered into Ledger, page ____ or below.	$ ____

McAVOY FUNERAL HOME

Misc. 1A-10-9-67

Date			Amount Paid		Balance		Date			Amount Paid		Balance
9/18	67	To Above Balance	500	—	$ 494	50	1968		To Balance Forward			$ 494 50
11/22	67	By Payment	$ 75	✓	$ 419	50			By Payment	$		$
12/5	67	" "	$ 250	—	$ 169	50			" "	$		$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3616 Yearly No. 53 Date of Entry September 16, 1967

Name of Deceased Infant Bates

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

Residence 747½ Willey St Morgantown W. Va. ☐ Husband ☐ Wife ☐ Widow or ____ of Age of Husband or Wife (if living) ____ Years

Charge to Charles A Bates

Address 747½ Willey St Morgantown W. Va.

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation ____

(Social Security Number)

Employer and Address ____

Date of Death September 16 1967 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Charles A Bates

His Birthplace Wheeling W Va.

Maiden Name of Mother Sarah Logen

Her Birthplace Pittsburgh, Pa.

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

Services at ____ (Address)

Clergyman ____

Religion of the Deceased Protestant

Birthplace Pittsburgh Pa.

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

Place of Death Mercy Hospital

Cause of Death ____

Contributory Causes ____

Certifying Physician ____ (or Coroner)

His Address ____

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } Hollywood Cemetery

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket + Professional Services	45	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
Autos to R. R. Station ____ @ $		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest ____		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges ____		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	5	00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $		
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges ____		
Clergymen, $ ____ Singers, $ ____ Organist, $		
Railroad or Motor Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
____ line Death Notices in ____ Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. McAVOY FUNERAL HOME

PAID Sept. 16, 67 JPM

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3619 Yearly No. 54 Date of Entry September 20 19 67

Name of Deceased Frances R. Brenneman (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1400 Fifth Ave 19

☐ Husband ☐ Wife ☑ Widow } of Carl Brenneman

Age of Husband or Wife (if living) Years

Charge to Carl Brenneman

Address 1400 Fifth Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 195-18-5369 (Social Security Number)

Employer and Address

Date of Death Sept (Mo.) 20 (Day) 1967 (Yr.)

Date of Birth Oct (Mo.) 21 (Day) 1901 (Yr.) Age 65 (Yrs.) 10 (Mos.) 29 (Days) (Hour)

Name of Father Joseph Renfrew

His Birthplace

Maiden Name of Mother Mary Frescoa

Her Birthplace

Date of Funeral Sept (Date) 23, 1967 (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 1400 Fifth Ave.

Cause of Death Bowel Obstruction

Contributory Causes

Certifying Physician Wm L. Hunt Coroner (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery



Lot No. 151

Grave No. 1

Section No. 60

Row

Block No. 16

Owner

Misc.

Complete Funeral (except outlays)	$	1448 50
Casket Professional Service		1080 00
Burial Vault or Box (State Kind)		225 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~~ Rosary Beads		4 50
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		5 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		110 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
14 line Death Notices in 2 Papers (Names of Newspapers)		14 00
Sales Tax		
Total Footing of Bill	$	1498 50
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc.

McAVOY FUNERAL HOME

Sept 22, 1967

PER J P M.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3620 Yearly No. 55 Date of Entry September 28 1967

Name of Deceased Rose Sparacino (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1924 Fifth Ave 19

Charge to Harry Favilla

Address 1924 Fifth Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Janitress 175-12-4430 (Social Security Number)

Employer and Address

Date of Death September 28, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 1, 1907 Age 60 - 3 - 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank Favilla

His Birthplace

Maiden Name of Mother Elizabeth Tambellini Favilla

Her Birthplace

Date of Funeral October 2, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Queens Hospital

Cause of Death Gastro-intestinal hemorrhage

Contributory Causes Cirrhosis of Liver

Chronic alcoholism A.C.V.D.

Certifying Physician M. L. Hunt coroner (or Coroner)

His Address 412 4th Avenue

Motor Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory { Calvary Cemetery

SPARACINO
On Friday, September 29, 1967, Rose Favilla, wife of the late Anthony Sparacino, sister of Mrs. Nellie Cipolletti and Harry Favilla, grandmother of Charles Franciani. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Broadway at 58th St. Funeral from the Church of the Epiphany, 5th Ave. & 91st St. on Monday, Oct. 2, at 9 a.m. Visitation 2-4 and 7-10 p.m.

Diagram of Lot or Vault

Lot No. 663
Grave No. 5
Section No. 20
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$	1950 00
Casket Professional Service		1455 00
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (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~~ Hair piece		30 00
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		210 00
Cremation		
Flowers, $ Palms, $ Matting, $		21 00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		15 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	2026 00
Less	$	
Balance	$	

Entered into Ledger, page or below

McAVOY FUNERAL HOME
PAID
Oct 3, 1967
PER J.M.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

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

220

RECORD OF FUNERAL

Total No. 3621 Yearly No. 56 Date of Entry October 3, 1967

Name of Deceased Joseph H. Brescia (What Race) W

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

Residence 15 Marian St. 19

Charge to Marian Brescia

Address 15 Marian 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 October 3, 1967 (Mo.) (Day) (Yr.)

Date of Birth Feb. 13, 1964 (Mo.) (Day) (Yr.) Age 3 (Yrs.) 7 (Mos.) 20 (Days) (Hour)

Name of Father Mario Brescia

His Birthplace ____

Maiden Name of Mother Marie Vescio

Her Birthplace ____

Date of Funeral October 6, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Patchogue

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

Place of Death Mercy Hospital

Cause of Death ____

Contributory Causes Mental & Physical Retardation

Certifying Physician ____ (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Queens of Heaven

BRESCIA
On Tuesday, Oct. 3, 1967, Joseph, son of Mario and Marie Vescio Brescia; brother of Mario Brescia, grandson of Mrs. Carmela Brescia and Mr. and Mrs. Jerry Vescio and Mr. and Mrs. EDWARD ... Friends received in the McAVOY FUNERAL HOME, 1700 Portion Ave. (Pinelawn Plaza) Interment at 9:30. Angel mass in the Church of the Epiphany, at 10.

Diagram of Lot or Vault

Lot No. 14
Grave No. 2
Section No. 15
Block No. 13
Owner ____

Misc. ____

Complete Funeral (except outlays) $	
Casket 4 Professional Services	465 00
Burial Vault or Box #2 (State Kind)	150 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (State Kind and Color)	6 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)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	30 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	99 75
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ 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 2 Papers (Names of Newspapers)	10 00
Sales Tax	
Total Footing of Bill $	782 70
Less $	
Balance $	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. ____

PAID 10-27-67 JPM

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3622 Yearly No. 57 Date of Entry October 3, 1967

Name of Deceased Andrew L. Cuella, Jr. (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 114 Van Braam St. 19

Charge to Mrs. Rosemarie Mariarella 261-1315

Address 931 Mt. Kelly Rd. 26

Order given by 561-8943 (or informant)

How Secured

If Veteran, Name of War WWII RA 43-035-026

Occupation Cab Driver 108-18-4291 (Social Security Number)

Employer and Address

Date of Death October 3, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 16, 1927 Age 40 (Yrs.) 1 (Mos.) 17 (Days)

Name of Father Andrew Cuella Sr.

His Birthplace

Maiden Name of Mother Catherine Fraggine

Her Birthplace

Date of Funeral Oct. 7, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

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

Place of Death 114 Van Braam St.

Cause of Death Craniocerebral Injuries

Contributory Causes Gunshot wound of head

Certifying Physician Wm R Hunt, Coroner (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery Lillie Plot

CUELLA
On Wednesday, Oct. 4, 1967, Andrew (Rocky) Jr., husband of Josephine Packard; father of Anthony and Joseph Cuella; son of Catherine Cuella and the late Andrew Cuella Sr.; brother of Mrs. Rosemarie Mariarella, Mrs. Eadie Mazza and Mrs. Margaret Zanic. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Saturday morning at 9:30. Requiem mass in the Church of the Epiphany at 10

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays) $ 1400 -

Casket 4 Professional Services 1185 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)

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

Clergymen, $ ✓ 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

14 line Death Notices McAVOY FUNERAL HOME 14 00

(Names of Newspapers)

PAID O.K. 10/17/1967

Sales Tax

Total Footing of Bill $

Less PER $

Balance $

Entered into Ledger, page or below.

Misc. VA: 10-9-67 Jan.

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

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

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

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RECORD OF FUNERAL

Total No. 3623 Yearly No. 58 Date of Entry Oct 23, 1967

Name of Deceased Carrie L. McCloskey (What Race) W.

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

Residence 1726 Forbes Ave Apt 19

Charge to Mrs Eugene Hurley

Address 1515 Rockland Ave 16

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None (Social Security Number)

Employer and Address ____

Date of Death Oct 23, 1967 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father John E. McCloskey

His Birthplace ____

Maiden Name of Mother Mary Shanelin

Her Birthplace ____

Date of Funeral Oct 26, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr Brennan (Address)

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 & U S H D

Contributory Causes Multiple Pulmonary Emboli

Certifying Physician Dr. B J. Devine (or Coroner)

His Address Mercy Hospital

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 ____

Misc. Filed Nov 10, 1967

Complete Funeral (except outlays)	$	
Casket a Porcelaine Finish		699 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)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Entrance		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		
Clergymen, $ 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		5 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	984 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ 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. 3624 Yearly No. 59 Date of Entry Oct 26 1967

Name of Deceased Clarence B. Joyce

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 2019 Forbes Ave 19

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

Charge to Vincent J. Joyce 261-6795

Address 2019 Forbes Ave Pgh 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Homemaker 206-01-8391 (Social Security Number)

Employer and Address ____

Date of Death Oct 26, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 23, 1923 Age 4/4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Anthony Jaworek

His Birthplace ____

Maiden Name of Mother Anna Zmuda

Her Birthplace ____

Date of Funeral Oct 30, 1967 (Date) (Day of Week) M. (Hour)

Services at St Agnes Church

Clergyman Rev Michael Cannody (Address)

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 Terminal Carcinoma

Certifying Physician ____ (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Agnes

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	1130 -
Casket		800 00
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress Clothing (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)		
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 Lot		75 00
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ 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 ____		
14 line Death Notices in 3 Papers		21 00
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Nov 14, 1967	$	1168 00
Less	$	
Balance	$	

PAID

Entered into Ledger page ____ or below

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

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RECORD OF FUNERAL

Total No. 3625 Yearly No. 60 Date of Entry Oct 27 19 67

Name of Deceased Thomas Rankas (What Race) W.

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

Residence 5119 Canal St 24

Charge to Miss Victoria Antone

Address 5119 Canal St 24

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Vendor 206-01-8391 (Social Security Number)

Employer and Address Self

Date of Death Oct. (Mo.) 27 (Day) 1967 (Yr.)

Date of Birth (Mo.) (Day) (Yr.) Age (Hour) Abt 89 Yrs. (Yrs.) (Mos.) (Days)

Name of Father Anthony Raukas

His Birthplace Lebanon

Maiden Name of Mother Rose Simon

Her Birthplace Lebanon

Date of Funeral Oct 28, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Republic of Lebanon

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

Place of Death J.J. Kne Hospital

Cause of Death Coronary Heart Failure

Contributory Causes Myocardial Infarction

Certifying Physician Philip J. LeDuc (or Coroner)

His Address Scott Twp. Pa.

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } Calvary Cemetery

Lot No. 128

Grave No. ____

Section No. J

Block No. ____

Owner ____

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$ 1790 00
Casket Prefabricated Bronze	785 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ ____ Hair Dressing, $ ____	
Dressing Body, $ ____ Underwear, $ ____	
Suit or Dress Choice (State Kind and Color)	30 00
Slippers, $ ____ Hose, $ ____	
Folding Chairs, $ ____ Tarpaulin, $ ____	
Candelabrum, $ ____ Candles, $ ____	
Door Spray, $ ____ Gloves, $ ____	
Funeral Car, $ ____ Ambulance, $ ____	
Limousines to Cemetery ____ @ $ ____	
Extra Limousines ____ @ $ ____	
Autos to R. R. Station ____ @ $ ____	
Getting Remains from ____	
Taking Remains to ____	
Trip to Coroner's Inquest ____	
Delivering Box to ____	
Deliver Flowers to ____	
Removal Charges ____	
Procuring Burial Permit (State Number and District) ____	
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	
Pall Bearer Service, $ ____ Use of Chapel, $ ____	
Gross Total for Sales Tax $ ____	
Outlay for Lot Cemetery charges	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 ____	20 00
Clergymen, $ ____ Singers, $ ____ Organist, $ ____	
Railroad or Motor { Tickets, $ ____ Aeroplane Service, $ ____	
Telegr., Phone, Cable or Radio Charges ____	
Cash Advanced ____	
Out of town Funeral Director's Charges ____	
Personal Service ____	
McAVOY FUNERAL HOME	
____line Death Notices in ____ Papers ____	
(Names of Newspapers) Oct 31, 1967	
Sales Tax ____	
Total Footing of Bill ____	$ 1220 00
Less ____ R ____	$ ____
Balance ____	$ ____

Entered into Ledger, page ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

225

Total No. 3626 Yearly No. 61 Date of Entry Nov 15 19 67

Name of Deceased Bertha Heinz

☐ Married ☐ Single ☒ Widowed ☐ Divorced

(What Race) W.

Residence 31 Miltenberger St 19.

☐ Husband ☐ Wife ☒ Widow of John Heinz

Age of Husband or Wife (if living) Years

Charge to Mrs Emma Horan

Address 31 Miltenberger St 19.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housekeeper None (Social Security Number)

Employer and Address

Date of Death Nov 15 1967 905 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 25 1888 Age 79 5 20 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Heinz

His Birthplace

Maiden Name of Mother Melinda Overbeck

Her Birthplace

Date of Funeral Nov 18, 1967 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church (Address)

Clergyman Msgr Brennan

Religion of the Deceased Catholic

Birthplace N Y

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

Place of Death Mercy Hospital

Cause of Death Pentanetis

Contributory Causes Perforation of Rectal Carcinoma

Certifying Physician Paul R. Sieber (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

HEINZ
On Wednesday, November 15, 1967, Bertha Call, wife of the late John Heinz; mother of Mrs. Emma Horan; grandmother of Sr. Michael Marie C.P.D. and Dorothy Heinz. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Fordes Ave. Funeral Saturday morning at 9:30 o'clock. High mass of requiem in The Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No.
Grave No. 96
Section No. 16
Block No. 7
Owner

Misc.

Complete Funeral (except outlays) $	
Casket Solid Bronze	785 00
Burial Vault or Box (State Kind)	110 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	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)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	160 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	10 00
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill $	1123 00
Less $	42 00
Balance $	1090 00

Entered into Ledger, page or below.

PAID

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3627 Yearly No. 62 Date of Entry Nov. 17 1967

Name of Deceased Effie Mae Nolan (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☒ Widow } of Wm J Nolan

Residence 618 N. Taylor Ave 12 Age of Husband or Wife (if living) ____ Years

Charge to Mrs Mary Rabetha

Address 3224 Dawson St 13

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Laundry Worker (Social Security Number)

Employer and Address ____

Date of Death Nov. 17, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 25, 1917 Age 50 - 0 - 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Walter Carlton

His Birthplace ____

Maiden Name of Mother Betsy Young

Her Birthplace ____

Date of Funeral Nov. 21, 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Brennan (Address)

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 Hospital

Cause of Death Pulmonary Emphysema

Contributory Causes Pulmonary Fibrosis

Pulmonary T. B. Arrested

Certifying Physician Dr. Wm R. Mc Cann (or Coroner)

His Address ____

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary Cemetery

Lot No. ____

Grave No. 98

Section No. 16 New

Block No. 7

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket 1 Professional Service	735	00
Burial Vault or Box O.P. Case (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Chesterfield (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)		
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		
Clergymen, $ ✓ 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		
15 line Death Notices in 2 Papers (Names of Newspapers)	15	00
Sales Tax		
Total Footing of Bill	$	917 00
Less	$	
PER Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

PAID

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

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

Signed ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3628 Yearly No. 63 Date of Entry Nov 21 19 67

Name of Deceased Sr. M. Gerald (Martha F. Dunn (What Race) 71.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Ridge Ave - 19 - ☐Husband ☐Wife ☐Widow of Age of Husband or Wife (if living) Years

Charge to Sisters of Mercy

Address 3333 Ridge Ave.

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

How Secured

If Veteran, Name of War

Occupation Sr Religious (Social Security Number)

Employer and Address

Date of Death Nov 21, 1967 (Mo) (Day) (Yr.)

Date of Birth June 25, 1896 Age 84 - 4 - 26 (Hour) (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Dunn

His Birthplace

Maiden Name of Mother Sarah Ellen Dunlevy

Her Birthplace

Date of Funeral Nov 27, 1967 (Date) (Day of Week) (Hour) M.

Services at Mt. Mercy

Clergyman Sr. Gil (Address)

Religion of the Deceased Catholic

Birthplace Braddock, Pa.

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

Place of Death Mercy Hospital

Cause of Death Coronary Thrombosis

Contributory Causes A.S.H.D.

Certifying Physician R.F. Klenschmidt (or Coroner)

His Address 1501 Locust St. Pgh. 19

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } St Vincent Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Rubberwood Linen		315 00
Burial Vault or Box Cloth (State Kind)		55 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	25 00
Less	$	370 00
Entered into Ledger, page or below.		

ENVOY FUNERAL HOME

Nov 27, 1967

PER Balmer

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Address

Witness

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

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RECORD OF FUNERAL

Total No. 3624 Yearly No. 64 Date of Entry Nov 28 1967

Name of Deceased Giuseppe Ambrogio (What Race) N.

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

Residence 2003 Yorba Ave L.B.

Charge to Anthony Ambrogio

Address 2011 Yorba Ave L.B.

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Lumber Yard 210-03-9137 (Social Security Number)

Employer and Address ____

Date of Death Nov 25 1967 (Mo.) (Day) (Yr.) 3:05 AM (Hour)

Date of Birth Unknown (Mo.) (Day) (Yr.) Age 44 7 3 (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace ____

Maiden Name of Mother Unknown

Her Birthplace ____

Date of Funeral Dec 1 1967 (Date) (Day of Week) (Hour) M.

Services at St Agnes Church

Clergyman Fr Carmody (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 Metastatic Carcinoma of Bladder

Contributory Causes Bronchial Pneumonia

Pulmonary Infarctus

Certifying Physician Dr Ugrin (or Coroner)

His Address Mercy Hospital

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 ____

Misc. ____

Complete Funeral (except outlays)	$
Casket 2 Professional Service	1505 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 1 @ $	25 00
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	20 00
(Names of Newspapers) FUNERAL H	
Sales Tax Dec 15 1967	
Total Footing of Bill $	
Less $	
Balance $	1777 00

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

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____

Address ____

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

RECORD OF FUNERAL

Total No. 3630 Yearly No. 65 Date of Entry Dec 2 19 67

Name of Deceased George Nassif (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 5837 Darlington Road 17

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

Charge to Helen Nassif

Address Washington Plaza - 19

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...

Occupation Laborer (Social Security Number)

Employer and Address ...

Date of Death Dec 2, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 13, 1892 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Nassif Semmany

His Birthplace Rep of Lebanon

Maiden Name of Mother Elizabeth Thomas

Her Birthplace Rep of Lebanon

Date of Funeral Dec 6, 1967 (Date) (Day of Week) (Hour) M.

Services at Our Lady of Victory Church

Clergyman Rev John Speer (Address)

Religion of the Deceased Catholic

Birthplace Rep of Lebanon

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

Place of Death Montefiore Hospital

Cause of Death Ruptured Ulcer Perforated

Contributory Causes Bronchogenic Carcinoma

Certifying Physician Dr R. Lurtzer (or Coroner)

His Address Montefiore Hospital

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 ...


NASSIF SAMRENY ... Saturday, Dec. 2, 1967, George, husband of the late Adeeba Abdullah father of Mrs. Betty Chamlian, Mrs. Genevieve Perconti and Mrs. Nicolette Gonzales, also survived by many other relatives and friends. Mrs. Eadeba S. Abdullah and Charles Samreny also grandchildren. Friends receiving at the MCAVOY FUNERAL HOME, 5837 Darlington Ave. (Hollywood) where services will be held Wednesday at 10 o'clock. Our Lady of Victory Church at 10 o'clock.

Misc. ...

Complete Funeral (except outlays)	$ 1800 00
Casket 2 Bronze Tone	1450 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	42 00
Suit or Dress Clothing (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines 1 @ $	25 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 Angle	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	
Clergymen, $ ... 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	24 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1878 00
Less	$
Balance	$

McAVOY FUNERAL HOME
Dec 26 1967
PER

Entered into Ledger, page 127 or below.

Misc. ...

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

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

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

Signed ...

Witness ... Address ...

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

RECORD OF FUNERAL

Total No. 3631 Yearly No. 66 Date of Entry Dec 4 1966

Name of Deceased Mary R. Berry (What Race) N.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1609 Blvd of the Allies 19 ☐Husband ☐Wife ☐Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to Estate

Address Ernest H. Neeper Att.

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Secretary (Social Security Number)

Employer and Address

Date of Death Dec 4 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13 1923 Age 44 - 11 - 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Edward Berry

His Birthplace Ireland

Maiden Name of Mother Bridget McDonough

Her Birthplace Ireland

Date of Funeral Dec 7 1967 (Date) (Day of Week) M. (Hour)

Services at Gregory Church

Clergyman Rev John Berry (Address)

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 Heart Failure

Contributory Causes Rheumatic Heart Disease

Certifying Physician W. R. Bailey Jr. (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Army Cemetery

BERRY
On Monday, Dec. 4, 1967, Mary R., daughter of Edward and Bridget McDonough Berry, sister of Rev. John N. Berry, S.V.D. and Edward Berry, Priest, passed away. Beloved by her Sisters and Brothers. The remains are resting at EDWARD J. McAVOY FUNERAL HOME. The Funeral Thursday morning at 10 A. Solemn requiem high mass in the Church of the Epiphany at 11 o'clock.

Diagram of Lot or Vault

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

Misc. 450K

Complete Funeral (except outlays)	$
Casket Rothwell Bronze	2195 00
Burial Vault or Box (State Kind)	280 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Charkey (State Kind and Color)	45 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines 1 @ $	25 00
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	99 25
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ Singers, $ Organist, $	60 00
Railroad / or Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notice McAVOY FUNERAL HOME Papers	25 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	
Less $	
PER Balance $	2680 75

Entered into Ledger, page ____ or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 3632 Yearly No. 67 Date of Entry Dec. 19, 1967

Name of Deceased Ellen D. Driscoll (Sr. M. Agnita) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence St Francis Academy, Latrobe Pa ☐Husband ☐Wife ☐Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Sis of Mercy.

Address 3333 Fifth Ave 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Sr Religion None (Social Security Number)

Employer and Address

Date of Death Dec 19 1967 (Mo.) (Day) (Yr.)

Date of Birth June 13 1879 Age 88 - 6 - 2 (Hour)
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Denis Driscoll

His Birthplace

Maiden Name of Mother Margaret Rafferty

Her Birthplace

Date of Funeral Dec 22 1967 M. (Date) (Day of Week) (Hour)

Services at St Francis 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 Carcinoma of Pelvis

Contributory Causes A D H D

Certifying Physician Dr J. O Malley. (or Coroner)

His Address Mercy Hospital

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

Misc.

Complete Funeral (except outlays)	$	
Casket x Reposition Insurance		315 00
Burial Vault or Box (State Kind)		59 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		
Clergymen, $ Singers, $ Organist, $		
Railroad / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	374 00

McAVOY FUNERAL HOME

PAID Jan 9, 1968

Entered into Ledger, page ____ or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Witness

Signed

Address

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

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RECORD OF FUNERAL

Total No. 3633 Yearly No. 68 Date of Entry Dec. 24 19 67

Name of Deceased John Tenatovich (What Race) Ho

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of Anastasia Tenatovich Age of Husband or Wife (if living) 76 Years

Residence 1641 Parker Ave 19

Charge to Mr Michael Tenatovich

Address 1641 Parker Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Millwright 168-01-3429 (Social Security Number)

Employer and Address J & L (Retired

Date of Death Dec 21 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13 1888 Age 79 - 0 - 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Tenatovich

His Birthplace Poland

Maiden Name of Mother Antonia Pudlosky

Her Birthplace Poland

Date of Funeral Dec 26 1967 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Myr Bronowski (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 Myocardial Infarction

Contributory Causes C V A Thrombosis

Arteriosclerosis Arteriosclerosis

Certifying Physician Geo J Vanek (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

ENARTOVICH
In Thursday, Dec. 21, 1967, John, husband of the late Anastasia Lelkun; father of Mrs. Helen Emelon, Mrs. Irene Clarvik, Joseph, Michael and Leonard Lenatovich; also 11 grandchildren and five great-grandchildren. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Bordes Ave. Funeral Tuesday morning at 9:30, high mass of requiem at the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

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

Misc.

Complete Funeral (except outlays) $	
Casket 4 Rockwood Bronze	1316 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Chesley (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 Calvary Cemetery	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 McAVOY FUNERAL HOME	
line Death Notices in L A Papers	20 00
(Names of Newspapers) Jan 15 1968	
Sales Tax	
Total Footing of Bill $	1619 00
Less $	69 00
Balance $	1550 00

Entered into Ledger, page or below.

Misc.

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. 3634 Yearly No. 69 Date of Entry Dec. 21, 1967

Name of Deceased Agnes C. Kiely – Sr. Agnes Marie (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Tilton Ave 13 ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Sis of Mercy

Address 3333 Tilton Ave 13.

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

How Secured .....

If Veteran, Name of War .....

Occupation Sr Religious None (Social Security Number)

Employer and Address .....

Date of Death Dec. 21, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 14, 1893 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Kiely

His Birthplace .....

Maiden Name of Mother Agnes Bellegue

Her Birthplace .....

Date of Funeral Dec 23, 1967 (Date) (Day of Week) M. (Hour)

Services at St Marys Church

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 Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes A.S.H.D.

Certifying Physician W. R. Bailey Jr. (or Coroner)

His Address Mercy Hospital

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 .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket Cloth Covered Shipped		315 00
Burial Vault or Box (State Kind)		59 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		
Clergymen, $ ..... 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	$	374 00
Less	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
Jan 9 1968
PER

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

Misc. .....

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

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

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

Signed .....

Witness .....

Address .....

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

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RECORD OF FUNERAL

Total No. 3635 Yearly No. 70 Date of Entry Dec. 25 19 67

Name of Deceased Frederick J. Hannan (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 110 Walltenbyer St. 19

Charge to Mrs. Viola Hannan 281-6863

Address 110 Walltenbyer St 19

Order given by (or informant)

How Secured

If Veteran, Name of War W W II

Occupation Office Clerk 195-18-2022 (Social Security Number)

Employer and Address City Co.

Date of Death Dec 25 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 24 1906 Age 61 - 1 - 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Emil Hannan

His Birthplace Tehan

Maiden Name of Mother Alice Shehan

Her Birthplace Tehan

Date of Funeral Dec 29 1967 M. (Date) (Day of Week) (Hour)

Services at Our Lady of Victory Church

Clergyman Fr. Hein (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State

Place of Death L.A. V.A. Mem. Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Acute Coronary Occlusion

Contributory Causes Status of Rt Hip, Bronchial Asthma, Emphysema

Certifying Physician Wm R. Kirk - Coroner (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery { Olney Cem. (Section Plot)

C

HANNAN

On Monday, Dec. 25, 1967, Frederick J., member of Chris. O. Dilgard American Veterans; husband of Wanda Cottrill; brother of Mrs. Edition Cottrill, Mrs. Lydia Silbetty and Frank Hannan; uncle of Mrs. Sandra Brown, James Fred and Richard Silbetty, all of Detroit, Michigan; nephew of Mrs. Joseph Hannan and Joseph of Raymond and Emil Hannan and Mrs. Lottie Provident. Friends received at the EDWARDS & McAVOY FUNERAL HOME. The Funeral Mass, Funeral Friday morning at 9:15. High Mass of Requiem in Our Lady of Victory Church, Dunster St. at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Deluxe Bronze		1150 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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		10 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 3 Papers (Names of Newspapers)		25 50
Sales Tax		
Total Footing of Bill	$	1410 50
Less	$	60 50
Balance	$	1350 00

Entered into Ledger, page McAVOY FUNERAL HOME by

Misc.

PAID

J P M

Apr. 29, 1968

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 29	1968	To Above Balance 1055 00	$ 295 00			To Balance Forward	$
Apr 1	1968	By Payment $ 220 00	$ 75 00			By Payment $	$
Apr 29	1968	" County $ 75 00	$ —			" " $	$

Insurance $ Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 3636 Yearly No. 71 Date of Entry Dec 28, 19 67

Name of Deceased John J. Gaynord

☐ Married ☑ Single ☒ Widowed ☐ Divorced

Residence 750 Mayfield St 27

Charge to John J. Gaynord Jr. 881-2792

Address 750 Mayfield St.

Order given by (or informant)

How Secured

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

Occupation Lather Inspector 159-22-5398 (Social Security Number)

Employer and Address

Date of Death Dec 28, 1967 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 16, 1890 Age 77 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father John J Gaynord.

His Birthplace

Maiden Name of Mother Ellen Cahley

Her Birthplace Dec 30, 1927

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

Services at Joseph Church

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 750 Mayfield St.

Cause of Death Acute Coronary Insufficiency

Contributory Causes Emphysema of Lungs

Certifying Physician H. R. Bailey M.D. (or Coroner)

His Address Mary Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

GAYNORD
On Thursday, Dec. 28, 1967, John J., husband of the late Agnes Flaherty, father of Mrs. Mary Marta and John J. Gaynord, brother of Mrs. Margaret Serena, Mrs. Ann Noonan, Mrs. Agnes Ziegler and Martin Gaynord; also 11 grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 1295 Jones Ave. Funeral Saturday morning at 9:30, Solemn requiem mass in the Church of the Epiphany at 10 o'clock.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays) $

Casket	855	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)		
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	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		
Clergymen, $ 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		
13 line Death Notices in 3 Papers (Names of Newspapers)	19	50
Sales Tax		
Total Footing of Bill $	1248	50
Less $	48	50
Balance $	1200	00

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

PAID Jan 24, 1968

PER

Date		Amount Paid	Balance
Jan 24 '68	To Above Balance	875 —	$ 325 —
Apr 1 1968	By Payment	$ 250 —	$ 75 00
Apr 29 1968	" County	$ 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.

Witness

Signed

Address

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

RECORD OF FUNERAL

Total No. 3637 Yearly No. 72 Date of Entry Dec 29 19 67

Name of Deceased Ellen Howard (What Race) W.

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

Residence 209 Van Brunt St 19

Charge to Mrs. Doris Callahan

Address 111 Belvedale Rd 37

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Dec 29, 1967 (Mo.) (Day) (Yr.)

Date of Birth July 30, 1881 (Hour) Age 86 (Yrs.) 4 (Mos.) 29 (Days)

Name of Father Thomas Sullivan

His Birthplace

Maiden Name of Mother Catherine Torrence

Her Birthplace

Date of Funeral Jan 2, 1968 (Date) (Day of Week) (Hour) M.

Services at Gaffney Chapel

Clergyman Msgr. Harold Brennan (Address)

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

Cause of Death Broncho Pneumonia

Contributory Causes A. A. N. D.

Certifying Physician James Jamison (or Coroner)

His Address 1c Kane

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Mary's Cemetery

Lot No. 12

Grave No.

Section No. E

Block No.

Owner

Misc.

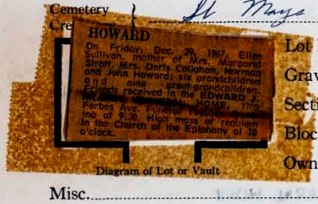


Diagram of Lot or Vault

Complete Funeral (except outlays)	$
Casket 20 Bluebird Linen	1095 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothes (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)	
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 P.C.	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 Papers (Names of Newspapers)	16 50
Sales Tax	
Total Footing of Bill	$ 1403 50
Less	$ 50 00
Balance	$ 1353 50

McAVOY FUNERAL HOME PAID Jan 4, 1968

Entered into Ledger page or below.

Misc.

Date		Amount Paid	Balance
Jan 1968	To Above Balance	1106 50	$ 247 00
	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

237

Total No. 3638 Yearly No. 1 Date of Entry Jan 4, 19 68

Name of Deceased Rita Ruthowski

☐ Married ☐ Single ☐ Widowed ☑ Divorced

Residence 209 Calvert St. 13

Charge to Mrs. Dolores Bulinski

Address 625 Donaldson Drive 26

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Waitress 172-12-6734 (Social Security Number)

Employer and Address

Date of Death Jan 4, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 24, 1918 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Holland

His Birthplace

Maiden Name of Mother Mary Cuney

Her Birthplace

Date of Funeral Jan 9, 1968 (Date) (Day of Week) (Hour) M.

Services at St. Paul Cathedral

Clergyman Msgr. Andrew Purby (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 209 Calvert St.

Cause of Death Asphyxiation

Contributory Causes Acute G. Bronchitis

Certifying Physician (or Coroner)

His Address

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

Misc.

☐ Husband ☐ Wife ☐ Widow } or ____ of } Frank Ruthowski (What Race)

Age of Husband or Wife (if living) ____ Years

Complete Funeral (except outlays)	$	
Casket 7 Portsmouth Bronze	1160	00
Burial Vault or Box C.P. Cole (State Kind)	125	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (State Kind and Color)	45	00
Slippers, $ Hose, $		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		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 3 Papers (Names of Newspapers) McAVOY FUNERAL HOME	9	10
Sales Tax		
Total Footing of Bill	$	1361 10
Less	$	61 10
Balance	$	1300 00

PAID Feb 1, 1968 PER

Entered into Ledger, Page ____ or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

238

RECORD OF FUNERAL

Total No. 3679 Yearly No. 2 Date of Entry Jan 9 19 68

Name of Deceased Jacoba Bunch (What Race)

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

Residence Woodville State Hospital

Charge to Frank, Maria, Olga Bunch

Address 709 Victoria Rd Atl City N J

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation None None (Social Security Number)

Employer and Address ____

Date of Death Jan 9 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 26, 1891 Age 48 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Bunch

His Birthplace ____

Maiden Name of Mother Mary Tocker

Her Birthplace ____

Date of Funeral Jan 12, 1968 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. David Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pasquetta, Pa

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

Place of Death Woodville State Hospital

Cause of Death C. V. A.

Contributory Causes Pul. J. Thrombosis

Certifying Physician ____ (or Coroner)

His Address Home City

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Colony Cemetery

Lot No. 15

Grave No. 38

Section No. 29

Block No. ____

Owner ____

Diagram of Lot or Vault

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Services		225 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 Clothing (State Kind and Color)		20 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		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		
Clergymen, $ — 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) McAVOY FUNERAL HOME		
PAID Jan 17 1968		
Sales Tax		
Total Footing of Bill	$	485 00
Less	$	
Balance	$	

Entered into Register ____ or below.

Misc. ____

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 3640 Yearly No. 3 Date of Entry Jan 23 1968

Name of Deceased John C. Cherkes Jr.

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

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 3213 Barbour St. 27

Charge to John C. Cherkes Jr

Address 3313 Barbour St 27

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Jan 23 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 23 1968 Age 18 hrs (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John C Cherkes

His Birthplace .....

Maiden Name of Mother Carol Ann Ott

Her Birthplace .....

Date of Funeral Jan 25 1968 (Date) (Day of Week) (Hour) M.

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace .....

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death St Joseph Hospital

Cause of Death Respiratory distress Syndrome

Contributory Causes .....

.....

Certifying Physician W Stengel (or Coroner)

His Address 1815 Baumwald Road

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Hollywood Cemetery

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket		35 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
..... Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		25 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Aero-plane or Motor } Tickets, $ ..... Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	60 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below

McAVOY FUNERAL HOME

Misc. .....

PAID JM

PER Feb 10, 1968

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

240

RECORD OF FUNERAL

Total No. 3641 Yearly No. 4 Date of Entry Jan 24 19 68

Name of Deceased Jean Carnemolla (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ____ of } Frank Age of Husband or Wife (if living) ____ Years

Residence 1606 Fustin St 19

Charge to James Rizza

Address 1823 Fustin St 19

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Housewife Social Security Number None

Employer and Address ____

Date of Death Jan 24 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age Abt 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral Jan 27, 1968 (Date) (Day of Week) (Hour) M.

Services at ____

Clergyman Msgr. Daniel Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ____ (or U.S. or City or County) (Years) (Months)

Place of Death John J. Kane Hospital

Cause of Death A L H D

Contributory Causes ____

Certifying Physician Eyere Ney M.D. (or Coroner)

His Address Scott Twp

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } Calvary

Lot No. ____

Grave No. 85

Section No. 16

Block No. 3

Owner ____

Misc. ____

CARNEMOLLA

On Wednesday, Jan. 24, 1968, Jean Colimbordo wife of the late Frank Carnemolla, sister of Dominic Colimbordo; mother-in-law of Raffaele Rizza; also seven grandchildren, 37 great-grandchildren, and two great, great-grandchildren. Friends received at the McAVOY FUNERAL HOME, 1708 Fustin Ave. Funeral Saturday morning at 9:00, High mass of requiem in the Church of the Epiphany at 10 o'clock.

Complete Funeral (except outlays)	$ 1100 —
Casket	855 00
Burial Vault or Box CP Cvc (State Kind)	100 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Cloth (State Kind and Color)	49 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)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	110 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
line Death Notices in Papers	15 40
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1150 35
Less	$
	$

McAVOY FUNERAL HO

Nov 16 1968

PER

Entered into Ledger, page ____ or below.

Misc. ____

Date		Amount Paid	Balance
2-6 68	To Above Balance	603 56	$ 546 79
	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. 3642 Yearly No. 5 Date of Entry Feb 9 19 68

Name of Deceased Angelo De Leo W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 1508 Fontaine Ave. ☐Husband ☐Wife ☐Widow of } Age of Husband or Wife (if living) Years

Charge to Estate

Address Hollenbeck Mortuary Monrovia

Order given by John J. Fogarty (or informant)

How Secured 4223 Colin St. 15201

If Veteran, Name of War

Occupation Laborer 197-07-8416 (Social Security Number)

Employer and Address

Date of Death Feb 9 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 3 1899 Age 68 (Mo.) (Day) (Yr.) (Yr.) (Mos.) (Days)

Name of Father Antonio De Leo

His Birthplace Italy

Maiden Name of Mother Carolina Pasquale

Her Birthplace Italy

Date of Funeral Feb 13 1968 M. (Date) (Day of Week) (Hour)

Services at Fogarty Church

Clergyman Msgr. David Brennan (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death John J. Pomona Hospital

Cause of Death Carcinoma of Liver

Contributory Causes generalized carcinomatosis

Certifying Physician J. W. Carlson M.D (or Coroner)

His Address Scott Twp. Pa.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

DeLEO of Carnegie, PA. 15106, Angelo De Leo of 1508 Fontaine Ave., Primanole, beloved husband of Mary De Leo, father of Mrs. Edward J. McAvoy, Funeral Service conducted at the EDWARD J. McAVOY FUNERAL HOME, 1700 Fontaine Ave., Fineview, Tuesday morning at 9:30 o'clock. High mass of requiem in the Church of the Epiphany at 10 o'clock.

Diagram of Lot or Vault

Lot No. 578

Grave No. 5

Section No. 20

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Professional Items	1076 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)	
8 Certif. Copies of Death Certificates No.	8 00
(State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	53 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 FUNERAL HOME Papers	10 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1392 00
Less	$
PER Balance	$

PAID Apr. 16, 1968

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
Mar 6 1968	To Above Balance	50 00	$342 00
	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. 3643 Yearly No. 6 Date of Entry Feb 13 19 68

Name of Deceased John Clark (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1304 Sixth Ave 19

Charge to Teamsters Local 249

Address 4701 Butler St. 1

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Dock Helper Trucking Co. - 190-05-1216 (Social Security Number)

Employer and Address .....

Date of Death Feb 13, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 8, 1892 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Andrew Clark

His Birthplace .....

Maiden Name of Mother Jane

Her Birthplace .....

Date of Funeral Feb 16, 1968 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman Msgr. Paul Brennan (Address)

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 Hist. Hospital

Cause of Death A.S.H.D. Emphysema

Contributory Causes Arteriosclerosis

C.B.I.S. Cerebral Arteriosclerosis

Certifying Physician J.C. Nagymalley, M.D. (or Coroner)

His Address Magee Hist Hosp

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

CLARK
On Tuesday, Feb 13, 1968, John Clark, formerly of 1304 Fifth Ave. French, received in the EDWARD J. McAVOY FUNERAL HOME, 740 Fifth Ave. Funeral Friday morning at 9:30; High mass of requiem in the Church of the Epiphany at 10 o'clock. Mr. Clark was the former President of Teamsters Local Union No. 249.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays) $	
Casket Professional Service	795 00
Burial Vault or Box (State Kind)	150 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Clothing (State Kind and Color)	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	
3 Certif. Copies of Death Certificates No. ..... (State Number and District) (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	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	
Clergymen, $ ..... 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	5 00
(Names of Newspapers)	
.....	
.....	
Sales Tax	
Total Footing of Bill $	1158 00
Less $	
Balance $	
Entered into Ledger, page ..... or below.	

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2-29 68	To Above Balance	300 00	$		To Balance Forward		$
3-13 68	By Payment Aid Local	$ 500 00	$ 358 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. 3643 Yearly No. 7 Date of Entry Feb 18 19 68

Name of Deceased Lisa Marie Anthony (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 831 Sullivan Ave 26 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Richard P Anthony

Address 831 Sullivan Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Feb 19, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 19, 1968 Age Stillborn (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Richard P Anthony

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Alice Jane Gretz

Her Birthplace Pittsburgh Pa.

Date of Funeral Feb 19, 1968 (Date) (Day of Week) (Hour) M.

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 Intrauterine fetal death

Contributory Causes Emphysematous

Certifying Physician Bernard J. Bailey (or Coroner)

His Address Medical Arts Bldg

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

Diagram of Lot or Vault

Lot No. 252

Grave No.

Section No. F

Block No.

Owner Mrs. Anthony

Misc.

Complete Funeral (except outlays)	$	
Casket Service		40 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Charley (State Kind and Color)		7 50
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	10 00
Outlay for Lot Cavalry Cemetery		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notice in Papers		
(Names of Newspapers)		
Sales Tax		57 50
Total Footing of Bill	$	
Less	$	
PER Balance	$	

Entered into Ledger page or below.

MCAVOY FUNERAL HOME

PAID

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

244

RECORD OF FUNERAL

Total No. 3644 Yearly No. 8 Date of Entry Feb 25 1968

Name of Deceased Peter Orros (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ____ Age of Husband or Wife (if living) ____ Years

Residence 2201 Tustin St 19

Charge to Estate Miller Neal Executor

Address Norman W Neal Esq

Order given by Oliver Perry Pyle Jr (or informant)

How Secured

If Veteran, Name of War

Occupation Building Contractor 200-36-9992 (Social Security Number)

Employer and Address

Date of Death Feb 25 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 15 1885 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Orros

His Birthplace Hungary

Maiden Name of Mother Mary Mish

Her Birthplace Hungary

Date of Funeral Feb 28 1968 (Date) (Day of Week) M. (Hour)

Services at St Marys Church Whittier Ca (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Hungary

Resided in the State

Place of Death 2201 Tustin St (or U.S. or City or County) (Years) (Months)

Cause of Death Coronary Occlusion

Contributory Causes Hypertensive Heart Disease

Certifying Physician Ph A Faint (or Coroner)

His Address Medical Arts Bldg

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St Gertrudes Cemetery

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$ 983	47
Casket Redwood Shipper	950	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ —		
Suit or Dress Charkoal Alpaca (State Kind and Color)	45	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		
10 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	10	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ — Palms, $ Matting, $	25	44
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 $	1030	94
Less $		
PER Balance $		

Entered into Ledger, page or below.

McAVOY FUNERAL HOME

Mar 20, 1968

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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

ROBT. P. "BOB" LONG
Champion Representative
P.O. Box 121
Greensburg, Pennsylvania 15601
PHONE: AREA CODE 412-834-1084

John Dynis
23 Kil Road
Scalp Level, Pa
15963

Chr

RECORD OF FUNERAL

Total No. 3645 Yearly No. 9 Date of Entry Mar 3 19 68

Name of Deceased Deborah A. Mignella (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1224 Brighton Road 33 ☐ 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 Mar 3 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 13 1905 Age 16 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Ernest J Mignella

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Shirley Paginski

Her Birthplace Pittsburgh Pa

Date of Funeral Mar 5, 1968 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Msgr. Brennan (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Premature

Contributory Causes Premmie

Certifying Physician J A Gilmartin (or Coroner)

His Address Mercy Hospital

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

Misc.

Complete Funeral (except outlays)	$ 130 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery 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	
Clergymen, $ 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, 1968	
Total Footing of Bill	$ 160 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID

Entered into Ledger, Page ____ or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3646 Yearly No. 10 Date of Entry Mar 3, 19 68

Name of Deceased Charles H. Haslett

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1608 Bellenger Street 10 ☐ Husband ☐ Wife ☒ Widow of Mary A. Mayer (What Race) Age of Husband or Wife (if living) Years

Charge to Mrs Mary Joyce

Address 1608 Bellenger St 10

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Fireman 173-20-2314 (Social Security Number)

Employer and Address

Date of Death Mar 3, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 4, 1892 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Haslett

His Birthplace

Maiden Name of Mother Margaret Himes

Her Birthplace

Date of Funeral Mar 7, 1968 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Thomas O'Donnell (Address)

Religion of the Deceased Protestant

Birthplace Tyrone, Pa.

Resided in the State

Place of Death Lincoln Hospital Nursing Home (or U.S. or City or County) (Years) (Months)

Cause of Death Coronary Occlusion

Contributory Causes Coronary Thrombosis

Certifying Physician Ralph J. Stolte (or Coroner)

His Address 542 - 44th Ave. Tyr. Pa.

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt. Cross, Castle Shannon

HASLETT
On Sunday, March 3, 1968, Charles Harry Haslett, husband of the late Mary A. Mayer, uncle of Anderson, Florence and John F. Smith, Grandchildren of the late Edward J. Mayer, also survived by other relatives and friends. Funeral Thursday morning at 11 o'clock. Members of Fireman's Local Union No. 9 and Eagles invited.

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$	1370 00
Casket		1035 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)		39 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 Charge		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		
Clergymen, $ 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 NC Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1427 50
Less	$	
Balance	$	

McAVOY FUNERAL HOME
PAID
March, 1968

Entered into Ledger Page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3647 Yearly No. 11 Date of Entry Mar. 8 19 68

Name of Deceased Rina M. Vigil

☐ Married ☐ Single ☒ Widowed ☐ Divorced

W. (What Race)

Residence 68 Van Braam St 19

☐ Husband ☐ Wife ☐ Widow } of } Age of Husband or Wife (if living) Years

Charge to Mrs Mary Bee Vigil

Address 1330 Methyl St 16

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Janitress 195-18-8888 (Social Security Number)

Employer and Address Duquesne University

Date of Death Mar 6 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 3 1907 Age 60 - 5 - 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Peter Cuia

His Birthplace Italy

Maiden Name of Mother Rachel Moore

Her Birthplace

Date of Funeral Mar 12, 1968 (Date) (Day of Week) (Hour) M.

Services at Holy Trinity Church

Clergyman Msgr. Paul Bourgouin (Address)

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 Women Hospital

Cause of Death Coma

Contributory Causes Cerebral Metastases & Liver Failure, Metastatic Adenocarcinoma of Uterus

Certifying Physician Dr. Moore (or Coroner)

His Address Magee Women Hospital

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

VOGEL On Friday, March 8, 1968, Rina M. (nee Gilbert) Vogel, beloved wife of the late Charles Vogel, dear sister of Mrs. Isabel Robinson and Mrs. Mary Brogan. Friends received in the EDWARD McAVOY FUNERAL HOME, 3704 Forbes Ave. Funeral Tuesday morning at 9:30, from mass of requiem in Holy Trinity Church at 10:00. Interment Calvary Cemetery.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket X Professional Service	890 00
Burial Vault or Box (State Kind)	225 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Clothing (State Kind and Color)	40 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot -0-	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 McAVOY FUNERAL HOME	13 00
(Names of Newspapers) PAID Aug 3, 1968	
5% OK. Sales Tax	
Total Footing of Bill	$ 1192 00
Less PER J.Moore Balance	$
Entered into Ledger, page or below.	$

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3648 Yearly No. 12 Date of Entry Mar 13, 1968

Name of Deceased Anna B. Keenan (Mrs. M. Clarence) (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 3333 Dupont Ave 13

☐ Husband ☐ Wife ☐ Widow } of ____ Age of Husband or Wife (if living) ____ Years

Charge to Sisters of Mercy

Address 3333 Dupont Ave

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Sr Religious

Employer and Address ____ (Social Security Number)

Date of Death Mar 13, 1968 1145 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 11, 1905 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Martin Keane

His Birthplace ____

Maiden Name of Mother Mary Lambe

Her Birthplace ____

Date of Funeral Mar 16, 1968 M. (Date) (Day of Week) (Hour)

Services at St Marys Convent

Clergyman Msgr Anthon Pauly (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State ____ (or U.S. or City or County) (Years) (Months)

Place of Death Mary Hospital

Cause of Death Myocardial infarction

Contributory Causes ____

Certifying Physician R J Wilmsmeyer (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Vincents Cemetery

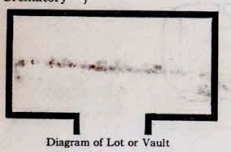


Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket X Single Triple Lined		375 00
Burial Vault or Box A1 (State Kind)		59 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 ____		
Clergymen, $ ____ 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		4 34 00
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page ____ or below

McAVOY FUNERAL HOME

Misc. ____

PAID

J L M

May 12, 1968

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 3649 Yearly No. 13 Date of Entry Mar 13 19 68

Name of Deceased Edward J. Heffernan

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1626 Fineview Ave 19

Charge to Mrs. Lola Heffernan

Address 1626 Fineview Ave 19

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Foreman (Social Security Number)

Employer and Address

Date of Death Mar 13, 19 68 7:00 AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 2, 1903 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Richard Heffernan

His Birthplace

Maiden Name of Mother Anna Molloy

Her Birthplace

Date of Funeral Mar 16, 1968 M. (Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Msgr. Paul Brennan (Address)

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 Coronary Occlusion

Contributory Causes

Certifying Physician Eugene C Ney (or Coroner)

His Address Scott Twp.

Motor / Ship — Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory — Calvary Cemetery

HEFFERNAN
On Wednesday, March 13, 1968, Edward, husband of Lola M. Price: father of Mrs. Lola Freeman; brother of Mrs. Anna Mae Patterson and Sr. J. James J. Heffernan; also four grandchildren. Friends received at the EDWARD J. McAVOY FUNERAL HOME, Fineview Ave. Funeral Saturday morning at 9 o'clock. High mass of requiem in the church of the Epiphany at 9:30. Pittsburgh Fire Fighters Local No. 1 and friends are invited.

Lot No. 6
Grave No. 4
Section No. 16
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$	1470 00
Casket Rosewood Bronze		975 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)		
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	$	220 00
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		
Clergymen, $ 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 Papers		20 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1466 00
Less PER Balance	$	
Entered into Ledger, page or below.		

McAVOY FUNERAL HOME
Mar 28, 1968

Misc.

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. 3650 Yearly No. 14 Date of Entry Mar. 13 19 68

Name of Deceased Dudley Nee (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1001 Webster Ave 19 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Julia P. Nee

Address 5 Marlboro Ct. Haynes N.J. 07470

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Plastic Tower 163-14-9700B (Social Security Number)

Employer and Address .....

Date of Death May 13, 1966 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 5, 1887 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Martin Nee

His Birthplace Ireland

Maiden Name of Mother Bridget Barry

Her Birthplace Ireland

Date of Funeral Mon 18, 1968 (Date) (Day of Week) M. (Hour)

Services at Epiphany Church

Clergyman Msgr. Lloyd Berman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

Resided in the State .....

Place of Death John J. Kane Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death A.S.H.D. & Pneum

Contributory Causes Hypertension Arteriosclerosis

Certifying Physician Homer Shanell (or Coroner)

His Address John J. Kane Hospital

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Cemetery

Lot No. 10

Grave No. 9

Section No. 40

Block No. 15

Owner .....

NEE On Wednesday, March 13, 1968, Dudley Nee, brother of Michael Nee. Friends received in the EDWARD J. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Monday morning at 9:30. High mass of requiem in the Church of the Epiphany at 10.

Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays)	$	1742 00
Casket Redwood Lowered		1265 00
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (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.		2 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge		170 00
Cremation		
Flowers, $ ✓ Palms, $ ..... Matting, $		74 20
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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 (Names of Newspapers)		15 00
Sales Tax		
Total Footing of Bill	$	1742 20
Less	$	
Balance	$	

McAVOY FUNERAL HOME PAID Mar 13, 19 68

PER ..... Entered into Ledger, Page ..... or below.

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 3651 Yearly No. 15 Date of Entry Mar. 15 1968

Name of Deceased Charles Mowell (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of Mary Gus Age of Husband or Wife (if living) Years

Residence 260 McKee Place 13

Charge to Mrs. Dorothy Kunch CO-1545

Address 260 McKee Place 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Receiver Maids 192-10-9966 (Social Security Number)

Employer and Address

Date of Death Mar. 15, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 4, 1886 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Henry Mowell

His Birthplace

Maiden Name of Mother Margaret Linn

Her Birthplace

Date of Funeral Mar. 18, 1968 (Date) (Day of Week) M. (Hour)

Services at Holy Trinity

Clergyman Msgr. Paul Berenjune (Address)

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 University Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary Cemetery

MORALL
On Tuesday, March 15, 1968, Charles, father of Mrs. Violet Dembrek, Mrs. Dorothy Hancock, Mrs. Dolores Meyers, Charles A. and Robert J. Morall; also 15 grandchildren and seven great-grandchildren; brother of Mrs. Helen Kimber. Friends received at the EDWARD J. McAVOY FUNERAL HOME, 7100 Penn Ave., East Liberty, Wednesday, 2 to 4 and 7 to 9 p. m. Funeral Thursday morning at 10:30 a. m. High mass of requiem in Holy Trinity Church at 11 a. m.

Diagram of Lot or Vault

Lot No. 11
Grave No. 59
Section No. 28
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$	1573 00
Casket Rt. Permanent Linie		1185 00
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Clothing (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		
6 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Calvary Cemetery		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		
Clergymen, $ 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		N.C.
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1588 00
Less	$	55 00
Balance	$	

Entered into Ledger, page or below.

Misc.

4-20-68

Per J. McAvoy

Date		Amount Paid	Balance
Mar. 29 1968	To Above Balance	298	$ 1300 00
April 20 1968	By Payment	$300	$
	" "	$	$

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

252

RECORD OF FUNERAL

Total No. 3652 Yearly No. 16 Date of Entry Apr. 2 19 68

Name of Deceased Mary Ellen Manter (Sr. Mary William) 74
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence St. Vincent Academy, Latrobe, Pa. ☐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 202-40-3021 (Social Security Number)

Employer and Address ____

Date of Death Apr 2 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 17 1894 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James J. Manter

His Birthplace ____

Maiden Name of Mother Mary Madden

Her Birthplace ____

Date of Funeral Apr 5 1968 M. (Date) (Day of Week) (Hour)

Services at St Vincent Academy. (Address)

Clergyman ____

Religion of the Deceased Catholic

Birthplace Wilmerding Pa.

Resided in the State ____ (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Pulmonary Embolism

Contributory Causes Thrombophlebitis

Certifying Physician R. P. Wennemann (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery / Crematory } St Vincent Cmtry

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Bronze Protective Interm.	315	00
Burial Vault or Box (State Kind)	59	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		
Clergymen, $ 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 $	374	00
Less $		
Balance $		

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. ____

PAID May 17, 1968 JM 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. 3653 Yearly No. 17 Date of Entry Apr 4 1968

Name of Deceased Infant Tamm (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 5851 Dauphin St. 17 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Jack Metcalfe

Address 5648 Beacon St

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None (Social Security Number)

Employer and Address

Date of Death Apr 4, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 4, 1968 Age 4 hours (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jack Metcalfe

His Birthplace

Maiden Name of Mother Eric Tamm

Her Birthplace

Date of Funeral Apr. 6, 1968 (Date) (Day of Week) (Hour) M.

Services at

Clergyman Protestant (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 Immaturity

Contributory Causes

Certifying Physician J. L. Snee (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Hollywood Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 4 hours		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	$	5 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		
Clergymen, $ 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 Apr. 14, 1968	$	15 00
Less	$	
Balance	$	15 00

PAID

Entered into Ledger, page ____ or below.

PER

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 3654 Yearly No. 18 Date of Entry May 9 1968

Name of Deceased Anna Noonan

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 29 Iowa Street 13

Charge to Mrs Eva Noonan

Address 29 Iowa Street 13

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife 192-01-6077 (Social Security Number)

Employer and Address

Date of Death May 9 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13 1885 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John J Gaynor

His Birthplace

Maiden Name of Mother Ellen Cahlay

Her Birthplace

Date of Funeral May 13, 1968 (Date) (Day of Week) M. (Hour)

Services at St Agnes Church

Clergyman Fr Carmody (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State

Place of Death Montefiore Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Coronary Heart Failure

Contributory Causes Myocardial Infarction Diabetes Mellitus Arteriosclerosis, Senescence

Certifying Physician R Levy (or Coroner)

His Address Montefiore Hospital

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } Calvary Cemetery

Lot No. 316

Grave No. 2

Section No. T

Block No.

Owner Eva Noonan

Misc.

SOONAN

On Thursday May 9, 1968, Anna Gaynor, wife of the late John J. Noonan, mother of Mrs. Harry Feinman, Mrs. Rose Hever, Mrs. Anne Manowitz, Mrs. Eva Raymond, John and the late Gerald Gaynor, also 18 grandchildren and great grandchildren and one great grandchild, sister of Mrs. Margaret Gaynor, Mrs. Agnes Sloan and Mr. Martin Gaynor. Funeral received in the EDWARD C. McAVOY FUNERAL HOME, 700 Forbes Ave. Funeral Monday morning at 9:15, where prayers will be said at 9:30 in St. Agnes Church at 10 a.m. Interment Calvary.

Complete Funeral (except outlays)	$	1448 00
Casket 2 Perforated Bronze		1050 00
Burial Vault or Box (State Kind)		225 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Checky (State Kind and Color)		55 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		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		
Clergymen, $ 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)		48 45
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1494 45
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Misc.

PAID May 12, 1968

PER

Date		Amount Paid	Balance
5/29/68	To Above Balance	737 72	$ 756 73
	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. 3655 Yearly No. 19 Date of Entry May 13 1968

Name of Deceased Jr. M. David (Arthur) Corbett (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Residence 3333 Fifth Ave 13

Charge to Sister of Mary

Address 3333 Fifth Ave

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation Retired 202-40-1110 (Social Security Number)

Employer and Address ____

Date of Death May 13, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13, 1908 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father David Corbett

His Birthplace ____

Maiden Name of Mother Catherine McTighe

Her Birthplace ____

Date of Funeral May 16, 1968 (Date) (Day of Week) (Hour) M.

Services at St Mary's 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 Coronary Occlusion

Contributory Causes A.S.H.D.

Certifying Physician W. G. Snyder (or Coroner)

His Address ____

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory } St Francis Cemetery

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

	$	
Complete Funeral (except outlays)		
Casket X size - Transcontinental Service	375	00
Burial Vault or Box C.B. (State Kind)	76	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 ____		
Clergymen, $ ____ 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 June 6, 1968	$	4.50 00
Total Footing of Bill	$	
Less ____	$	
Balance	$	

Entered into Ledger, page ____ or below. PER JMM

Misc. ____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from maturity at the rate of ____ % per annum.

Signed ____

Witness ____ Address ____

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 3656 Yearly No. 20 Date of Entry May 24 1968

Name of Deceased Amadia Tassi (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☒ Husband ☐ Wife ☐ Widow of Silvio Tassi Age of Husband or Wife (if living) Years

Residence 1001 Dudley Ave 19

Charge to Mrs Silvio Tassi

Address 1001 Dudley Ave

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation Landscaper 210-01-5826 (Social Security Number)

Employer and Address

Date of Death May 24, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 13, 1894 Age 73 - 9 - 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Laura Tassi

His Birthplace Italy

Maiden Name of Mother Ernesta Tarabini

Her Birthplace Italy

Date of Funeral May 28, 1968 (Date) (Day of Week) M. (Hour)

Services at Gaglio 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

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Holy Cross Cemetery, Cleveland Ohio

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1560 00
Casket 1 Bronze		955 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, $		6 00
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		100 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		
10 Certif. Copies of Death (State Number and District) Certificates No.		10 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		90 00
Cremation		
Flowers, $ ✓ Palms, $ Matting, $		100 70
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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		16 90
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1543 60
Less	$	
Balance	$	

HEAVOY FUNERAL HOME
June 17, 1968
PER

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 3657 Yearly No. 21 Date of Entry May 30, 1968

Name of Deceased Daniel B Butler (What Race) N

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 2217 Ronnie Ave 26 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Mr. Damian Butler

Address 2217 Ronnie Ave 26

Order given by (or informant)

How Secured

If Veteran, Name of War

Occupation None None (Social Security Number)

Employer and Address

Date of Death May 30, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 14, 1967 Age 1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Damian Butler

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Bernadette Rizzo

Her Birthplace Pittsburgh Pa.

Date of Funeral June 2, 1968 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Msgr. Brennan (Address)

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 Intestinal Obstruction

Contributory Causes Volvulus

Certifying Physician J. F. Hildebrandt (or Coroner)

His Address West Penn Hospital

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

Misc.

Complete Funeral (except outlays)	$	780 00
Casket Bronze		695 00
Burial Vault or Box Vault (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)		
Certif. Copies 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 Organ		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		
Clergymen, $ 4 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 Notice 2 Papers		13 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	948 00
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

PAID

July 5, 1968

PER

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No.____ Yearly No.____ Date of Entry____ 19____

Name of Deceased____ (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or____ of____ Age of Husband or Wife (if living)____ Years

Residence____

Charge to____

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____ Age____ (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father____

His Birthplace____

Maiden Name of Mother____

Her Birthplace____

Date of Funeral____ (Date) (Day of Week) (Hour) M.

Services at____

Clergyman____ (Address)

Religion of the Deceased____

Birthplace____

Resided in the State____ (or U.S. or City or County) (Years) (Months)

Place of Death____

Cause of Death____

Contributory Causes____

Certifying Physician____ (or Coroner)

His Address____

Motor / Ship Remains to____

Size of Casket____ (State Color and Number)

Manufactured by____

Cemetery / Crematory ____

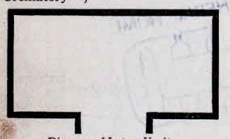


Diagram of Lot or Vault

Lot No.____

Grave No.____

Section No.____

Block No.____

Owner____

Misc.____

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	
Clergymen, $ 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.

Misc.____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $____ Names of Lodges____ Insurance Companies____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to____ (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within____ days from date. Interest to accrue from maturity at the rate of____ % per annum.

Signed____

Witness____

Address____

Revised by W. W. Feineman, Long Beach, California

CONT FROM 71 to 81 BOOK

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RECORD OF FUNERAL

Total No. 305 Yearly No. 2 Date of Entry Jan 10 1981

Name of Deceased FRANCIS F REILLY (REILLY) (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1901 FORBES AVE

Charge to LENA Reilly - MOTHER

Address Same - Ph 281-8635

Order given by Edward RILEY 3074

How Secured WOODRIDGE DR 15227 (phone 885-4516) (or informant)

If Veteran, Name of War NO

Occupation -

Employer and Address - (Social Security Number)

Date of Death Jan 10 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 30 1953 Age 27 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FRANCIS F Reilly Sr.

His Birthplace Pgh

Maiden Name of Mother LENA PIETOSI

Her Birthplace Pgh

Date of Funeral Jan 14 1981 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Fr Cletus

Religion of the Deceased Catholic (Address)

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death At home

Cause of Death Gunshot Wounds - Multiple Body

Contributory Causes -

Certifying Physician Jasper Cooper (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 771 HL (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary Cemetery

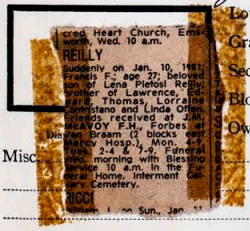
Lot No. 3

Grave No. 4

Section No. 60

Block No. .....

Owner .....



Misc. .....

Complete Funeral (except outlays)	$
Casket 2 PROFESSIONAL Service	1060 00
Burial Vault or Box Vault (State Kind)	260 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 McAVOY FUNERAL HOME	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to 1/24/81	
Removal Charges	
Procuring Burial Permit (Name Number and Street)	
2 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	
Clergymen, $ ..... 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 2 Papers	46 58
(Names of Newspapers)	
DD	
Sales Tax	
Total Footing of Bill	$ 1397 58
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc. CT - BBN

INVOICE 3770 OW

Paid 2/26/80

Date		To Above Balance / By Payment / " "	Amount Paid	Balance
				$
			$	$
			$	$

Date		To Balance Forward / By Payment / " "	Amount Paid	Balance
				$
			$	$
			$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

260

RECORD OF FUNERAL

Total No. 306 Yearly No. 3 Date of Entry Jan 30 1981

Name of Deceased ANNA MANESKAS (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Residence 1716 WATSON ST

Charge to ANASTASIA MONTE (DISTRICT)

Address 4632 MT TROY RD EXT

Order given by PGH 15214 (or informant)

How Secured

If Veteran, Name of War NO

Occupation Domestic 173240390A (Social Security Number)

Employer and Address Unknown

Date of Death Jan 30 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25 1901 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Manshos

His Birthplace "

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral 2/5/81 (Date) (Day of Week) (Hour) M.

Services at Donatelli

Clergyman F.R. Pasul (Address)

Religion of the Deceased Catth

Birthplace Johnstown Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy HOSP

Cause of Death Cerebral Vasc accident

Contributory Causes "

Certifying Physician Mary Pendro M.D. (or Coroner)

His Address

Motor / Ship } Remains to Donatelli

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

Misc.

Complete Funeral (except outlays)	$
Casket Embalming & Prep Service	495
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	18 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	
Clergymen, $ 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 1 Papers	25 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 563 00
Less	$
Balance	$

Entered into Ledger, page ... or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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

1-5-81

RE: ANNA MANESKAS
(DECEASED)

AS PER OUR DISCUSSION

ENCLOSED IS A ~~MONEY~~ CASHIERS
~~ORDER~~ CHECK IN THE AMOUNT
OF $563.00 FOR THE
FOLLOWING:

$495.00 CREMATION
25.00 MEMORIAL MASS (EPIPHANY)
25.00 DEATH NOTICE (NEWSPAPER)
18.00 (6) DEATH CERTS

$563.00

YOU WILL APPLY FOR
THE SOC/SEC DEATH
BENEFIT. WHEN IT IS

H105.143 REV. 3/79

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

Dec 25, 1901

PRIMARY DIST. NO. _____ STATE FILE NO. _____

Type or Print in Permanent Ink

DECEDENT

A. Name of deceased (First) RUDOLPH (Middle) MANES KAS (Last) MANES KAS
Sex 2. F
Date of death (Mo.,Day, Yr.) 3. JAN 30 81

B. Race — (e.g., White, Black, American Indian, etc.) 4. WHITE
Age last birthday 5A. (Yrs.) 79
If under 1 yr. Mos. 5B. Days
If under 1 day Hours 5C. Min.
Date of birth (Mo.,Day, Yr.) 6A. DEC 25 1901
State or foreign country of birth 6B. PA
County of birth 6C. Cambria
City, Boro, or Twp. of birth 6D. Johnstown

C. County of death 7A. Allg
City, Boro, or Twp. of death 7B. Pgh.
Hospital or Institution (If not either, give street address) 7C. MERCY
If hosp. or inst. indicate DOA, OP/ER, or inpatient (specify) 7D.

D. Mailing Address (Street or RFD No.) 8. 1716 WATSON ST. (City or Town) Pgh (State) PA (Zip Code) 15219
Marital Status 9. WIDOW
Surviving Spouse (If wife, give maiden name) 10.

E. Citizen of what country? 11. U.S.A.
Was decedent ever in US Armed Forces? ☐ Yes ☒ No Serial No. 12.
Social Security Number 13. 173240390
Usual Occupation (Kind of work done during most of working life) 14A. DOMESTIC
Kind of business or industry 14B. DUKE UNIV.

F. Where did deceased actually live? 15. a. State _____ b. County _____
Did deceased live in a township? ☐ Yes, deceased lived in _____ township. ☐ No, deceased lived within actual limits of _____ city or boro.

PARENTS

G. Father's name (First) 16. John (Middle) MANES KAS Jnr (Last)
Mother's maiden name (First) 17. ELIZABETH (Middle) Mrs (Last) ~~[illegible]~~

Informant's name (Type or Print) 18A. Anastasia Manetti
Informant's Mailing address (Street or RFD No.) 18B. 4632 MT. ROYAL BLVD. EXT (City or Town) Pgh (State) PA (Zip Code) 15214

DISPOSITION

☐ Burial ☐ Removal ☐ Cremation ☐ Other 19A.
Date of burial, etc. 19B. 2/5/81
Name of cemetery or crematory 19C. F. DANOFELLI
Location (City, boro, twp.) 19D. Pgh (State) Pa
Signature of funeral director and license number 20A. FD-
Name and address of funeral establishment 20B.

Registrar's Signature 21A.
Date received by registrar 21B.

IS THIS CERTIFICATE A RECIPROCAL? ☐ YES ☐ NO

CERTIFIER

To Be Completed By Certifying Physician Only: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. 8 PM
Signature 22A. and title
Date Signed (Mo.,Day, Yr.) 22B.
Hour of Death 22C. _____ A.M. _____ P.M.

To Be Completed By Medical Examiner or Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated.
Signature 23A. and title Mary Parker A.C.
Date Signed (Mo.,Day, Yr.) 23B. Feb 5 - 81
Hour of Death 23C. 8 PM A.M. P.M.

Name and Address of certifier (Physician, Medical Examiner or Coroner) (print or type) 24.
Name of attending physician 25.

1981 12 30
1901 12 25
79 0 05

CAUSE OF DEATH

Conditions If Any Which Gave Rise To Immediate Cause Stating The Underlying Cause Last →

26. Part I — Enter only one cause per line for (A) (B) and (C)
(A) Immediate cause: Cerebral Vasc. Accd. — Interval between onset and death
(B) Due to, or as a consequence of: — Interval between onset and death
(C) Due to, or as a consequence of: — Interval between onset and death

Part II. Other Significant Conditions — Conditions contributing to death but not related to cause given in Part I (a)
Autopsy 27. ☐ Yes ☐ No
Was case referred to Medical Examiner or Coroner? 28. ☐ Yes ☐ No

If Acc., Suicide, Hom., Undet. or Pend. Invest. (specify) 29A. Nat.
Date of injury (Mo., Day, Yr.) 29B.
Hour of Injury 29C. _____ A.M. _____ P.M.
Describe how injury occurred 29D.
Injury at work? 29E. ☐ Yes ☐ No
Place of injury (At home, farm, street, etc.) 29F.
Location (Street or RFD No.) (City, Boro, or Twp.) (State) 29G.

RECORD OF FUNERAL

683486
521-4634

261

Total No. 307 Yearly No. 4 Date of Entry Feb 2/15 1981

Name of Deceased SOPHIE (SOPHIA) GONDA

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence St Joseph's Home for Aged ☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to HELEN JOHNS

Address 1515 Locust

Order given by Helen Johns (or informant)

How Secured

If Veteran, Name of War No

Occupation Housework 194264807 (Social Security Number)

Employer and Address Mercy Hospital

Date of Death Feb 15 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5/12/95 (Mo.) (Day) (Yr.) Age 85 (Yrs.) (Mos.) (Days)

Name of Father And Rice Canada

His Birthplace "

Maiden Name of Mother Unknown

Her Birthplace "

Date of Funeral 2/18/81 (Date) (Day of Week) M. (Hour)

Services at Epiphany (Address)

Clergyman FR.

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death St Jos. Home for aged

Cause of Death Colon Cancer Pulmonary

Contributory Causes Chron. Leuk. dis.

Anemia Emphysema CONG. HT. FAIL.

Certifying Physician Albert J. Zidd M.D. (or Coroner)

His Address 9909 Frankstown Rd

Motor Ship } Remains to

Size of Casket 77"x24" RAR (State Color and Number)

Manufactured by

Cemetery Crematory }



Misc

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) $	
Casket Prepurchased Bronze	1635 00
Burial Vault or Box (State Kind)	280 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Y.L.C. (State Kind and Color)	60 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 21 251 81 (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Registrar'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 Hand Dug	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
14 line Death Notices in 2 Papers ✓	38 36
(Names of Newspapers) HUN TH F 14 17 PM	
Paid	
Sales Tax	
Total Footing of Bill $	2054 36
Less $	
Balance $	

Entered into Ledger, page or below.

Misc LV9-6 REL-P

42323 INVICLETH RAR

Paid 3/15/81

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

262

RECORD OF FUNERAL

Total No. 308 Yearly No. 5 Date of Entry FW 2/20/ 19 81

Name of Deceased FRED A FISHER
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 3206 FIFTH AVE ☐ Husband ☐ Wife ☐ Widow } or ____ of } (What Race)

Charge to MERCEDES FISHER Age of Husband or Wife (if living) ____ Years

Address Above

Order given by Above (or informant)

How Secured 621-5536 - Mrs Fisher

If Veteran, Name of War No

Occupation Ll gradator (Social Security Number)

Employer and Address Self

Date of Death 2/20/81 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5/2/07 (Mo.) (Day) (Yr.) Age 73 (Yrs.) (Mos.) (Days)

Name of Father — SCALISE

His Birthplace ITALY

Maiden Name of Mother OLYMPIA GENILLI

Her Birthplace —

Date of Funeral 2/23/81 (Date) (Day of Week) (Hour) M.

Services at Aragno

Clergyman Fr. Murphy (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Cerebro Myocardial Infarct

Contributory Causes Asthd

Certifying Physician H PABER (or Coroner)

His Address 3500 5th Ave

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Calvary



Lot No.

Grave No.

Section No. 70

Block No.

Owner

Misc. Mon + Vase 22329

Complete Funeral (except outlays)	$
Casket 9 Professional Bronze	2235 00
Burial Vault or Box (State Kind)	280 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Family (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from McAVOY FUNERAL HOME	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit 2/21/81	
3 Certif. Copies of Death Certificates No. BER (State Number and District) (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	
Clergymen, $ 20 Singers, $ Organist, $ 20	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	
14 line Death Notices in 2 Papers (Names of Newspapers) Sun Press Mon Post	68 04
Sales Tax	
Total Footing of Bill	$ 2631 04
Less	$
Balance	$
Entered into Ledger, page or below.	

Misc. # 42778 Paid 3/7/81

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 309 Yearly No. 6 Date of Entry March 28 19 81

Name of Deceased KATHERINE TUMINELLO
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)
or ____ of ____ Age of Husband or Wife (if living) ____ Years

Residence 5628 - 5th Ave Pgh 32

Charge to HARRY Tuminello - Son

Address 5440 - 5th Ave Pgh 15232

Order given by Dame

How Secured Phone (or informant) 687-3866

If Veteran, Name of War NO

Occupation Waitress 210036733 (Social Security Number)

Employer and Address -

Date of Death March 28 - 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 18 - 07 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Peter Bonacci

His Birthplace -

Maiden Name of Mother Mary Clerk

Her Birthplace "

Date of Funeral March 31 - 1981 (Date) 100 (Day of Week) M. (Hour)

Services at St Paul's Monastery (Address)

Clergyman Fr Very Rev Eugene Bonacci

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State 6 (or U.S. or City or County) Pa (Years) (Months)

Place of Death At Home

Cause of Death Ascvd

Contributory Causes "

Certifying Physician D B Ahrens - Coroner (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket 11 70 Silver Vau - RLC (State Color and Number)

Manufactured by Grand

Cemetery Crematory } St Mary's 115th Road -

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Service	1280	00
Burial Vault or ~~Box~~ (State Kind)	280	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress F (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery NO @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from McAVOY FUNERAL HOME		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges 6/7/81		
Procuring Burial Permit (Sub-Number and District)		
5 Certif. Copies of Death Certificates No.	15	00
PER (Staff 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 F.A.M.	-	-
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges NOR MONSEY		
Clergymen, $10 Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers	15	70
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1570	70
Less DUE	$ 150	
Balance	$ 1440	70

Entered into Ledger, page ____ or below.

Misc. INVOICE 46683W P.O. 5/14/81

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/11/81	No Above Balance	403 54	$		To Balance Forward		$
5/21/81	By Payment 35	$ 255	$ 932 16		By Payment	$	$
6/2/81	" "	$ 932 16	$ HOME		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 310 Yearly No. 7 Date of Entry April 8 1981

Name of Deceased Clyde A Frazier
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Yreka - 304 Ward St
☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to ICM & Harold Frazier

Address 744 Princeton Blvd 15221

Order given by Harold (or informant)

How Secured

If Veteran, Name of War 2

Occupation Sea Guard (Social Security Number)

Employer and Address ICM School

Date of Death April 8 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 7-29-1919 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Clyde S.

His Birthplace

Maiden Name of Mother Mabel Kanzelman

Her Birthplace

Date of Funeral 4-15-81 (Date) (Day of Week) (Hour) M.

Services at St Marys

Clergyman (Address)

Religion of the Deceased Cath

Birthplace Oakmont

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death ?

Cause of Death Strangulation Manual

Contributory Causes

Certifying Physician S. H. Edberg (or Coroner)

His Address

Motor / Ship { Remains to S

Size of Casket 771 HL - COPPER V9 (State Color and Number)

Manufactured by RCR

Cemetery / Crematory { Oakmont Cemetery

Lot No. 3
Grave No. 4
Section No. 9E
Block No.
Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket		1150 00
Burial Vault or Box (State Kind)		280 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 @ $		50 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)		Free
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		458 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
McAVOY FUNERAL HOME		
line Death Notices in ____ Papers (Names of Newspapers)		
8/13/81		
Sales Tax		
Total Footing of Bill	$	1963 00
Less PER	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. HV 48475 W PD 5/14/81

Date		To Above Balance	Amount Paid	Balance
5	6 81	ICM School	1163 00	$
7	5 81	By Payment	$ 475 00	$
7	15 81	" "	$ 250 00	$

Date		To Balance Forward	Amount Paid	Balance
8/13	81	25 —		$ None
		By Payment	$	$
		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and 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. 311 Yearly No. 8 Date of Entry MAY 10 19 81

Name of Deceased CATHERINE GLENDON
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 59 VAN BRAAM ST

☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to LOUISE DC PO FC

Address 3 cards

Order given by 3 cards (or informant)

How Secured

If Veteran, Name of War NO

Occupation Ret Telephone OPER

Employer and Address Bell Tel (Social Security Number) 196-30-0605-1A

Date of Death MAY 10 1981

Date of Birth FEB (Mo.) 16 (Day) 03 (Yr.) Age 78 (Hour)

Name of Father WILLIAM THOMPSON (Mos.) (Days)

His Birthplace

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral MAY 13 1981 (Date) (Day of Week) M. (Hour)

Services at EPIPHANY CHURCH

Clergyman FR Cletus (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death Metastatic CA

Contributory Causes

Certifying Physician Sanford H Edelberg (or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to

Size of Casket 1078 HL Manufactured by EIR

Cemetery / Crematory } Lawn Side Cem

Lot No. 209

Grave No. 2

Section No. I

Block No.

Owner

GLENDON (Jenkins)
On May 10, 1981, Catherine; beloved mother of Williams, John Thomas, Robert and Richard Thomas Glendon and Mrs. Abbondanza Cameron. Also survived by 4 daughters-in-law, 4 sisters, Mrs. Louise Mayer and Mrs. Margaret Ernest; 10 grandchildren; 2 great-grandchildren. Received in the Church of the Epiphany, Forbes at Mercy Hosp. Blocks east of Forbes. Friday, beginning 9 a.m. (Funeral) noon to Church of Epiphany, 10 a.m.

ABBONDANZA 1138 HUNSDALE AVE

Complete Funeral (except outlays)	$	
Casket 2 Professional Service	1	1835 00
Burial Vault of ~~Box~~ (State Kind)	1	280 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $ ✓		
Suit or Dress ✓ (State Kind and Color)	1	65 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)		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		
Clergymen, $ 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		
Embalming Notices in Papers (Names of Newspapers)		~~51 68~~
Sales Tax		
Total Footing of Bill	$	2216 00
Less Balance Not PD	$	525 —
Balance ~~Collected~~	$	1691 —

Entered into Ledger, page or below.

Misc (35 pd)
01210N Paid June 26-81
8
Co Mailed 1742

Date		Amount Paid	Balance
5/13 81	To Above Balance	200	$
6/7 81	By Payment	$ 255	$
6/18 81	John Jones	$ 150	$ 1611 00

Date		Amount Paid	Balance
6/15 81	To Balance Forward	150 00	$ 1461 —
6/28 81	By Payment Abbondanza	$ 130 00	$ 1331 —
6/28 81	Amount	$ 805 40	$ 525 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. 312 Yearly No. 9 Date of Entry MAY 18 1981 19

Name of Deceased CATHERINE J PERRONE (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ____ of ____ Age of Husband or Wife (if living) ____ Years

Residence 2413 JANE ST

Charge to KATHLEEN BEATTY

Address 472 EDITH ST 15211

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation NUR. AID 191-40-0595 (Social Security Number)

Employer and Address SOUTH SIDE HOSP

Date of Death MAY 18, 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 7-14-27 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PATRICK O'DONNELL

His Birthplace ____

Maiden Name of Mother CATHERINE FOLAN

Her Birthplace PGH

Date of Funeral MAY 21 - Thursday 10 A.M. (Date) (Day of Week) (Hour)

Services at ST. BRIDGET (Address)

Clergyman FR. Clifton

Religion of the Deceased Catholic

Birthplace PGH

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death At home

Cause of Death Ascvd

Contributory Causes ____

Certifying Physician Edberg (Coroner) (or Coroner)

His Address 542 - 4th Ave

Motor Ship } Remains to ____

Size of Casket 1662 HL GOLDTONE -19 GA Acacia -14095 E99 Silver and Bronze

Manufactured by Jas. Supper

Cemetery / Crematory } Calvary (0235 W Paid 6/28/81)

Diagram of Lot or Vault

Lot No. ____

Grave No. XD

Section No. 20

Block No. ____

Owner ____

Misc. ____

KATHLEEN BEATTY

PHONE ~~[illegible]~~ H81-5818 V

Barbara 361-0963

Complete Funeral (except outlays)	$
Casket $ Inspiration Bronze	2695 00
Burial Vault or Box Liner (State Kind)	320 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $ ✓	15 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 PER (State Number and District)	
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	15 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Firm	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Firm	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
30 line Death Notices in 3 Papers (Names of Newspapers) 2 times 1 Paper	127 80
Sales Tax	
Total Footing of Bill	$ 3202 80
Less 5470 D	$ 166 80
Balance	$ 3140 00

Entered into Ledger, page ____ or below.

MCAVOY FUNERAL HOME

6/6/81

PAID

PER

Misc. L 990 HL 3015 B = 7025PL

35 - OK WHITE PD Paid 6/16/81 5470 D 30

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from maturity at the rate of ____ % per annum.

Signed ____

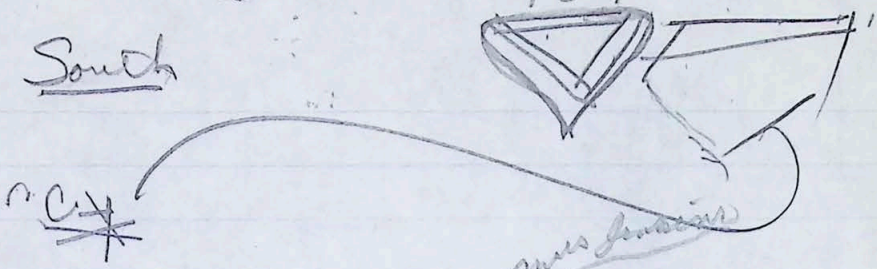
Witness ____ Address ____

Revised by W. W. Feineman, Long Beach, California

Clark Beatty Coroner.

Catch! - Perrault - 481-5671

South



Allerton funeral 343-3063 Death Cert

Rupe Bunting 563-3807

Death Aide Hospital

Catherine O'Donnell Bronnie

Mrs. Fenton Smith Sub Home

10, 807 Copy death Certificates

Felt

FIRST CALL

Date May 18 1981 Time 10:00 A.M./P.M.

Name (In Full) CATHERINE O'DONNELL

Address 2413 Jane St - Pgh Phone

Place of Death

Informant Phone

Physician

Charged To Phone

Address

Clergyman

Church

Cemetery Lot Owner Yes ☐ No ☐

Grave No.

Veteran

Discharge Papers

Organizations

(S Side HOSP) 10,807
Mrs Perko
481-3300

VT 175
(1) 230, 255
MP 255

Closed

Dodi Ent on
30th St.

Mary St
Come up 30th ST
Large Stone Steps

CHECKOFF AS ORDERED OR PROCURED

Clergy		☒
Notices	a.m.	☒
Cemetery	a.m.	☒
Certificate	-	☒
Permit	-	☒
Vault	-	☒
Box		☒
Door Piece		☒
Hearse		☒
Limousines		☒
Notify Insurance Co.		☒
Picture Cards		☒

RECORD OF FUNERAL

Total No. 313 Yearly No. 10 Date of Entry JUNE 12 19 81

Name of Deceased MARGARET I DAVIS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ____ of } (What Race)

Age of Husband or Wife (if living) ____ Years

Residence 1706 TUSTIN ST

Charge to PATRICIA A SPARKS

Address 4046 CALIFORNIA AVE 12

Order given by PH 761 9458 (or informant)

How Secured

If Veteran, Name of War NO

Occupation Asst Buyer

Employer and Address Rosenbaums (Pitt.) (Social Security Number)

Date of Death JUNE 12 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 18 06 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SYDNEY DAVIS

His Birthplace

Maiden Name of Mother NORA LOUGHLEMOUR

Her Birthplace

Date of Funeral June 15-81 (Date) (Day of Week) (Hour) M.

Services at West Newton

Clergyman (Address)

Religion of the Deceased Prot.

Birthplace PA

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death AT Home

Cause of Death 1 A - Uremia

Contributory Causes Toxic Metabolosis

Pleural Effusion Bron. Malig.

Certifying Physician Dave Petrazzello (or Coroner)

His Address Mercy Hosp

Motor Ship } Remains to McCauley F.H.

Size of Casket Wo Newton 1323 (State Color and Number)

Manufactured by

Cemetery Crematory } West Newton Cem

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

McAVOY FUNERAL HOME (Name of Embalmer)

6/20/81

PER M

Complete Funeral (except outlays)	$	1480 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
12 Certif. Copies of Death Certificates No. (State Number and District)		36 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		
Clergymen, $ 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		
24 line Death Notices in 2 Papers (Names of Newspapers)		75 60
Sales Tax (Paid)		
Total Footing of Bill 6/20/81	$	1561 60
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc. HV01 CE 04361

PD July 17-81

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

268

RECORD OF FUNERAL

Total No. 314 Yearly No. 11 Date of Entry July 31 1981

Name of Deceased WILLIAM J MILLER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ____ Age of Husband or Wife (if living) ____ Years

Residence 7 MARION ST.

Charge to GEORGE MILLER (BROTH)

Address 270 N. CRAIG Pgh PA 15213

Order given by Daniel (or informant) (621-2990) call

How Secured "

If Veteran, Name of War No

Occupation CLERK Pgh 171-16-6098 (Social Security Number)

Employer and Address —

Date of Death JULY 31-1981 (Mo.) (Day) (Yr.)

Date of Birth JAN 5-1899 Age 82 (Hour) (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father GEORGE MILLER SR.

His Birthplace —

Maiden Name of Mother JANE LEWIS

Her Birthplace "

Date of Funeral AUG 3 (Date) MONDAY (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Rev HEIDI

Religion of the Deceased PROTESTANT (Address)

Birthplace Pgh

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death PA

Cause of Death Accid

Contributory Causes "

Certifying ~~Physician~~ Dan Ford Edberg (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Zimmerman

1	2	3	4
		0-99	WIFE
MT	MT	1981	1918

Diagram of Lot or Vault

Lot No. 202

Grave No.

Section No. H

Block No.

Owner GEORGE MILLER 270 N CRAIG ST.

Misc.

5 A 8 2872 hr

Complete Funeral (except outlays)	$	
Casket # Professional Remove	1564	00
Burial Vault ~~Outer~~ (State Kind)	280	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit ~~Dress~~ (State Kind and Color)	65	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)	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 215 Pam Glenn		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges Paid Cashier		
Clergymen, $ 25 Singers, $ Organist, $ 80	~~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 Death Notices in 2 Papers	54	15
(Names of Newspapers) NEW PITTSBURGH COURIER		
Sales Tax		
Total Footing of Bill $	1939 1/2	15
Less $		
Balance $	1937	00

Entered into Ledger, page ____ Ref. below.

Misc. SS Not Paid as of 8/18/81

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8/18/81	To Above Balance	1682 00	$ 255 00		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from maturity at the rate of ____% per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 315 Yearly No. 12 Date of Entry Aug 27 1981

Name of Deceased ALFRED H ORNATO ☐Married ☐Single ☐Widowed ☐Divorced 33933678 - Sgt AF (What Race)

Residence 5609 5th Ave Pgh 32 ☐Husband ☐Wife ☐Widow of Age of Husband or Wife (if living) Years

Charge to IVY NURSING HOME

Address 362-3500

Order given by (or informant)

How Secured Claim # 47611 5200

If Veteran, Name of War 33933678 - 55

Occupation IRONWORKER 205-01-0795 (Social Security Number)

Employer and Address Unknown

Date of Death 8/27/81 (Mo.) (Day.) (Yr.) (Hour)

Date of Birth Jan 1 1911 Age 70 (Mo.) (Day.) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LEONARD ORNATO

His Birthplace ITALY

Maiden Name of Mother TERESA VALENTI

Her Birthplace ITALY

Date of Funeral 8/31/1 (Date) (Day of Week) 10:00 A.M. (Hour)

Services at EPIPHANY

Clergyman FLOPELL (Address)

Religion of the Deceased Cath

Birthplace PA

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death IVY NURSING HOME

Cause of Death Cardiac Arrest

Contributory Causes Cardiovascular Accident

Certifying Physician H Slater

His Address 4815 Liberty Ave (City or Town)

Motor / Ship } Remains to

Size of Casket 11 70 SILVER (State Color and Number)

Manufactured by Unknown

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No. 16

Section No.

Block No. 20 Jewel

Owner Ornato

Misc. IN With WIFE VICTORIA

All Vets on 55 FF

Complete Funeral (except outlays)	$
Casket 9 Impressions Bronze Steel 3	2409 50
Burial Vault or Box Concrete Complete (Style, Finish, Cost and Trade Name Kind)	310 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	55 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	53 00
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	1 @
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	370 00
Lining Grave, $ Vic Lowering Device, $	160 00
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Ambulance Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service 1 @ 8	
Line Death Notices in 2 Papers (Names of Newspapers)	57 50
1 Mt Foote Lot	3430 00
Sales Tax Rebate from Company	520 00
Total Footing of Bill $	2910 00
Less $	
Balance $	
Entered into Ledger, page or below.	

Misc. To come in 3 W95 Called Out 1 Call Harold in one week

W5 2910 00 510 Rebate from Harold

Date			Amount Paid	Balance
9/27/81	To Above Balance	W95	2910 00	$
11/5/81	By Payment	Harold	$ 510 00	$ 510 00
			$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Rebate to ORNATO		Paid	$
		$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Fetzmann, Long Beach, California

270 BD

RECORD OF FUNERAL

Total No. 316 Yearly No. 13 Date of Entry SEPT 10 1981

Name of Deceased DA IRENE (ARNOLD) HILL WHITE (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence [redacted]

Charge to

Address

Order given by IOLA DARNELL (or informant)

How Secured 189-12-5763

If Veteran, Name of War NO (McCandless TWP) 37

Occupation BANK TELLER (Social Security Number)

Employer and Address UNION NAT. PGH

Date of Death SEPT 10 81 (Mo.) (Day) (Yr.) (Hour)

Date of Birth DEC 11 24 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ROBERT ARNOLD

His Birthplace PA

Maiden Name of Mother ANNA SUMMERS

Her Birthplace PA

Date of Funeral MON 14 SEPT M. (Date) (Day of Week) (Hour)

Services at CHAPEL M

Clergyman Rev. BLEWETT (Address)

Religion of the Deceased PROTESTANT

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death SHADYSIDE H

Cause of Death Terminal Pneumonia Shock

Contributory Causes Bullous Emphysema

Certifying Physician Carl H Weinberg (or Coroner)

His Address 5532 S Aiken

Motor / Ship } Remains to Summerhill

Size of Casket 426HL WHITE VOGUE (State Color and Number)

Manufactured by AURORA

Cemetery / Crematory } FOREST LAWN & MOENS Potters Tabernacle

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Sent Statement to Attorney Sent Nov 10, 81

Complete Funeral (except outlays)	$	
Casket PR-S		4300 00
Burial Vault or Box PRE NARAGE (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $ NC		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from McAVOY FUNERAL HOME		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Sept 25, 81		64
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit PER (Number and District)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		30 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Forest L.A.		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		29800
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
line Death Notices in Papers		82 00
(Names of Newspapers)		
Sales Tax Paid		
Total Footing of Bill	$	4732 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. James Cunningham Esq
4702 Friendship Bldg
Pgh PA 15219

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 317 Yearly No. 14 Date of Entry Sept 25 19 81

Name of Deceased JOSEPH J RIZZA VAFAE 188 172 140581 (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ____ Age of Husband or Wife (if living) ____ Years

Residence 34 Millenheim ST Pgh 19 Pa

Charge to 471-7265

Address

Order given by Nancy Rizza wife (Informant)

How Secured

If Veteran, Name of War II 33242922

Occupation Steel worker RR 172-14-0581 (Social Security Number)

Employer and Address J&L Steel Co.

Date of Death 9 (Mo.) 25 (Day) 81 (Yr.) (Hour)

Date of Birth 7 (Mo.) 26 (Day) 1919 (Yr.) Age 62 (Yrs.) (Mos.) (Days)

Name of Father RAFFAELE RIZZA

His Birthplace Italy

Maiden Name of Mother Sarah Carnevale

Her Birthplace Italy

Date of Funeral Sept 28-1981 (Date) (Day of Week) (Hour) M.

Services at St Philip Neri (Address)

Clergyman F R Hoppel

Religion of the Deceased Catholic

Birthplace Pgh PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Ulme Aspinwall

Cause of Death Alzheimers disease

Contributory Causes Pneumonia Infection

Certifying Physician Wm J Dugan M.D. (or Coroner)

His Address Ulme Aspinwall

Motor Ship } Remains to

Size of Casket 7 Sealer (State Color and Number)

Manufactured by Aurora

Cemetery Crematory } Calvary

Lot No. 53

Grave No. 12

Section No. 60

Block No.

Owner

Diagram of Lot or Vault

Misc. PRIDE 325 Jones 555 Corning

Complete Funeral (except outlays)	$	
Casket 9 Prospector, Supreme	2780	00
Burial Vault of Box (State Kind)	330	00
Embalming Body (Name of Embalmer)		
Barber, $ ~~5~~ 7 Hair Dressing, $ Lloyd	145	00
Dressing Body, $ Underwear, $ 5		
Suit or Dress 125 (State Kind and Color)		
Slippers, $ 10 Hose, $ 3		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Body to Mon 1, 81		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (Number and District)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	Vet	Free
Pall Bearer Service $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot family 555	-	-
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb family 555	-	-
Lining Grave, $ Lowering Device, $ ~~5~~		
Outlay for Shipping Charges		
Clergymen, $ 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		
19 line Death Notices in 2 Papers 68 57 (Names of Newspapers)	68	00
Sales Tax ~~Paid~~		
Total Footing of Bill 3 WKS $	3553	00
Less $	1	
Balance $		
Entered into Ledger, page or below.		

Misc. Vet 55 not in Aug 11 5181

Calv 880 } send to Gov
mt 2873 } 480

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

272

RECORD OF FUNERAL

Total No. 318 Yearly No. 15 Date of Entry Sept 30 19

Name of Deceased MARY ANN SHARIKO (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of Age of Husband or Wife (if living) Years

Residence 1236 CLAIR HAVEN ST Pgh. 15205 or

Charge to CHARLES VRabel Brother

Address Anna Marie VRabel

Order given by 391-1539 (or informant)

How Secured "

If Veteran, Name of War NO

Occupation CLINIC STENO 172-38-5266 (Social Security Number)

Employer and Address MERCY HOSP

Date of Death 30 SEPT 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 21 1948 Age 33 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHAS. VRABEL

His Birthplace

Maiden Name of Mother ANNA MARIE ODONNELL

Her Birthplace PA

Date of Funeral OCT 3, 1981 (Date) (Day of Week) 10 A.M. (Hour)

Services at TRIBANY

Clergyman F.R. HOPPEL - SAME (Address)

Religion of the Deceased CATH

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP Pgh PA

Cause of Death Laceration Wound of Head

Contributory Causes

Certifying Physician Sanford E. Berg (or Coroner)

His Address 542 - 4th Ave Pgh

Motor Ship } Remains to

Size of Casket

Manufactured by 11 72 (State Color and Number) SILVER VGD.

Cemetery Crematory } St Anns

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1108 00
Casket Professional Service	300 00
Burial Vault or Box TOP LINE (State Kind)	400 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	68 35
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from McAVOY FUNERAL HOME	
Taking Remains to	
Trip to Coroner's Inquest Oct 1 81	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit PER (State Number and District)	
Certif. Copies 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	
Clergymen, $ 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	
lin Death Notices in Papers (Names of Newspapers) Paid 9/23/81	109 —
Sales Tax	
Total Footing of Bill PER	$ 1609 —
Less	$
Balance	$

Entered into Ledger, page or below.

Misc. INV 15616 W PP # 5904

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

753235

RECORD OF FUNERAL PRB CLAIM

Total No. 319 Yearly No. 16 Date of Entry OCT 13 19 81

Name of Deceased JOSEPH STOCKOUTCH

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow or ____ of ____ Age of Husband or Wife (if living) ____ Years

Residence 424 HO Beatty Pgh 6 Pa

Charge to Rose Bastasch

Address Same

Order given by Home (or informant)

How Secured

If Veteran, Name of War HO

Occupation Railroad Planer 715 12 3393 (Social Security Number)

Employer and Address P.R.R.

Date of Death OCT (Mo.) 13 (Day) 1981 (Yr.) (Hour)

Date of Birth OCT (Mo.) 19 (Day) 93 (Yr.) Age 88 (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Unk

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral OCT (Date) 15 (Day of Week) 81 (Hour) M.

Services at McAVOY FUNERAL HOME (Address)

Clergyman Fr Mary 45th St

Religion of the Deceased Catholic

Birthplace Cynch Pa

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 3324 Pennsylvania Ave Lvl 2

Cause of Death Burning home

Contributory Causes CONG Heart failure

Certifying Physician Dunford E Avery (or Coroner)

His Address 4th & Ross

Motor Ship } Remains to

Size of Casket 1170 SLUGR VAN 9 (State Color and Number)

Manufactured by Clarkson

Cemetery Crematory } St Marys

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. Both RR D S on Sec. 35 HO 14 VAN 7

Complete Funeral (except outlays)	$
Casket	1000 00
Burial Vault or Box Liner (State Kind)	280 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	~~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 PER (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	9 00 ✓
Pall Bearer Service, $ ✓ Use of Chapel, $	~~50~~
Gross Total for Sales Tax $	300 00 ✓
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	375 00 ✓
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 (Names of Newspapers) Dates	18 00 ✓
Sales Tax	
Total Footing of Bill	$ ~~2000 00~~
Less PER Balance	$ ~~2000 00~~
Entered into Ledger, page ____ or below.	$ 1987 00

McAVOY FUNERAL HOME 10/15/81

McAVOY FUNERAL HOME 10/15/81 paid

Misc. 1709 3 W VAN VII 5 204

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

274

Check Mr Payton

RECORD OF FUNERAL

Total No. 320 Yearly No. 17 Date of Entry OCT 15 19 81

Name of Deceased ROSE PEZDAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of (What Race)

Age of Husband or Wife (if living) Years

Residence 10 Weiss Way

Charge to Mary Hanny Evans

Address

Order given by "

(or informant)

How Secured "

If Veteran, Name of War NO

Occupation house wife

(Social Security Number)

Employer and Address "

Date of Death Oct 15 1981 7 30 am
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 6/21/10 Age
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father EARL LOVELAND

His Birthplace PA

Maiden Name of Mother Mary Kenny

Her Birthplace PA

Date of Funeral Oct 19 Mon 10 am M.
(Date) (Day of Week) (Hour)

Services at St L. Church

Clergyman —
(Address)

Religion of the Deceased C

Birthplace PA

Resided in the State PA
(or U.S. or City or County) (Years) (Months)

Place of Death South Side Hosp

Cause of Death CA Colon-

Contributory Causes Mets. Peritoneum, CA of Liver

Certifying Physician Nadam MD
(or Coroner)

His Address 1200 Center Ave Beav.

Motor / Ship } Remains to

Size of Casket 1919 HL Gold Stone Pinc 45A

(State Color and Number)

Manufactured by Sidor 432 NL

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. L 304

Grave No. 5

Section No. WHA.

Block No. HUS13

Owner Self

Misc.

Complete Funeral (except outlays)	$ 2472 00
Casket	
Burial Vault or Box L1756 (State Kind)	350 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)	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	
Clergymen, $ 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 Papers (Names of Newspapers)	76 08
Sales Tax	
Total Footing of Bill	$ 2939 08
Less	$ 75 80
Balance	$ 2864 00

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Misc. ~~$5 DR~~ - Visit not in
1725 W 8MV Vill 5904

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and 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. 321 Yearly No. 18 Date of Entry OCT 19 19 81

Name of Deceased RUSSELL J. SESKEY, SR.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 30 GREELEY ST Pgh 3 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mcanaugh Conn

Address Same

Order given by Same (or informant)

How Secured -

If Veteran, Name of War NO

Occupation TRUCK DRIVER 171-36-1736 (Social Security Number)

Employer and Address CITY OF Pgh

Date of Death OCT 18 1981 (Mo.) (Day) (Yr.)

Date of Birth OCT 7 1945 Age 36 (Hour) (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHARLES SESKEY

His Birthplace PA

Maiden Name of Mother ALICE FORMOFF

Her Birthplace PA

Date of Funeral OCT 21 1981 10 A.M. (Date) (Day of Week) (Hour)

Services at ST JOHN EVANGELIST SIDE

Clergyman - (Address) 14TH ST

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death ALLEGHENY GENERAL HOSP

Cause of Death Rheumatic Valvular Heart Disease

Contributory Causes Pulmonary Embolism

Coronary Artery Dis. MILD Dr. McGALY

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 1170 HL SILV VGD. (State Color and Number)

Manufactured by Cullinane

Cemetery / Crematory } Calvary

Lot No. -

Grave No. -

Section No. -

Block No. -

Owner

Diagram of Lot or Vault

McAVOY FUNERAL HOME

11/16/81

PER Jim Ay

Misc.

Complete Funeral (except outlays)	$	
Casket 8 Prospect Deluxe		1000 00
Burial Vault or Box L SSE (State Kind)		260 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ F Underwear, $		
~~Suit Dress~~ EXTRA Holy C (State Kind and Color)		1200
Slippers, $ F Hose, $		
Folding Chairs, $ F Tarpaulin, $		
Candelabrum, $ F Candles, $		
Door Spray, $ F Gloves, $		
Funeral Car, $ F Ambulance, $		
Limousines to Cemetery F @ $		
Extra Limousines F @ $		
Autos to R. R. Station F @ $		
Getting Remains from F		
Taking Remains to F		
Trip to Coroner's Inquest F		
Delivering Box to F		
Deliver Flowers to F		
Removal Charges F		
Procuring Burial Permit F (State Number and District)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		30 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Family		
Cremation		
Flowers, $ ✓ Palms, $ ✓ Matting, $ ✓		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		N C
Clergymen, $ No Singers, $ ✓ Organist, $		
Railroad / or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced 0		
Out of town Funeral Director's Charges		
Personal Service 0		
..... line Death Notices in ..... Papers		Employer Bro
(Names of Newspapers) Not Mt. Lebanon SSS Wilson		
Sales Tax		
Total Footing of Bill	$	1302 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. MV 17912W V-H Sedan

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$ Pd
	By Payment	$	$ 11-16-81
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 322 Yearly No. 19 Date of Entry Nov 3 1981

Name of Deceased JOHN McDONOUGH (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Residence 1905 FORBES AVE

Charge to STEPHEN McDONOUGH

Address 5221 GERTRUDE ST Pgh 15207

Order given by " (or informant)

How Secured "

If Veteran, Name of War WW II

Occupation PLUMBER (Ret.) (Social Security Number)

Employer and Address LOCAL #27

Date of Death NOV 3, 1981 10:30 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 6, 1899 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father COLEMAN McDONOUGH

His Birthplace IRELAND

Maiden Name of Mother McDONOUGH MARY

Her Birthplace IRELAND

Date of Funeral NOV 6, 81 (Date) 10 A (Day of Week) (Hour) M.

Services at McCleary Blessing Chapel

Clergyman Rev. Edwin Hazell (Address)

Religion of the Deceased Catholic

Birthplace Dowland Co. Galway

Resided in the State Yes (or U.S. or City or County) (Years) (Months)

Place of Death Pgh.

Cause of Death Respiratory Cardiac Arrest

Contributory Causes Unk

Certifying Physician DR HEERE (or Coroner)

His Address 640 University DR Pgh PA 15213

Motor / Ship { Remains to Allentown - DR RINALDO

Size of Casket 7' 7" HL (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory { Calvary

Lot No.

Grave No.

Section No. KISINGER

Block No.

Owner

2872 in 12/18/81

VAULT COUNTY in 12/18/81

Complete Funeral (except outlays)	$	
Casket Professional Line (State Kind)		1200 00
Burial Vault or Box		350 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Complete (State Kind and Color)		90 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 Funeral Home to Lem		65 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District) HO 5111		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Family 570		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Family		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		30 00
Railroad / Aeroplane or Motor { Tickets, $ 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 (Names of Newspapers) Wed Nov 4 Post Gaz Nov 5 Press 12/20/81		44 10
Sales Tax		
Total Footing of Bill	$	1776 00
Less	$	1536 10
Balance	$	
Entered into Ledger, page ... or below.		

Misc. Mine - Off (R.L.C.)

Paid 12/20/81 NV 196.16 W -11/30/81

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

Burial of

John McDonough

Date of Death

Nov. 3, 1981

Date of Burial

Nov. 6, 1981

Place of Burial

Calvary Cem. Pgh. Pa.

Addressed to

Statement

of

Professional Service Rendered

Casket and Professional Service	1200.00	
Burial Vault	350.00	
		1550.00
CASH DISBURSEMENTS		
Cemetery Charges	570.00	
Clothing	90.00	
Extra Transportation	65.00	
Death Notices	41.10	
Mass Offering	30.00	
		796.10
TOTAL		$ 2346.10

Joseph M. McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH, PA. 15219
391-0667

RECORD OF FUNERAL

Total No. 323 Yearly No. 20 Date of Entry Nov 11 19 81

Name of Deceased CHARLES E. HALEY (RED) (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1638-5th Ave Lg Hts PA

Charge to MARY Haley (WIFE)

Address Same

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War NO

Occupation TAVERN OWNER 192050636 (Social Security Number)

Employer and Address Self

Date of Death Nov (Mo.) 11 (Day) 1981 (Yr.) 11am (Hour)

Date of Birth 7-25-01 Age (Mo.) (Day) (Yr.) 80 (Yrs.) (Mos.) (Days)

Name of Father Chas Haley

His Birthplace .....

Maiden Name of Mother Zelma Goins

Her Birthplace .....

Date of Funeral Nov 14 - Sat (Date) (Day of Week) 10a (Hour) M.

Services at Epiphany

Clergyman FR Hoppel (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Ivy Nursing Home Pgh.

Cause of Death Progressive Pulmonary

Contributory Causes Pulmonary Emb. Throm.

Cerebral Vasc. INSUFF. Emphysema

Certifying Physician RJ Nigbarowicz MD (or Coroner)

His Address 4815 Liberty Ave

Motor / Ship } Remains to .....

Size of Casket 532 HL Aluminum Copper (State Color and Number)

Manufactured by 2094 ACCO SEAL

Cemetery / Crematory } Calvary

Lot No. 48

Grave No. 748

Section No. 60A

Block No. Living 7

Owner Rose Haley

Mary Ukrainian Church. Parastas Fri, 7 p.m.

HALEY

On Nov. 11, 1981, Charles (Red); beloved husband of Mary Petrakes; father of Carol McFeeley, Nicky, Robert, Ginger, Kathy Sposito, James, John, Mary Carol, Dorothy, Michael & Mark; also three grandsons. Friends received at McAVOY F.H., Forbes at Van Braam (2 blocks east Mercy Hosp.), Thurs. 2-9 & Fri. 2-4 & 7-9. Funeral from the Church of the Epiphany, Sat. 10 A.M. Interment Calvary Cemetery.

Hilliard

Complete Funeral (except outlays)	$
Casket 8 Professional Dove	2050.00
Burial Vault ~~or Box~~ Comp. H/Stone (State Kind)	320.00
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~~ Holy Cards	20.00
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	18.00
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 McAVOY FUNERAL HOME	
Clergymen, $ ..... Singers, $ ..... Organist, $	Family
Railroad / or Motor } Tickets, $ ..... Hearse / plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced Dec 1, 81	
Out of town Funeral Director's Charges	
Personal Service PER Mass Cards FH Book	
18 line Death Notices in 3 Papers 18	77.00
(Names of Newspapers) Paid	
Sales Tax	
Total Footing of Bill	$ 2485.00
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc. INV 20755 N (PRN) PD 12/20/81

W Bentenbaugh Munson

281-D357

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
			$

Insurance $ ..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent

for the payment of aforesaid sum, and I hereby covenant and

maturity at the rate of ..... % per annum.

Witness .....

Revised

Charles Haley, Uptown restaurant owner

Charles E. Haley, 80, owner of Red's Restaurant and Bar in the Uptown section for the past 22 years, died Wednesday in Ivy Nursing Home.

Mr. Haley, who lived at 1638 Fifth Ave., Uptown, is survived by his wife, Mary; five daughters, Carol McFeeley, Katherine Sposito, Ginger Haley, Mary Carol Haley and Dorothy Haley; six sons, Nick, Robert, James, John, Michael and Mark; and three grandsons.

Friends may call from 2 to 4 p.m. and 7 to 9 p.m. today in the Joseph McAvoy Funeral Home, 1700 Forbes Ave., Uptown. A Mass will be said at 10 a.m. tomorrow in the Epiphany Church, 1016 Centre Ave. Burial will be in Calvary Cemetery.

278

RECORD OF FUNERAL

Total No. 323 Yearly No. 21 Date of Entry Nov. 13 1981

Name of Deceased RAYMOND E CASSI

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1812 LOCUST ST Pgh. 15219 ☐Husband ☐Wife ☐Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to Continental Casket

Address Phone 281 6046

Order given by Almore (or informant)

How Secured

If Veteran, Name of War NO

Occupation Truck Driver 166124198 (Social Security Number)

Employer and Address Pittston Trucking Co.

Date of Death NOV 13 (Mo.) 81 (Day) 830PM (Yr.) (Hour)

Date of Birth JAN 13 1918 (Mo.) (Day) (Yr.) Age 63 (Yrs.) (Mos.) (Days)

Name of Father ANGELO CASSI

His Birthplace ITALY

Maiden Name of Mother FLORA HOUSEHOLDER

Her Birthplace —

Date of Funeral NOV 17 (Date) 2nd (Day of Week) Tues. 11 A.M. (Hour)

Services at (Address)

Clergyman

Religion of the Deceased Protestant

Birthplace

Resided in the State

Place of Death Pgh. (or U.S. or City or County) (Years) (Months)

Cause of Death Aquamous Cell Ca.

Contributory Causes —

—

Certifying Physician K. Kune MD (or Coroner)

His Address 1400 Locust St Pgh 15219

Motor / Ship { Remains to —

Size of Casket 107 W BRNZ/COPPER 209A (State Color and Number)

Manufactured by 468 Junction Bellaire Crypt

Cemetery / Crematory { Allegheny Cem (Mausoleum) Tomb Memorials

Misc.

Diagram of Lot or Vault

Grave No.

Section No. 169

Block No. FC-2

Owner

Misc. 20875W Pd Due 20 277

Complete Funeral (except outlays)	$
Casket F	1960 00
Burial Vault or Box Mausoleum (State Kind)	X
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress SHIRT TIE T SHIRT (State Kind and Color)	X 25 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	X
Limousines to Cemetery @ $	X 65 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~~ FLOWERS (LEES)	X 63 60
Removal Charges	
Procuring Burial Permit	
5 Certif. Copies of Death Certificates No. (State Number and District)	X 15 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 Family	— —
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	X 265 00
Railroad or Motor { Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
15 line Death Notices in 2 Papers (Names of Newspapers) Sun 9 Mon 15 9 16 Press	59 00 -6 189
Sales Tax McAVOY FUNERAL HOME	
Total Footing of Bill	$ 2452 60
Less	$
Balance	$

Entered in Ledger, page 1981 or below.

Misc.

PER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 324 Yearly No. 22 Date of Entry NOV 25 19 81

Name of Deceased SUSIE MARINO

☐ Married ☑ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 67 MARION ST Pgh 15219 ☐Husband ☐Wife ☐Widow of { Age of Husband or Wife (if living) Years

Charge to Wm. Armstrong 421-0371

Address 124 MAPLE TERRACE Pgh 11

Order given by Adams (or informant)

How Secured -

If Veteran, Name of War No

Occupation Ret housekeeper 192634484 (Social Security Number)

Employer and Address Mercy Hosp Pgh

Date of Death NOV 25 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/22/92 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANTONIO MARINO

His Birthplace IT.

Maiden Name of Mother MARIE JOSEPHA

Her Birthplace IT.

Date of Funeral NOV 28 81 Sat M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR HOPPEL (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp. Pgh.

Cause of Death CARDIO PULMONARY ARR. MAJOR FUNERAL HOME

Contributory Causes PROB. METASTATIC DISEASE

Certifying Physician RONALD L BOREN, MD

His Address 33 PRIDE ST PGH PA (or Coroner)

Motor / Ship } Remains to PER

Size of Casket 1323 HL GOLDTONE ENN (State Color and Number)

Manufactured by AURORA

Cemetery / Crematory } CALVARY Pgh

Diagram of Lot or Vault

Lot No.

Grave No. XD

Section No. WITH

Block No. SISTON

Owner ANGELINE

Misc. ROBERT E HARPER ESQ
COMMONWEALTH BLDG
(20TH FLOOR) PGH 22
Burial Cuts - Send statement

Complete Funeral (except outlays)	$	
Casket PROFESSIONAL SERV.	1780	00
Burial Vault or Box (State Kind)	320	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $ ✓		
Suit or Dress COMPLETE	65	00
Slippers, $ ✓ Hose, $ ✓ (State Kind and Color)		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines [redacted] @ $	55	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)	12	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Vault, $ of Temporary Vault, $		
Opening of Grave or Tomb 370.00 Amst.		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ 2 @ 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 3 Papers	63	90
Wed Post Trib PR for P 3T. (Names of Newspapers)		
Sales Tax		
Total Footing of Bill D+S.C	$ 2325	90
Less	$ 40	00
Balance	$ 2285	90

Entered into Ledger, page or below.

Misc. BILLED atty Dec. 1-81

INVOICE (223555195) PD Jan 12

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 325 Yearly No. 23 Date of Entry NOV 26 1981

Name of Deceased MADELINE FRAGMONA
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 323 Single ST PHILIPPI
☐ Husband ☐ Wife ☐ Widow } of Age of Husband or Wife (if living) Years

Charge to JOSEPH FRAGMONA

Address Above

Order given by Above (or informant)

How Secured

If Veteran, Name of War

Occupation housewife 206-39-9193 (Social Security Number)

Employer and Address at home

Date of Death NOV 26 81 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 8 1913 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father BURTON COTTRILL

His Birthplace W.V.A.

Maiden Name of Mother EDITH CLARK

Her Birthplace W.V.A.

Date of Funeral NOV 30 81 MON 10 A M. (Date) (Day of Week) (Hour)

Services at St Agnes

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace W.V.A.

Resided in the State

Place of Death at home (or U.S. or City or County) (Years) (Months)

Cause of Death Accord

Contributory Causes

Certifying Physician EDBURG (or Coroner)

His Address Coroners office

Motor / Ship } Remains to

Size of Casket 1919 GOLDTONE 19 Ga. UU1

Manufactured by Accord (State Color and Number) LESS INVOKE

Cemetery / Crematory } CALVARY CEM.

INVOICE
22555447
PD Jan 12-82

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

McADOO FUNERAL HOME

Misc.

PAID Dec 18, 81

PER Jim McAdoo

Complete Funeral (except outlays)	$
Casket Prof Services	2645 00
Burial Vault or Box (State Kind)	380 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress	60 00
Slippers, $ (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	
3 Certif. Copies of Death Certificates No. (State Number and District) (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	
Clergymen, $ 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	75 80
Sat Sun Cross (Names of Newspapers)	
Nov 28 29	
Sales Tax	
Total Footing of Bill	$ 3199 80
Less DISCOUNT 3 DAY PAY	$ 76 00
Balance	$ 3123 00

Entered into Ledger, page or below.

Misc. Misc 270 gross Rec'd
Jan fragmona - 1/2 paid
Check Mail

Date		Amount Paid	Balance
12/12/81	To Above Balance	1000 00	$ 2199 80
12/18/81	By Payment Mutual	667 94	$
12/18/81	By Payment Life Ins	$ 542 35	$ NONE

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

PHONE 341-1863

RECORD OF FUNERAL

Total No. 326 Yearly No. 24 Date of Entry Dec 10 19 81

Name of Deceased KATHERINE ROSS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } (What Race)

Residence 1602 NAPOLEON AVE or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to ELIZ. ROSS

Address Above

Order given by Home (or informant)

How Secured ____

If Veteran, Name of War NO

Occupation WAITRESS

Employer and Address Retired (Social Security Number)

Date of Death Dec. 10 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3 23 16 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH KURCHER

His Birthplace PA

Maiden Name of Mother PAULINE SUZINSKI

Her Birthplace PA

Date of Funeral Dec 12 1981 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman MSGR PAVLOVICH (Address)

Religion of the Deceased CATHOLIC G.K.

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death MYOCARDIAL INFARCTION

Contributory Causes ____

Certifying Physician Sanford Ellenberg (or Coroner)

His Address 542 4th Ave

Motor Ship } Remains to 1AB

Size of Casket 1323 INVOICE 22555 (State Color and Number)

Manufactured by Aurora

Cemetery Crematory } ST John Baptist C/K Cathedral Cem

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

INVOICE 22555 - 19 Paid Jan 12, 82

Complete Funeral (except outlays)	$	
Casket 7' Professional Bronze	1200	00
Burial Vault or Box (State Kind)	320	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	60	00
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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		
Clergymen, $ 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	30	14
(Names of Newspapers) Paid Jan 12 82		
Sales Tax		
Total Footing of Bill $	1666	14
Less $		
Balance $		

Entered into Ledger, page ____ or below.

Misc. Mo. to be for #1865.
#225 Paid Cert #1666 Due to me.
Letter Statement 2/9/82 - cc Kwnm

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from maturity at the rate of ____ % per annum.

Signed ____

Witness ____ Address ____

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 327 Yearly No. 1 Date of Entry Jan 8 1982

Name of Deceased ~~Hoover~~ SAMUEL DOMINIC HOOVER LIPERA

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 224 W 109 SYCAMORE PLACE RA ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to ANTHONY LIPERA

Address above

Order given by above (or informant)

How Secured "

If Veteran, Name of War

Occupation child

Employer and Address (Social Security Number) No

Date of Death No

Date of Birth (Mo.) 7 (Day) 8 (Yr.) 81 Age (Yrs.) (Mos.) 1 (Days) (Hour) 1 HOUR

Name of Father (Mo.) (Day) (Yr.) ANTHONY LIPERA

His Birthplace Italy

Maiden Name of Mother KIMBERLY HOOVER

Her Birthplace PA

Date of Funeral (Date) JAN 11 (Day of Week) 81 (Hour) M.

Services at (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MAGEE WOMENS HOSP (or Coroner)

Cause of Death ASPHYXIA NEONATORUM

Contributory Causes PREMATURITY

Certifying Physician M.T. S. TROTZKY MD

His Address MAGEE WOMENS HOSP PHILA PA

Motor / Ship { Remains to CALVARY

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory {

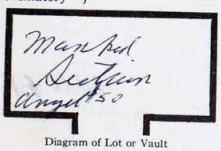


Diagram of Lot or Vault

~~Lot No.~~ BOW 13

Grave No. 13

Section No. 18

Block No.

Owner

Misc. Buried L.P.A. when papers found

Complete Funeral (except outlays)	$
Casket Plain Bronze	90 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	3 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	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	
Clergymen, $ 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) 4/8/82	
Sales Tax PER	
Total Footing of Bill	$ 143
Less	$
Balance	$

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1/8/82	To Above Balance	90 —	$ 50 —		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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

283

Total No. 328 Yearly No. 2 Date of Entry JAN 24 1982

Name of Deceased MARTHA GIANOUTSOS ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ____ (What Race)

Residence 433 LONG ROAD PHILA PA Age of Husband or Wife (if living) ____ Years

Charge to THOMAS GIANOUTSOS

Address Home

Order given by Home (or informant)

How Secured

If Veteran, Name of War

Occupation Home duties (Social Security Number)

Employer and Address None

Date of Death Jan 24 82 11 25 AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 6 1925 Age 57 Yrs. Mos. Days

Name of Father NICHOLAS PAPPAS

His Birthplace GREECE

Maiden Name of Mother MARY KYRIADOU

Her Birthplace Greece

Date of Funeral Jan 28 Thurs 11 A.M. (Date) (Day of Week) (Hour)

Services at St Nicholas G.O. Cathedral

Clergyman (Address)

Religion of the Deceased ORTHODOX

Birthplace PGH

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Philadelphia Hosp. PGH

Cause of Death Renal failure

Contributory Causes Cardiomyopathy

Hypertensive Nephrosclerosis

Certifying Physician DR G A Mulada (or Coroner)

His Address Philadelphia Hosp

Motor / Ship: Remains to

Size of Casket 316 HL 2 CGA MONSEAL Linen Shade (State Color and Number)

Manufactured by ERA

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 7 PROFESSIONAL SERVICE	1875	00
Burial Vault or Box BURIAL VAULT (State Kind)	275	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)	9	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Jarmy		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Jarmy		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service 3 HELPS 2		
line Death Notices in Papers (Names of Newspapers) PER Jarmy	56	68
Sales Tax	$	2210 68
Total Footing of Bill	$	85 68
Less Balance	$	1325 00

McAVOY FUNERAL HOME

Entered into Ledger, page ____ or below.

Misc. CDU was called 2/9/82 - 10 DAYS EXPIRED 2/19/82)
INVOICE # 28877 Pay by 3/6/82
Paid 3/16/82

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	625 00	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Revised by W. W. Feineman, Long Beach, California

AURORA CASKET CO., INC.

Nationwide

AURORA, INDIANA 47001 AREA CODE 812/926-1111

SOLD TO

MC AVOY FUNERAL HOME
1700 FORBES AVENUE
PITTSBURGH PA 15219

(SAME AS SOLD TO UNLESS OTHERWISE INDICATED)

INVOICE NUMBER — DATE

28877 2/04/82

CUSTOMER NUMBER

37 357

SHIP TO

LATE CHARGES ARE CALCULATED AT THE RATE OF 1 PERCENT PER MONTH FROM THE DATE OF MATURITY- OR LESSER AMOUNT PERMITTED BY APPLICABLE STATE LAW.

TERMS: 2% 30 NET 60

PAGE 1

SHIP VIA: DELIVERED

DESCRIPTION	SERIAL NUMBER	QUAN.	PRICE	AMOUNT
316 HL GOLDTONE 409S EGGSHELL BELLAIRE CREPE BELLAIRE BLANKET NO CONTAINER	3908 37	1	299.00	299.00 299.00

TO RECEIVE DISCOUNT OF 5.98 PLEASE PAY 293.02 BY 3/06/82

ASK YOUR AURORA SALES REPRESENTATIVE ABOUT AURORA'S 5% PLUS PROFIT PLANNING PURCHASE PROGRAM.

CUSTOMER INVOICE

IT IS HEREBY CERTIFIED THAT THESE GOODS WERE PRODUCED OR THE SERVICES PERFORMED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 and 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDR SECTION 14, THEREOF.

RECORD OF FUNERAL

Total No. 329 Yearly No. 3 Date of Entry Feb. 13, 1982 19

Name of Deceased ANNA MAE GLENN

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 42 61st ST Pgh. 19 ☐Husband ☐Wife ☐Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to ELIZABETH PATTERSON

Address RD 2 Box 265 NEW BRIGHTON PA

Order given by Church 15066 (or informant)

How Secured ''

If Veteran, Name of War no

Occupation HOUSE WIFE

Employer and Address at home (Social Security Number)

Date of Death FEB 13 1982 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 1 1912 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days) (Hour)

Name of Father JOHN KINDELL

His Birthplace PA

Maiden Name of Mother CECILIA FRIEL

Her Birthplace PA

Date of Funeral 2/16/82 Tuesday 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman (from St. MARY'S) (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or) U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death Accid

Contributory Causes ''

Certifying Physician J PERRI - Coroner

His Address 542 - 4th Ave Pgh 15219

Motor / Ship } Remains to

Size of Casket 1323 GOLDTONE (State Color and Number)

Manufactured by AURORA

Cemetery / Crematory } Calvary Cem

Diagram of Lot or Vault

Lot No. 438
Grave No. 6
Section No. R
Block No.
Owner

Misc.

Complete Funeral (except outlays) $	
Casket 8 Impressed Bronze	1830 00
Burial Vault or Box (State Kind)	310 00
Embalming Body (Name of Embalmer)	
Barber, $ ✓ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress F (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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)	12 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	
Clergymen, $ Singers, $ Organist, $	30 00
Railroad / or Motor } Tickets, $ Auto Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in Papers	90 25
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	2372 25
Less $	
Balance $	

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME PER

2/16/82 paid

Misc. INVOICE 30589N PD 3/16/82

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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. 390 Yearly No. 4 Date of Entry 3/27/ 19 82

Name of Deceased ROBERT ANTHONY JACKSON
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)

Residence 7-3 14TH ST Phila 15203 or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to L. PA

Address SOUTH SIDE DIV.

Order given by Sylvia Jackson (or informant)

How Secured PHONE

If Veteran, Name of War NO

Occupation CHILD (Social Security Number)

Employer and Address NO

Date of Death 2/27/82 (Mo.) (Day) (Yr.) (Hour)

Date of Birth (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace —

Maiden Name of Mother SYLVIA JACKSON

Her Birthplace PA

Date of Funeral 3/3/82 (Date) (Day of Week) (Hour) M.

Services at Calvary

Clergyman Hoppel (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Ag. Home

Cause of Death Cardiac Arrest

Contributory Causes "

Certifying Physician Coroner (or Coroner)

His Address 5H7 47 Bucks

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

Misc.

Complete Funeral (except outlays)	$
Casket P Bronze	200 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	50 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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) Tribune Review Mg 82	
Sales Tax	$
Total Footing of Bill	$ 250 00
Less	$
Balance	$

Entered into Ledger, page or below.

Misc. Sent to A P A April 16

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

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Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 331 Yearly No. 5 Date of Entry 3/23/82 1982

Name of Deceased HARRIET McGIBBNEY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1904 5th Ave Apt 1 ☐ 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 NO

Occupation Domestic 207183354 (Social Security Number)

Employer and Address Unk

Date of Death 3/23/82 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8/28/08 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Unk

Maiden Name of Mother Unk

Her Birthplace PA

Date of Funeral 3/26/82 (Date) (Day of Week) (Hour) M.

Services at "

Clergyman " (Address)

Religion of the Deceased Cath

Birthplace

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician Kruger Coroner (or Coroner)

His Address 542 4th Ave

Motor / Ship { Remains to

Size of Casket

Manufactured by 10 23 (State Color and Number)

Cemetery / Crematory {

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket		220 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		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		100 00
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ Temporary Vault, $		
Opening Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad / or Motor { Tickets, $ Auto 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) ex Mrs Vaughn Asburn Jr's is for Mr. McGIBBNEY Ob. Bulletin 11-82 - 50		
Sales Tax		
Total Footing of Bill	$	320 00
Less By S.P.A.	$	20 00
Balance	$	300 00

Entered into Ledger, page or below.

Misc. Mausoleum 237583

Vaughn 10207561

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 332 Yearly No. 6 Date of Entry 4-7 1982

Name of Deceased Paul C Holzer

☐ Married ☒ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ____ of } (What Race)

Residence 3501 Bird of Allen

Age of Husband or Wife (if living) ____ Years

Charge to PPA

Address

Order given by (or informant)

How Secured

If Veteran, Name of War 720

Occupation (Social Security Number)

Employer and Address

Date of Death 4 (Mo.) 3 (Day) 82 (Yr.) 2:30AM (Hour)

Date of Birth 4 (Mo.) 24 (Day) 12 (Yr.) Age 70 (Yrs.) (Mos.) (Days)

Name of Father unknown

His Birthplace Pgh

Maiden Name of Mother unknown

Her Birthplace

Date of Funeral 4-7-82 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Presbyterian Hospital

Cause of Death Exsanguination - gastric trauma

Contributory Causes with poss. perf

Certifying Physician Aaron Martin (or Coroner)

His Address

Motor Ship } Remains to Rosedale Crematory

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

Misc.

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	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
McAVOY FUNERAL HOME	
line Death Notices in Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 350 00
Less PER	$
Balance	$

Entered into Ledger, page or below.

Misc. Honors 238869

Vaughn 1020563

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

288

collected 81 + 82

RECORD OF FUNERAL

Total No. 333 Yearly No. 7 Date of Entry APRIL 25 1982

Name of Deceased JOSEPH V STRACUZZA (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 242 FOSTER ST

Charge to MARTHA STRACUZZA

Address Phone 642-7674

Order given by 110 BELTZ HOOVER AVE (or informant)

How Secured Pgh PA 15210

If Veteran, Name of War NO

Occupation Barber 176095357 (Social Security Number)

Employer and Address Self

Date of Death April 25-82 (Mo.) (Day) (Yr.) 3 am (Hour)

Date of Birth 10 19 07 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANTHONY STRACUZZA

His Birthplace ITALY

Maiden Name of Mother ANGELINA CATTO

Her Birthplace ITALY

Date of Funeral 4/28/82 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman Happel (Address)

Religion of the Deceased Catholic

Birthplace NEW KENSINGTON

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death SHADYSIDE H.O.S.P.

Cause of Death ABDOMINAL CARCINOMATOSIS

Contributory Causes Bowel Obstruction

Certifying Physician John A Finnerty M.D. (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket 1170 HL COPPERTONE (State Color and Number)

Manufactured by RIS

Cemetery Crematory } Calvary

Patent Due Applied
25 26 27

Diagram of Lot or Vault

Lot No. 72

Grave No. 26

Section No. MA

Block No.

Owner

Misc. Paid 6/3 Paid 6/4 6/30 3/96 Paid

Complete Funeral (except outlays)	$
Casket Professional Services	900 00
Burial Vault or Box No. CAPSG (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. 3 (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	
Clergymen, $ 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	
17 line Death Notices in 2 Papers (Names of Newspapers)	64 00
Sales Tax	
Total Footing of Bill	$ 1000 00
Less	$ 546 00
Balance	$ 454 00
Entered into Ledger, page or below.	

Misc. HV 38476 W - #6175

May 11-'62 csm

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/28 82	To Above Balance	546 00	$ 454 00	10/64	To Balance Forward	55 —	$ 83
5/25 82	By Payment	$ 50 —	$ 404 00	5x64	By Payment	$ 50	$ 83
6/20 82	" "	$ 50 —	$ 354 00	OCT	" "	$ 50	$ 75 00

Insurance $ Names of Lodges 3 Fleet Insurance Companies 50 75 83

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of 1.75 % per annum. Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 334 Yearly No. 8 Date of Entry APRIL 26 1982

Name of Deceased LEROY BLAKE JR (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ____ of ____ Age of Husband or Wife (if living) ____ Years

Residence 133 SOUTH 25th ST PGH 15203

Charge to Dolores Ivanto

Address 2812 Forbes Ave PGH PA 15219

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War NO 20454 4105

Occupation NONE (Social Security Number)

Employer and Address UNEMPLOYED

Date of Death APRIL (Mo.) 26 (Day) 1982 (Yr.) FOUND 1:10 PM (Hour)

Date of Birth JULY (Mo.) 15 (Day) 1960 (Yr.) Age 21 (Yrs.) (Mos.) (Days)

Name of Father LeRoy Blake

His Birthplace W VA

Maiden Name of Mother ALICE CLONAN

Her Birthplace PA

Date of Funeral 4/29/82 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR HARPOL (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death STOWE TWP OHIO RIVER

Cause of Death FRACTURE Water Drowning

Contributory Causes JUMPED INTO RIVER OFF BRIDGE

Certifying Physician JOSHUA A. PERPER M.D. (or Coroner)

His Address 542 HAMAC PGH PA 15219

Motor Ship { Remains to 2-28

Size of Casket 614 HL - SPARKMAN BRONZE-ETC (State Color and Number)

Manufactured by ____

Cemetery Crematory { ____

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Misc. ____

3898 Invoice

PD 6/28/82

Complete Funeral (except outlays)	$	
Casket F Progressional Bronze		1675 00
Burial Vault or Box (State Kind)		280 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)		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 MOPEC		
Clergymen, $ ____ 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		47 00
(Names of Newspapers) 2 Times Sept 26 18		
____		
Sales Tax		2023 00
Total Footing of Bill	$	2023 00
Less 0.15	$	50 00
Balance	$	1973 00
Entered into Ledger, page ____ or below.		

McAVOY FUNERAL HOME

PER JM by

Misc. ____

Paid Receipt 4/26/82 SMH acct 2023 50 1973

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$

Date		Amount Paid	Balance
2 6	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 2.88 % per annum.

Signed ____

Witness ____ Address ____

Revised by W. W. Feineman, Long Beach, California

290

RECORD OF FUNERAL

Total No. 335 Yearly No. 9 Date of Entry May 4 1982

Name of Deceased CATHERINE BAKER

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5884 DARLINGTON Apt 7 ☐ Husband ☐ Wife ☐ Widow of Age of Husband or Wife (if living) Years

Charge to EDWARD BAKER

Address SAME

Order given by " (or informant)

How Secured "

If Veteran, Name of War "

Occupation Cook (Retired) 184142148 (Social Security Number)

Employer and Address HOFBRAU

Date of Death MAY 4 1982

Date of Birth 9-30-1890 Age 91 (Mo.) (Day) (Yr.) (Hour)

Name of Father OWEN FINNEGAN (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

His Birthplace IRELAND

Maiden Name of Mother ELLEN TRAINOR

Her Birthplace IRELAND

Date of Funeral MAY 7 1982 (Date) (Day of Week) 11A M. (Hour)

Services at St Agnes

Clergyman FR. RONAN (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL

Cause of Death GANGRENE Right Leg

Contributory Causes STATUS POST AMPUTATION

Certifying Physician FRANCIS PEARL (or Coroner)

His Address 1501 LOCUST

Motor Ship { Remains to 3.09

Size of Casket 3/4 LENGTH GOLDLINE PNA (State Color and Number)

Manufactured by HOPKINS & SHAW Baltimore Engr.

Cemetery Crematory { Calvary

Diagram of Lot or Vault

EMPTY | EMPTY

LULA 1976 | CATHERINE

Lot No. 103

Grave No.

Section No. 60

Block No.

Owner

Misc.

356144W

Jones PD 4/28/82

Complete Funeral (except outlays) $	
Casket 7 Imperial Bronze	2095 00
Burial Vault or Box (State Kind)	380 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
~~Suit or~~ Dress Gil Complete (State Kind and Color)	65 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)	18 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 Family	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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 2 Papers (Names of Newspapers)	60 48
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill 5/10/82	$ 2695 48
Less	$
Balance	$ 2642 48

Entered into Perpetual page 62 or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 30% per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 336 Yearly No. 10 Date of Entry June 9 1982

Name of Deceased WILLIAM A SCHEIBLE (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 25 D - DENVER DRIVE

Charge to RAYMOND SCHEIBLE

Address 42 GREEN GLEN DRIVE 63127

Order given by (or informant)

How Secured

If Veteran, Name of War NO

Occupation WAREHOUSEMAN 192-03-6384 (Social Security Number)

Employer and Address ST. VINCENT DEPAUL

Date of Death June 9 - 1982 (Mo.) (Day.) (Yr.) (Hour)

Date of Birth Aug 25 - 1902 Age 79 (Mo.) (Day.) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JACOB SCHEIBLE

His Birthplace GERMANY

Maiden Name of Mother EMMA MANNING

Her Birthplace

Date of Funeral June 12-82 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman F. H. HOPPEL (Address)

Religion of the Deceased CATHOLIC

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death At home

Cause of Death Arrest

Contributory Causes

Certifying Physician James Berger (or Coroner)

His Address 543 - 4th Ave.

Motor / Ship } Remains to Calvary

Size of Casket 1323 GOLDTONE (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 26

Grave No. 7

Section No. MA

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 9 1/2 Husband Bronze	1700	00
Burial Vault or Box (State Kind)	280	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)	12	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		
Clergymen, $ 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		
15 line Death Notices in 2 Papers (Names of Newspapers)	30	40
CALVARY FUNERAL HOME		
Sales Tax	$ 2072	40
Total Footing of Bill	$ 2072	40
Less 1 June 2282 Balance D.D.	$ 1650	00

Entered into Ledger, page or below.

P.F.R.

Misc.

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. 337 Yearly No. 11 Date of Entry June 24 1982

Name of Deceased George A. SCHILLER

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow of } Age of Husband or Wife (if living) Years

Residence 45 MILTON BERGER

Charge to JOHN MERRY MAN

Address 4482 ALLENWOOD SE

Order given by WARREN OHIO 44484 (or informant)

How Secured —

If Veteran, Name of War NO

Occupation PIPE MILLWORK (Social Security Number)

Employer and Address —

Date of Death June 24 - 1982 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/20/98 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father GEORGE SCHILLER

His Birthplace

Maiden Name of Mother BARBARA LEIDEMANN

Her Birthplace —

Date of Funeral June 28 82 MON 11 A. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman F. A. HOPAL (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Carcinomatosis

Contributory Causes

Certifying ~~Physician~~ JOSHUA LEDERER M.D. (or Coroner)

His Address 5412 - 4th Ave.

Motor / Ship } Remains to N. SIDE CATHOLIC CEM.

Size of Casket 135½ F. TOP SHIPPER 1499 (Style Color and Number)

Manufactured by SPANTON

Cemetery / Crematory } N. SIDE CATHOLIC

Diagram of Lot or Vault

Lot No. 115

Grave No.

Section No. E

Block No.

Owner

Misc. DEC McDONLEY - E 47 R 30 WENT WORTH AVE PGH PA 15229 931 6166

Complete Funeral (except outlays)	$	
Casket C Professional Service		515 00
Burial Vault or Box (State Kind)		280 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		390 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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 1 Papers PP (Names of Newspapers)		13 44 ~~13 44~~
Sales Tax		
Total Footing of Bill	$	~~1213 44~~
Less	$	
Balance	$	1213 44

Entered into Ledger, page or below.

Misc. COLLECTED 500 82
COLLECTED 713 83

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/2/83	To Above Balance	500 00	$ 713 44		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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

293

Total No. 388 Yearly No. 12 Date of Entry July 23 1982

Name of Deceased EUGENE E. FREY

☑ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } (What Race)

Residence 209 VAN BRAAM ST. or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to ANNA RITZ FREY

Address "

Order given by " (or informant)

How Secured

If Veteran, Name of War WW II

Occupation INSPECTOR

Employer and Address Retired (Social Security Number)

Date of Death JULY 23 82 (10 37 am DST)
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 12/01/10 Age 71
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WM. M. FREY

His Birthplace PA

Maiden Name of Mother JOAN RICHARDS

Her Birthplace PA

Date of Funeral 07/27/82 MON 10 30 A.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Von Horn Missionary All. (Address)

Religion of the Deceased Prot

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Cardio Respiratory Coma

Contributory Causes Anoxia

Emphysema Arteriosclerosis

Certifying Physician K. Ramsden M.D. (or Coroner)

His Address Mercy Hosp.

Motor Ship { Remains to ANVIL Cem

Size of Casket Wilk Deepbury Pa

Manufactured by 577 HL (State Color and Number) Copper Bronze

Cemetery Crematory { Magnolia Park Ind. 429 HL

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

INVOICE 48370 W

Complete Funeral (except outlays)	$	
Casket & Professional Service	✓	2795 00
Burial Vault or Box (State Kind)	✓	465 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~~ Mileage	✓	82 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)	✓	3 00
Pall Bearer Service, $ Use of Chapel, $		20 00
Gross Total for Sales Tax	$	3380 00
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb ~~Vault~~ Mausoleum		250 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ 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 2 Papers	✓	71 84
(Names of Newspapers) Bay Area Dem. Pt.		
Paid by Check		
Sales Tax 6 1/2	$	340 84
Total Footing of Bill	$	3380 84
Less ~~Balance~~	$	3380 84
Entered into Ledger, page or below.		3410 94

Misc.

1151 11.5

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

294

RECORD OF FUNERAL

Total No. 339 Yearly No. 13 Date of Entry July 29 1982

Name of Deceased OLIVER RIESMEYER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of Age of Husband or Wife (if living) Years

Residence 6348 AURELIA ST 33

Charge to BUDDY KLEMP

Address 2211 5th Ave Pgh 19

Order given by Above (or informant)

How Secured

If Veteran, Name of War NO

Occupation STOCK CLERK (Social Security Number)

Employer and Address DELL MFG. 281 1194

Date of Death July 29 82 (Mo) (Day) (Yr.) (Hour)

Date of Birth Dec 22 Age 59 (Mos) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father OLIVER RIESMEYER

His Birthplace PA

Maiden Name of Mother ALICE O'KEEFE

Her Birthplace PA.

Date of Funeral Aug. 2 - 82 (Date) (Day of Week) (Hour) M.

Services at McAvoy Chapel

Clergyman Edmund Happell (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Above

Cause of Death Metastatic Ca Lung

Contributory Causes Chronic Obstructive Pulmonary Disease

Certifying Physician Walter M. Redfern (or Coroner)

His Address 3471 5th Ave

Motor Ship } Remains to —

Size of Casket 1170 Copestone (State Color and Number)

Manufactured by Aurora

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 19

Grave No. 2

Section No. 40

Block No. 13

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 4 PROFESSIONAL 50AV	1550 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)	
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	15 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	
Clergymen, $ 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 Notice in Papers (Names of Newspapers)	79 80
Sales Tax	
Total Footing of Bill	$ 1669 80
Less	$
Balance	$

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Misc. F.U. BUDDY KLEMP 6215 - 5th Ave

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

THE MONTEFIORE HOSPITAL
FIFTH AVENUE AT DARRAGH
PHONE: 683-1100
PITTSBURGH, PENNSYLVANIA 15213

1-17-83

J.M. McAvoy Funeral Home
Forbes at Van Braan
Pgh., Pa. 15213

Dear Gentlemen:

May we have the following data on the patient?

RIESMEYER, Oliver
6348 Aurelia St.
Pgh., Pa. 15206
D.O.B 08-22-29

CAUSE OF DEATH: Infiltrating ca of lung
PLACE OF DEATH: July 29-1983
DATE OF DEATH: ✓
AUTOPSY: No ?
DOCTOR'S NAME AND ADDRESS: D R Rudstein
3471 5th Ave
Pgh PA 15213

Thank you,
Sandy Niedzielski
Sandy Niedzielski
Tumor Registrar

RECORD OF FUNERAL

Total No. 340 Yearly No. 14 Date of Entry 9-6- 1982

Name of Deceased MAY N. FREDERICK

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 194 WATSON ST LOYPA ☐ Husband ☐ Wife ☒ Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Michele Station

Address 711 Easter Tarentum PA 15084

Order given by Above (or informant)

How Secured

If Veteran, Name of War —

Occupation Domestic (Social Security Number)

Employer and Address None

Date of Death 9-6-82 (Mo.) (Day) (Yr.) (Hour)

Date of Birth (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father Wm. J FREDERICK

His Birthplace PA

Maiden Name of Mother MAY STANLEY

Her Birthplace PA

Date of Funeral 9-9-82 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Hoppel (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death Cardio Pulmonary

Contributory Causes Anoxia Diabetes Mellitus

Certifying Physician R. Christian (or Coroner)

His Address 401 S LIBERTY PORT PA

Motor Ship } Remains to Dunatelle Monument

Size of Casket Cloth Cast Top (State Color and Number)

Manufactured by

Cemetery Crematory } Dunatelle

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 645 00
Casket J Simmons	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, $	75 00
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
Newspaper Notices in Papers	19 50
(Names of Newspapers)	
Sales Tax	$ 725 00
Total Footing of Bills	$
Less PER Balance	$
Entered into Ledger, page or below.	

McCANN FUNERAL HOME

Misc. 45 44 89

Date		Amount Paid	Balance
9/9 82	To Above Balance	400 00	$ 325 00
9/25 82	By Payment	$ 200 00	$ 125 00
11/1 82	" "	$ 125 00	$ —

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Revised by W. W. Feineman, Long Beach, California

H105.102 REV. 11-81

PENNSYLVANIA DEPARTMENT OF HEALTH
VITAL RECORDS

If Veteran (✓) See Other Side ☐

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

PLEASE PRINT OR TYPE To avoid delay please complete all items.

INDICATE NUMBER OF COPIES — BIRTH $4.00 ☐ — DEATH $3.00 /

DO NOT WRITE IN THIS SPACE

Date of Birth/ Or Date of Death	Place of Birth Or Place of Death	County	Twp. or Borough	
9/6/82		Allegheny		

Name at Birth Or Name at Death: Mary M FREDERICK — SEX — File No. — Index By | Search By

Father's Name: First — Middle — Last — Certified No.

Mother's Maiden Name: First — Middle — Last — Refund Ck. No.

Hospital — Funeral Director: J McCavoy — Date – Amount

Reason for Request (Check One): ☐ School ☐ Marriage ☐ Passport ☒ Other (Specify) LHS

How Are You Related to This Person? FUNERAL DIRECTOR

Postage: $

Applicant's Signature: Joseph M McCavoy

Applicant's Address: No. 1700 Street FORBES AVE; City PGH; State PA; Zip Code 15219

Applicant's Phone No.: Area Code 391- Number 0667

Prices for Certified Copies Are: Births: $4.00 each – Deaths: $3.00 each

PLEASE DO NOT SEND CASH.

Check or Money Order should be made payable to VITAL RECORDS

Please enclose self-addressed stamped envelope for return of copies.

Records available are from 1906 to the present

☐ Prev. Amend. ☐ Adopt ☐ Affidavit ☐ Usage ☐ Court Order ☐ Issue Affidavit

---

DO NOT REMOVE THIS STUB

If birth or death occurred in: **Mail application to:**

1) **Philadelphia** – **Division of Vital Records, 402 City Hall Annex, Philadelphia, Pa. 19107**
2) **Pittsburgh** – **Division of Vital Records, Room 512, 300 Liberty Ave., Pittsburgh, Pa. 15222**
3) **Erie** – **Division of Vital Records, 3832 Liberty St., Erie, Pa. 16509**
4) **Scranton** – **Division of Vital Records, 100 Lackawanna Ave., Scranton, Pa. 18503**

Print or type your name and address in the space below.

Name: J M McAVOY F.H.
Street: 1700 FORBES AVE
City, State, Zip Code: PGH PA 15219

FOR ALL OTHER AREAS
MAIL COMPLETED APPLICATION TO:
Pennsylvania Department of Health
Division of Vital Records
P.O. Box 1528
New Castle, Pa. 16103
or visit our public offices at
101 South Mercer Street, New Castle or
Room 129, Health & Welfare Bldg., Harrisburg

REQUIREMENTS FOR FREE COPIES

1. Free copies will be issued only for veterans, veterans' spouses, and their dependents (Wallet cards are not free.)
2. Rank, organization, serial number, and mailing address of veteran or his dependent must be supplied.
3. Free copies will be mailed only to the address of veteran or dependent.

THIS PORTION TO BE COMPLETED BY VETERAN OR VETERAN'S DEPENDENT ONLY

Veteran's Name _____

Serial Number _____

Rank and Organization _____

Signature of Veteran or Dependent _____

Relationship of Dependent _____

Mailing Address of Veteran or Dependent _____

_____

296

RECORD OF FUNERAL

Total No. 341 Yearly No. 15 Date of Entry 10/26/82 19

Name of Deceased IOLA M DARNELL (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 110 West INGOMAR Road

Charge to Pgh Pa 15237

Address abuse

Order given by ROBERT ARNOLD (or informant)

How Secured ✓

If Veteran, Name of War ✓

Occupation HOUSE DUTIES 207184502 (Social Security Number)

Employer and Address self

Date of Death 10/26/82 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 11-23-19 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HUGH C LEHNERR

His Birthplace —

Maiden Name of Mother ANNA SOMMERS

Her Birthplace —

Date of Funeral 10/28/82 (Date) (Day of Week) (Hour) M.

Services at Jenkins Home (Address)

Clergyman —

Religion of the Deceased Protestant

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death SHADYSIDE HOSPITAL

Cause of Death Primary Bowel / Stomach W Contention

Contributory Causes Severe Cerebral Myocardial Infarction

Certifying Physician LUNQUIST (or Coroner)

His Address James O'Toole

Motor / Ship } Remains to

Size of Casket INVOICE 09174W 39"L (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Service		2445 00
Burial Vault or Box Cem. (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		65 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		
4 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		12 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Allen		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $ Ind		25 00
Railroad / or Motor { Tickets, $ Plane Tickets, $ McGAVOY FUNERAL HOME		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in P.G. Papers		58 68
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill Paid NOV 3 '82	$	
Less	$	
Balance	$	2605 68 25
Entered into Ledger, page or below.		

Misc. DISC. — 2580 68

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 342 Yearly No. 16 Date of Entry Nov 4 1982

Name of Deceased ALICE BLAKELEY

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)

Residence 36 MILLERSBURG Pa 19 or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to John Blakeley

Address 2009 Emerson St Pgh 15206

Order given by Phone 381 3077 (or informant)

How Secured 10/30/1896

If Veteran, Name of War ____

Occupation Nurse Retired (Social Security Number)

Employer and Address ''

Date of Death Nov 4 1982 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10-30 1896 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jerome Parmagiani

His Birthplace ____

Maiden Name of Mother Marcia Vinnie

Her Birthplace ''

Date of Funeral Nov 6 82 (Date) (Day of Week) (Hour) M.

Services at Epiphany (Address)

Clergyman ''

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital 16 h

Cause of Death Arrd

Contributory Causes Acute Myocardial Infarction

Certifying Physician Ray LANDFAIR (or Coroner)

His Address ''

Motor Ship { Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by ____

Cemetery Crematory { 1170 Hl Side Vg

Diagram of Lot or Vault

Lot No. 12

Grave No. 5 X

Section No. 40

Block No. 10

Owner ____

Misc. ____

Complete Funeral (except outlays)	$	
Casket Professional Service		1495 00
Burial Vault or Box (State Kind)		370 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress (State Kind and Color)		65 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)		12 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 ____		
Clergymen, $ ____ 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 ____		
____ line Death Notices in ____ Papers (Names of Newspapers)		33 33
Sales Tax	$	
Total Footing of Bill	$	1905 33
Less ____ Balance	$	
Entered into Ledger, page ____ or below.		

McAVOY FUNERAL HOME

Paid 12/3/82

PER J M M

Misc. ____

Date		Amount Paid	Balance
11/7 82	To Above Balance	1002 77	$ 903 —
12/3 82	By Payment	$ 903 —	$ None
	" "	$	$

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

298

Pond 83

RECORD OF FUNERAL

Total No. 342 Yearly No. 17 Date of Entry Nov 12 92 19

Name of Deceased MILDRED CLAYDON (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Residence 1713 FORBES AVE Pgh 19

Charge to FRANK DASCOLA

Address 117 VAN BRAAM 261 6441

Order given by ____ (or informant)

How Secured ____

If Veteran, Name of War ____

Occupation CUSTODIAN 173162515 (Social Security Number)

Employer and Address CITY OF Pgh

Date of Death NOV (Mo.) 12 (Day) 1992 (Yr.) (Hour)

Date of Birth 7-9-1912 (Mo.) (Day) (Yr.) Age (Yrs.) 70 (Mos.) (Days)

Name of Father WILLIAM FLOWERS

His Birthplace —

Maiden Name of Mother EMMA —

Her Birthplace PA

Date of Funeral NOV 15 (Date) 92 (Day of Week) 10 AM (Hour)

Services at EPIPHANY

Clergyman FR HOPPEL (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MAGEE WOMANS HEALTH CEN

Cause of Death CA LUNG

Contributory Causes METASTASIS GEN

Certifying Physician MARTIN H WALPASH III (or Coroner)

His Address Jenkins Arcade Pgh Pa

Motor Ship } Remains to ____

Size of Casket ____ (State Color and Number)

Manufactured by Aurora

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 31

Grave No. 11

Section No. 80

Block No: ____

Owner ____

Misc. ____

Complete Funeral (except outlays)	$
Casket Temporary Grave	1500 00
Burial Vault or Box Sealed (State Kind)	380 00
Embalming Body (Name of Embalmer)	
Barber, $ ____ Hair Dressing, $ ____	
Dressing Body, $ ____ Underwear, $ ____	60 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)	
10 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)	30 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 ____	
Clergymen, $ ____ Singers, $ ____ Organist, $ ____	25 00
Railroad or Motor Tickets, $ ____ Aeroplane Service, $ ____	
Telegr., Phone, Cable or Radio Charges ____	
Cash Advanced ____	
Out of town Funeral Director's Charges ____	
Personal Service ____	
line Death Notices in ____ Papers (Names of Newspapers)	47 88
Sales Tax	
Total Footing of Bill	$
Less	$ 2742 88
Balance	$

Entered into Ledger, page ____ or below.

MAGEE MEMORIAL HOME

PER ____

Misc. ____

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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

Paid 83

RECORD OF FUNERAL

299

Total No. 3413 Yearly No. 1 Date of Entry JAN 18 1983

Name of Deceased EMMA M WHALEN
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)

Residence 132 Meadow St Pgh 15214 or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to ANNA MAE HILLEBRECHT

Address 643 ELM BANK ST Pgh 15226

Order given by 563-0963 (or informant)

How Secured

If Veteran, Name of War —

Occupation housewife (Social Security Number)

Employer and Address NONE

Date of Death Jan 18 (Mo.) 83 (Day) (Yr.) (Hour)

Date of Birth 11-9- 89 (Mo.) (Day) (Yr.) Age 93 (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace —

Maiden Name of Mother Unk

Her Birthplace —

Date of Funeral FRI (Date) Jan 21 (Day of Week) 1983 10 (Hour) M.

Services at St Agnes

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pgh PA

Resided in the State PA (or U.S.) (or City or County) (Years) (Months)

Place of Death West Penn Hosp

Cause of Death Peritonitis

Contributory Causes Valvulus of Colon

"

Certifying Physician H Slater MD (or Coroner)

His Address 4815 LIBERTY Ave Pgh 24

Motor Ship } Remains to —

Size of Casket 1170 HL (State Color and Number)

Manufactured by

Cemetery } —
Crematory }

WHALEN
Emma M. On Tues. Jan. 18, 1983. Wife of the late Joseph, aunt of Anna Mae & Pat Hillebrecht. Friends will be received at J.M. McAVOY-P.H. Forbes at Van Braam (2 blocks east Mercy Hosp.) Thurs. 2-9 p.m. Mass of Christian Burial on Fri. 10 a.m. St. Agnes Church.

Diagram of Lot or Vault

Lot No. 46
Grave No. 31
Section No. MA
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$
Casket 1 Professional Done	1380 00
Burial Vault or Box (State Kind)	280 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)	
0 Certif. Copies 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 family	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
1/2 line Death Notices in 2 Papers	36 36
(Names of Newspapers)	
Sales Tax	$
Total Footing of Bill Feb 3 83	$
Less	$
Balance	$ 1766 36 (T)

McAVOY FUNERAL HOME
PAID
PER

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

300

RECORD OF FUNERAL

Total No. 344 Yearly No. 2 Date of Entry Jan 25 1983

Name of Deceased ANNA PERRY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence .....

Charge to FLORENCE PERRY

Address 5620 ELGIN PGH 6 PA

~~Order given by~~ PHONE 362-3669 (or informant)

How Secured .....

If Veteran, Name of War NO

Occupation HOUSE DUTIES

Employer and Address at home (Social Security Number)

Date of Death Jan 25 1983 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/21/03 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UNK

His Birthplace -

Maiden Name of Mother UNK

Her Birthplace -

Date of Funeral Jan 26 1983 M. (Date) (Day of Week) (Hour)

Services at Donatelli Crematory (Address)

Clergyman .....

Religion of the Deceased ~~Catholic~~ Protestant

Birthplace PA

Resided in the State PA (or U.S.) City or County (Years) (Months)

Place of Death West Penn Hosp

Cause of Death Congestive Heart failure

Contributory Causes HYPERTENSIVE

ARTERIOSCLEROTIC HEART DISEASE

Certifying Physician F L PORKABLOB (or Coroner)

His Address 4815 LIBERTY AVE PGH PA 15224

Motor Ship } Remains to Donatelli

Size of Casket .....

Manufactured by ..... (State Color and Number)

Cemetery Crematory } Donatelli

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

UNP

Complete Funeral (except outlays)	$
~~Casket~~ Complete Cremation Svcs	490 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	Paid
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	
Clergymen, $ ..... 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	$ 490 00
Balance	$ 490 00

McAVOY FUNERAL HOME PAID Jan 15 83

Entered into Ledger, page ..... or below.

PER .....

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	250 25	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 345 Yearly No. 3 Date of Entry Feb 3 19 83

Name of Deceased SALVATORE TORTORETTI

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1724 WATSON ST Phila

Charge to DOMENICA TORTORETTI

Address Same

Order given by Same (or informant)

How Secured

If Veteran, Name of War NO

Occupation PRODUCE MAN (Social Security Number)

Employer and Address self

Date of Death 2 (Mo.) 13 (Day) 83 (Yr.) (Hour)

Date of Birth 12 (Mo.) 6 (Day) 93 (Yr.) Age 89 (Yrs.) (Mos.) (Days)

Name of Father JOSEPH TORTORETTI

His Birthplace ITALY

Maiden Name of Mother CONCETTA SACCONE

Her Birthplace ITALY

Date of Funeral FEB 7 1983 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR Joe (Address)

Religion of the Deceased CATHOLIC

Birthplace SICILY

Resided in the State PA (or U.S. City or County) (Years) (Months)

Place of Death Shady Side hosp.

Cause of Death MYOCARDIAL INF.

Contributory Causes DIABETES MELLITUS

Certifying Physician JULES KAHN MD (or Coroner)

His Address 128 N CRAIG ST Phila PA

Motor / Ship } Remains to

Size of Casket 293 HL PUR Paul (State Color and Number)

Manufactured by

Cemetery / Crematory } Holy Souls - Northern Twp.

Lot No. 3/13/80

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket 7 PROFESSIONAL SERV	2445	00
Burial Vault or ~~Box~~ Oakwood (State Kind)	420	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)	15	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		
Clergymen, $ ..... 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		
SAVOY FUNERAL HOME line Death Notices in PAPERS (Names of Newspapers)	51	87
2/21/83		
Sales Tax		
Total Footing of Bill	$	2956 87
Less PER	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. PHONE 1566 471 5878

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 346 Yearly No. 4 Date of Entry March 26 1983

Name of Deceased CHARLES P NOLAN JR (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ____ Age of Husband or Wife (if living) ____ Years

Residence 1711 EDNA ST Pgh 19

Charge to DALE P NOLAN

Address 40 NOBLES LANE Pgh 10

Order given by Same (or informant)

How Secured "

If Veteran, Name of War

Occupation IT 211057393 (Social Security Number)

Employer and Address Retired Parking LOT ATT

Date of Death March 26 83 645PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 17 1917 Age 65 (Mo.) (Day) (Yr.) Yrs.) (Mos.) (Days)

Name of Father CHARLES P NOLAN

His Birthplace "

Maiden Name of Mother LILLIAN HUGHES

Her Birthplace

Date of Funeral 3/30/83 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy HOSP Pgh

Cause of Death MULTIPLE MYELOMA

Contributory Causes PNEUMONIA

PERFORATED VISCUS D.O

Certifying Physician SUSAN R FREEDMAN (or Coroner)

His Address 1400 LOCUST Pgh PA

Motor / Ship } Remains to

Size of Casket ESTATE SQUARE (State Color and Number)

Manufactured by SPARIAN - Plain

Cemetery / Crematory } ST JOSEPH 920 BROWN 3RD AVE Pgh 19 PA

Lot No.

Grave No.

Section No.

Block No.

Owner



Complete Funeral (except outlays)	$
Casket PROFESSIONAL SERVICE	1400 00
Burial Vault or Box (State Kind)	350 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 @ $	65 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.	Vet
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Fam	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Fam	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 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	
McAVOY FUNERAL HOME	
line Death Notices in Papers	30 40
(Names of Newspapers)	
3/31/83	
Sales Tax	
Total Footing of Bill	$ 2270 00
Less PD. J M McAvoy	$ 430 00
Balance	$ 1840 00
Entered into Ledger, page or below.	

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 347 Yearly No. 5 Date of Entry 3/29/ 19 83

Name of Deceased LOTTIE MARMOKAS

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2039 DeKALB ST 19 ☐ Husband ☐ Wife ☐ Widow or ____ of ____ Age of Husband or Wife (if living) ____ Years

Charge to ANTHONY MARMOKAS

Address same

Order given by same (or informant)

How Secured

If Veteran, Name of War No

Occupation housewife (Social Security Number)

Employer and Address "

Date of Death 3/29/83 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6/2/1910 (Mo.) (Day) (Yr.) Age 73 (Yrs.) (Mos.) (Days)

Name of Father ANTHONY MARMOKAS

His Birthplace

Maiden Name of Mother MARY MORYTO

Her Birthplace

Date of Funeral APRIL 1, FRI (Date) (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman F R DeCOGAN (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death Accd

Contributory Causes

Certifying Physician J Pappas-Coroner (or Coroner)

His Address 542 4th ave Pgh

Motor Ship } Remains to

Size of Casket 44 5 (State Color and Number)

Manufactured by ILVRO RA 64543256 HL

Cemetery Crematory } St Joseph Cemetery

Lot No. 2 Casanova

Grave No. Baldwin

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Progressive Service 2355	238	00
Burial Vault or Box 385 (State Kind)	385	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Complete (State Kind and Color) 85		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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)	6	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Cemetery		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 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		
19 line Death Notices in 3 Papers	8	49
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax 6/10/83		
Total Footing of Bill	$	
Less Balance	$	2575 49

Entered in Ledger Page 6 or below.

Misc. Paid INVOICE 27621-W 6/10/83

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. 348 Yearly No. 6 Date of Entry APRIL 29 1983

Name of Deceased SOPHIA HARBUT
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1806 FORBES PSA. 19 ☐ Husband ☐ Wife ☐ Widow } or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to MARY HARBUT

Address A CAVE

Order given by ABOVE (or informant)

How Secured "

If Veteran, Name of War "

Occupation HOUSE WIFE (Social Security Number)

Employer and Address "

Date of Death APRIL 29 1983 (Mo.) (Day) (Yr.)

Date of Birth 5-13-92 (Mo.) (Day) (Yr.) Age 90 (Yrs.) (Mos.) (Days) (Hour)

Name of Father KARL KOSZELA

His Birthplace POLAND

Maiden Name of Mother JULIA —

Her Birthplace POLAND

Date of Funeral MAY 3 (Date) (Day of Week) 1983 (Hour) M.

Services at MCAVOYS

Clergyman E R HOPPEL (Address)

Religion of the Deceased CATHOLIC

Birthplace POLAND

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Rush Penn Hospital

Cause of Death RECURRENT PNEUMONIA

Contributory Causes PRIOR CARDIO VASCULAR ACCIDENT - RENAL DISFONCTION

Certifying Physician Mat B Rush (or Coroner)

His Address 4815 LIBERTY AVE

Motor / Ship } Remains to EMANUEL CEM

Size of Casket MURRAYSVILLE MUNICIPALITY (State Color and Number)

Manufactured by J J P O

Cemetery / Crematory } ____

Diagram of Lot or Vault

Lot No. ____
Grave No. ____
Section No. ____
Block No. ____
Owner ____

Misc. FLOWERS $140 from DTR 37.00

Complete Funeral (except outlays)	$	
Casket 4 PROFESSIONAL SERVICE		150 00
Burial Vault or Box (State Kind) (1)		33 00
Embalming Body (Name of Embalmer) (2)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress all Clothes (State Kind and Color) (5)		85 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) ____		
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot ____		
Cremation ____		
Flowers, $ ____ Palms, $ ____ Matting, $ ____ (3)		177 10
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb ____		
Lining Grave, $ 30 Lowering Device, $ 30 (4)		60 00
Outlay for Shipping Charges ____		20 00
Clergymen, $ 20 Singers, $ ____ Organist, $ ____		
Railroad or Motor { Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
line Death Notices in 3 Papers (5)		60 16
(Names of Newspapers) 4		
Sales Tax		
Total Footing of Bill	$	~~2095 16~~
Less	$	
Balance	$	2372 26

Entered into Ledger, page ____ or below.

McAVOY FUNERAL HOME

Misc. Paid INVOICE 5/11/83

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and 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