

81-32

May 1914

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McAVOY FUNERAL HOME

VOLUME 13

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS

1968 – 1971

1983

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 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 Pall-bearers, Hearse, Chief mourners' Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

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

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

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

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

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

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

THE PUBLISHER

NEED TO MAKE
AN INDEX FOR 1983
~~YEAR~~ NAMES.

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RECORD OF FUNERAL

Total No. 1 Yearly No. 1 Date of Entry July 15 19 68
 Name of Deceased John J. McAnamick
 Married Single Widowed Divorced (What Race)
 Residence 141 Hallock St 11 Husband Wife Widow Anna Nell Deenney
 or 2919 East St 14 of 68 Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Anna Marie Laeffler
 Address 2919 East St 14
 Order given by _____ (or Informant)
 How secured _____
 If Veteran, Name of War W.W.#1
 Occupation Tramway 190-32-8686
 (Social Security Number)

Employer and Address _____
 Date of Death July 15, 1968
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Dec. 13, 1899 Age 76
 (Mo.) (Day) (Yr.) (Mns.) (Days)
 Name of Father John J. McAnamick
 His Birthplace _____
 Maiden Name of Mother Bridget Rice

Her Birthplace _____
 Date of Funeral July 19, 1968 M.
 (Date) (Day of Week) (Hour)
 Services at St. Mary of the Mount
 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 Home, Painesville, Ohio
 Cause of Death Diagnosed Parkinson's Disease
 Contributory Causes _____

Certifying Physician _____ (or Coroner)
 His Address _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery } Celony Cemetery
 Cryptory }

| Complete Funeral (except outlays) | | \$ |
|--|----------------------------------|--------------|
| Casket <u>Highland</u> | | 10 80 00 |
| Burial Vault or Box | | 2 25 00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | (State Kind and Color) | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | (State Number and District) | |
| <u>17</u> Certif. Copies of Death Certificates No. _____ | (State Physician's or Coroner's) | 14 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 | <u>Ant. & Sons</u> | 1 20 00 |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | Organist, \$ |
| Railroad } Tickets, \$ | Aero- | Service, \$ |
| or Motor } _____ | plane | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| <u>14</u> line Death Notices in <u>3</u> Papers | | 3 3 10 |
| McAVOY FUNERAL HOME (Names of Newspapers) | | |
| Sales Tax <u>July 19, 1968</u> | | |
| Total Footing of Bill | | \$ 14 60 10 |
| Less _____ | | \$ 50 00 |
| Balance | | \$ 14 12 10 |
| Entered into Ledger, page _____ or below. | | |

MCCORMICK
 The property of the first party to this document is hereby assigned to the second party named herein. This document is void unless countersigned by the first party and filed in the office of the Register of Deeds for the County of _____ State of _____.

Lot No. 30
 Grave No. 1
 Section No. 40
 Block No. 11
 Owner _____

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

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

RECORD OF FUNERAL

Total No. 2 Yearly No. 2 Date of Entry July 23 1968

Name of Deceased James J. Debes W (What Race)
 Married Single Widowed Divorced

Residence 1253 Marain Ave 16
 Husband Wife Widow of Georgia Debes Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Georgia Debes
Address 1253 Marain Ave 16

Order given by _____ (or informant)
How secured _____

If Veteran, Name of War _____

Occupation Cable Operator 163-14-6035
(Social Security Number)

Employer and Address _____

Date of Death July 23, 1968
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 3, 1886 Age 82 5 33
(Mo.) (Day) (Yr.) (Mon.) (Days)

Name of Father Charles P. Debes

His Birthplace France

Maiden Name of Mother Genevieve A. Guay

Her Birthplace _____

Date of Funeral July 23, 1968 M.
(Date) (Day of Week) (Hour)

Services at St. Pius X

Clergyman Fr. Thom Marples
(Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 1253 Marain Ave

Cause of Death Acute Myocardial Infarction

Contributory Causes Lower Pulmonary Embolism
Congestive Heart Failure

Certifying Physician Robert J. Estelle
(or Coroner)

His Address St. Pius Hospital

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

Manufactured by _____
Cemetery } St. Anthony Mem Park
Crematory }

Misc. 70-OK
6-9-OK

| | | |
|--|------------------------|------------------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>2 Highwood Homes</u> | | <u>1035 00</u> |
| Burial Vault or Box | | <u>225 00</u> |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| <u>12</u> Certif. Copies of Death Certificates No. _____ | | <u>12 00</u> |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cemetery</u> | | <u>18 00</u> |
| 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 | | <u>25 20</u> |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | <u>\$ 1228 20</u> |
| Less _____ | | |
| Balance | | \$ |
| Entered into Ledger, page _____ or below | | |

HEAVY FUNERAL HOME

MAILED
Sept. 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.

Signed _____ Address _____

RECORD OF FUNERAL

Total No. 3 Yearly No. 3 Date of Entry July 24 1968

Name of Deceased Hellen M. Haines
 Married Single Widowed Divorced

Residence 315 East Street 19 Husband Wife Widow of (What Race)
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to Mrs Ruth Michael
 Address 315 East St

Order given by _____ (or Informant)
 How secured _____

If Veteran, Name of War _____

Occupation Johnston (Social Security Number) _____

Employer and Address _____

Date of Death July 24, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 24, 1886 (Mo.) (Day) (Yr.) Age 82 (Mo.) (Days) 6-1

Name of Father William S. Haines

His Birthplace _____

Maiden Name of Mother Margaret Lewis

Her Birthplace _____

Date of Funeral July 27, 1968 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Dr. Jack Mungson (Address) _____

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. Haine

Cause of Death A.S.N.D.

Contributory Causes _____

Certifying Physician Bonnie S. Maxwell (or Coroner)

His Address John Haine

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

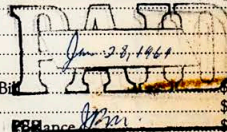
Manufactured by _____

Cemetery } St. Peter's Lutheran

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

Misc. _____

| Complete Funeral (except outlays) | | \$ | % |
|--|---------------------------|--------------|-----------|
| Casket & Professional Fee | <u>175.00</u> | | |
| Burial Vault or Box | <u>125.00</u> | | |
| Embalming Body | | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | <u>45.00</u> | | |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. 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. | | <u>3.00</u> | |
| (State Physician's or Coroner's) | | | |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | <u>110.00</u> | | |
| 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, \$ | <u>20.00</u> | |
| Organist, \$ | | | |
| Railroad } Tickets, \$ | Aero- plane Service, \$ | | |
| or Motor | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | | | |
| _____ line Death Notice | HEAVY FUNERAL HOME | <u>35.20</u> | |
| (Names of Newspapers) | | | |
| Sales Tax | | | |
| Total Footing of Bill | | <u>17.03</u> | <u>20</u> |
| Less _____ | | | |
| Entered into Ledger, page _____ or below. | | | |
| Misc. _____ | | | |



| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------------|------------------|---------------|------------------|------|--------------------|-------------|---------|
| <u>July 19, 68</u> | To Above Balance | <u>500.00</u> | <u>\$1202.20</u> | | To Balance Forward | | \$ |
| <u>Sept. 19, 68</u> | By Payment | <u>100.00</u> | <u>\$1102.20</u> | | By Payment | | \$ |
| <u>Sept. 23, 68</u> | " " | <u>842.14</u> | <u>261.06</u> | | " " | | \$ |
| <u>Oct. 28, 68</u> | " " | <u>95.00</u> | <u>186.06</u> | | " " | | \$ |
| <u>Jan 30, 69</u> | " " | <u>186.00</u> | <u>-</u> | | " " | | \$ |
| | " " | | | | " " | | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 4 Yearly No. 4 Date of Entry Aug 3 1968

Name of Deceased Jaschelle Moore
 Married Single Widowed Divorced Husband Wife Widow of Charles Moore (What Race) A

Residence 1410 Carson Street 03 Age of Husband or Wife (if living) _____ Years

Charge to D. P. O. Complete Funeral (except outlays) \$ _____

Address _____ Casket F. H. McQuinn Inc \$ 200 00

Order given by Mrs. Patricia Miller (or informant) Burial Vault or Box _____ (State Kind)

How secured 1922 Balboa Walk 19 Embalming Body _____ (Name of Embalmer)

If Veteran, Name of War _____ Barber, \$ _____ Hair Dressing, \$ _____

Occupation Homemaker (Social Security Number) _____ Dressing Body, \$ _____ Underwear, \$ _____

Employer and Address _____ Suit or Dress _____ (State Kind and Color)

Date of Death Aug 3, 1968 Slippers, \$ _____ Hose, \$ _____

Date of Birth November (Mo.) (Day) (Yr.) (Hour) Folding Chairs, \$ _____ Tarpaulin, \$ _____

Name of Father Charles E. Miller (Mo.) (Day) (Yr.) (Mos.) (Days) Candelabrum, \$ _____ Candles, \$ _____

His Birthplace Rep. of Lebanon Door Spray, \$ _____ Gloves, \$ _____

Maiden Name of Mother Jaschelle Heckenroth Funeral Car, \$ _____ Ambulance, \$ _____

Her Birthplace Rep. of Lebanon Limousines to Cemetery @ \$ _____

Date of Funeral Aug 7, 1968 (Date) (Day of Week) (Hour) M. Extra Limousines @ \$ _____

Services at Grace Episcopal Church Autos to R. R. Station @ \$ _____

Clergyman Wm. David Manning Getting Remains from _____

Religion of the Deceased Catholic Taking Remains to _____

Birthplace Republic of Lebanon Trip to Coroner's Inquest _____

Resided in the State _____ Delivering Box to _____

Place of Death Marion Hospital (or U.S. City or County) (Years) (Months) Deliver Flowers to _____

Cause of Death Chronic Renal Failure Removal Charges _____

Contributory Causes _____ Procuring Burial Permit _____

Certifying Physician J. M. Hardison (or Coroner) Certif. Copies of Death Certificates No. _____

His Address Marion, Va. (or Coroner) Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

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

Ship } Size of Casket _____ (State Color and Number) Outlay for Lot Country Bury \$ 50 00

Manufactured by _____ Cremation _____

Cemetery } Country Bury Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Crematory } Rent of Tent, \$ _____ of Temporary Vault, \$ _____

Diagram of Lot or Vault _____ Opening of Grave or Tomb _____

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

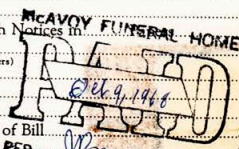
_____ Outlay for Shipping Charges _____

_____ Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____

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

_____ Telegr., Phone, Cable or Radio Charges _____

| | | |
|---|----|---------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>F. H. McQuinn Inc</u> | | <u>200 00</u> |
| 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 <u>Country Bury</u> | | <u>50 00</u> |
| Cremation _____ | | |
| Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ | | |
| Rent 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 _____ (Names of Newspapers) | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | <u>250 00</u> |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |



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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

5

Total No. 5 Yearly No. 5 Date of Entry Aug. 12 19 68
 Name of Deceased Edward T. Keenan
 Married Single Widowed Divorced
 Husband Wife Widow or _____ of _____
 Residence 254 Atwood St. 13 Age of Husband or Wife (if living) _____ Years

Charge to Judith C. Maher
 Address 1715 Judd Ave Apt 3
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Shiner 210-10-0596
 (Social Security Number)

Employer and Address _____
 Date of Death Aug 12, 1968
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Feb 10, 1893 Age 75-6-2
 (Mo.) (Day) (Yr.) (Mos.) (Days)
 Name of Father Edward T. Keenan

His Birthplace _____
 Maiden Name of Mother Mary C. Tracy
 Her Birthplace _____
 Date of Funeral Aug 14, 1968 M.
 (Date) (Day of Week) (Hour)
 Services at St. Agnes Church

Clergyman Rev. Curran
 (Address)
 Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.

Resided in the State _____
 Place of Death John F. Kane Hospital
 (or U.S. or City or County) (Years) (Months)
 Cause of Death A. S. H. B. - acute leukemia

Contributory Causes Melanoma C. U. at Duquesne
During C. U. of Rectum
 Certifying Physician T. H. Drury
 (or Coroner)
 His Address South Twp John F. Kane

Motor { Remains to _____
 Ship {
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery { Calvary Cemetery
 (Cemetery)

Lot No. 360
 Grave No. _____
 Section No. N
 Block No. _____
 Owner Mary E. Keenan



| | | |
|--|----------------------------------|---------|
| Complete Funeral (except outlays) | \$ | 1195 00 |
| Casket | | |
| Burial Vault or Box | | 225 00 |
| Embalming Body | (State Kind) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | (Name of Embalmers) | 3 50 |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| 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 | | 180 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 50 00 |
| 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 DECATUR FUNERAL HOME 19 5.2.
 (Names of Newspapers)
PAID
Aug 30, 1968
 Sales Tax _____ \$ 182 00
 Total Footing of Bill _____ \$
 Less _____ \$
 PER _____
 Entered into Ledger, page _____ of below.

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

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

RECORD OF FUNERAL

Total No. 6 Yearly No. 6 Date of Entry Sept 10 1968
 Name of Deceased William J. Sabador Jr. H. (What Race)
 Married Single Widowed Divorced Husband Wife Widow } Juneau
 Residence 300 Malcolm St. 6 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to Wm J. Sabador Jr.
 Address 300 Malcolm St. 6
 Order given by 481-5035
 How secured _____ (or informant)
 If Veteran, Name of War W.W. 42
 Occupation Cement Finisher 211-01-7133 (Social Security Number)

Employer and Address _____
 Date of Death Sept 10, 1968 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth May 20, 1914 Age 54 (Mo.) (Day) (Yr.) (Mox.) (Days)
 Name of Father Andrew Sabador

His Birthplace Urbana
 Maiden Name of Mother Elyzabeth
 Her Birthplace Urbana
 Date of Funeral Sept 12, 1968 M. (Date) (Day of Week) (Hour)
 Services at Griffing Church
 Clergyman Fr. White (Address)

Religion of the Deceased Catholic
 Birthplace Norbury
 Resided in the State _____ (or U.S. or City or Country) (Years) (Months)
 Place of Death V.A. Hospital
 Cause of Death Aspiration of Small Bowel

Contributory Causes a Massive Bleeding
Endocarditis of Aortic Valve
 Certifying Physician V.A. Hospital (or Coroner)
 His Address _____

Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery } Calvary Cemetery (Chapel St.)
 Crematory } _____

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

| | | |
|--|----|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>4 P. Funeral Home</u> | | 855 00 |
| Burial Vault or Box | | 225 00 |
| Embalming Body (State Kind) | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress (State Kind and Color) | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains 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 (State Certificates or Coroner's) (State Physician's or Coroner's) | | 3 00 |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | \$ | |
| Outlay for Lot <u>W.V. Home</u> | | |
| 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 | | 25 35 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | 1120 35 |
| | \$ | 1120 35 |
| Balance | \$ | |
| Entered into Ledger, page _____ or below. | | |

Misc. Bill 9/19/68 - Nov 19/1969/5/18/70
V.A. H. Post due 2/28/69
45-OK. Credit 10/4/69

Misc. May 17, 1971 Patrick 5.00 361.00
APRIL 2, 1971 Patrick 5.00 366.00
Feb 26, 1971 Patrick 10.00 371.00

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|-------------|-----------------------|-------------|-----------|-------------|--------------------|-------------|-----------|
| | To Above Balance | | \$ 925 35 | June 27, 70 | To Balance Forward | 10 00 | \$ 440 55 |
| Sept 12-68 | By Payment | \$ 200 00 | \$ 725 35 | Aug 6, 70 | By Payment | \$ 10 00 | \$ 430 55 |
| Dec 9, 68 | " " <u>N.A.</u> | \$ 250 00 | \$ 475 35 | Nov 17, 70 | " " <u>Patrick</u> | \$ 10 00 | \$ 420 55 |
| Mar 11, 69 | " " <u>SS</u> | \$ 14 40 | \$ 463 95 | 12 21, 70 | " " <u>Patrick</u> | \$ 5 00 | \$ 415 55 |
| Mar 12, 69 | " " <u>Trues</u> | \$ 203 70 | \$ 260 25 | 04 31, 70 | " " <u>Wm</u> | \$ 10 00 | \$ 405 55 |
| June 29, 70 | " " <u>W. Sabador</u> | \$ 10 00 | \$ 450 25 | Albe 70 | " " <u>Patrick</u> | \$ 10 00 | \$ 395 55 |

Insurance \$ _____ Names of Lodges _____ Insurance Companies Patrick 14.00 8371.55

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

7

Total No. 7 Yearly No. 7 Date of Entry Sept 20 1965

Name of Deceased Catherine J. Hynjak
 Married Single Widowed Divorced

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

Residence 2115 Katon St 19

Charge to John Hynjak 481-0201

Address 33 Maine Way 11

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Clerk 147-01-5483
 (Social Security Number)

Employer and Address _____

Date of Death Sept 20 1968
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 10 1910 Age 58-3-10
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father John Hynjak

His Birthplace Ireland

Maiden Name of Mother Sarah Kelly

Her Birthplace Ireland

Date of Funeral Sept 25 1968 M.
 (Date) (Day of Week) (Hour)

Services at St. Ignace Church

Clergyman Fr. Cremady
 (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death May Hospital

Cause of Death Dissected A.

Contributory Causes _____

Certifying Physician Robert Parviz M.D.
 (or Coroner)

His Address Mary Hospital

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by Thomas Burara

Cemetery } Calvary Cemetery

Crematory } _____

Misc. _____

Misc. Call Oct. 15 1968
" Dec 6 1968

| Complete Funeral (except outlays) | | \$ | | \$ |
|--|------------------------|----|------|----|
| Casket | <u>* Platinum</u> | | 1711 | 00 |
| Burial Vault or Box | | | 225 | 00 |
| Embalming Body | | | | |
| Barber, \$ | Hair Dressing, \$ | | | |
| Dressing Body, \$ | Underwear, \$ | | | |
| Suit or Dress | | | 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 | | | | |
| Certif. Copies of Death Certificates No. | | | 9 | 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | | |
| Gross Total for Sales Tax | | | | |
| Outlay for Lot | <u>Carrying Charge</u> | | 180 | 00 |
| Cremation | | | | |
| Flowers, \$ | Palms, \$ | | 95 | 40 |
| Rental of Tent, \$ | of Temporary Vault, \$ | | | |
| Opening of Grave or Tomb | | | | |
| Lining Grave, \$ | Lowering Device, \$ | | | |
| Outlay for Shipping Charges | | | | |
| Clergymen, \$ | Singers, \$ | | | |
| Organist, \$ | | | | |
| Railroad Tickets, \$ | Aero plane Service, \$ | | | |
| Teleg. Phone, Cable or Radio Charges | | | | |
| Cash Advanced | | | | |
| Out of town Funeral Director's Charges | | | | |
| Personal Service | | | | |
| line Death Notices in _____ Papers | | | 44 | 20 |
| McAVOY FUNERAL HOME | | | | |
| (Names of Newspapers) | | | | |
| Sales Tax | <u>Oct. 31, 1968</u> | | | |
| Total Footing of Bill | | | 2383 | 60 |
| Less | | | 87 | 60 |
| Balance | | | 2300 | 00 |
| Entered into Ledger, page _____ or below | | | | |

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

Insurance \$ _____ Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 8 Yearly No. 8 Date of Entry Sept 21 1968

Name of Deceased Mary A. Tully
 Married Single Widowed Divorced
 Husband Wife Widow or of Joseph (What Race) _____

Residence 133 Ballymore Ave 10
Charge to Joseph Tully
Address 133 Ballymore Ave 10
Order given by H. W. Anonville 10
(or informant)

How secured _____
If Veteran, Name of War _____
Occupation Handwritten (Social Security Number) None

Employer and Address _____
Date of Death Sept 21, 1968
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 14, 1907 Age 61-6-2
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Thomas J. Tully
His Birthplace Ireland
Maiden Name of Mother Ellen McDevitt

Her Birthplace Ireland
Date of Funeral Sept 24, 1968 M.
(Date) (Day of Week) (Hour)

Services at St. George Church
Clergyman Fr. Holzer (Address) _____
Religion of the Deceased Catholic

Birthplace Pottsburgh Pa.
Resided in the State _____ (or U.S. or City or County) (Years) (Months)

Place of Death Manassas, VA
Cause of Death Acute Myocardial Infarction

Contributory Causes Dr. Christy M. Hy
Certifying Physician _____ (or Coroner)

His Address _____
Motor } Remains to _____
Ship }
Size of Casket _____ (State Color and Number)

Manufactured by Amerson Mar 11, 67
Cemetery } Chelmsford
Crematory }

Lot No. 117
Grave No. _____
Section No. F
Block No. _____
Owner Thos Coff

Misc. _____
Called 026, 10, 69
11/19/68
Post due 2/28/69

| Complete Funeral (except outlays) | \$ | |
|--|------|----|
| Casket <u>o. Bessie</u> | 865 | 00 |
| Burial Vault or Box | 175 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress <u>Corduroy</u> | 58 | 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 | | |
| 3 Certif. Copies of Death Certificates No. | 1 | 00 |
| (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ | | |
| Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Gravestone Change</u> | 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, \$ | 15 | 00 |
| Railroad { Tickets, \$ | | |
| Aero- plane Service, \$ | | |
| Motor { | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| line Death Notices in _____ Papers | 15 | 90 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | 1306 | 90 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |

Misc. Feb 16, 1971 50.00 463.00
Mar 9, 1970 50.00 513.00

| Date | To Above Balance | Amount Paid | Balance | Date | To Balance Forward | Amount Paid | Balance |
|-------------|------------------|-------------|------------|-------------|--------------------|--------------|-----------|
| Jan 3, 1969 | | 1.00 00 | \$ 1208.90 | Feb 12, 70 | | 1.00 00 | \$ 858.90 |
| Apr 4, 1969 | By Payment | \$ 75.00 00 | \$ 1133.90 | Mar 12, 70 | By Payment | \$ 60.00 00 | \$ 798.90 |
| Aug 1, 1969 | " " | \$ 60.00 00 | \$ 1073.90 | Apr 22, 70 | " " | \$ 50.00 00 | \$ 748.90 |
| Oct 9, 1969 | " " | \$ 75.00 00 | \$ 998.90 | May 9, 1970 | " " | \$ 115.00 00 | \$ 683.90 |
| Nov 3, 1969 | " " | \$ 50.00 00 | \$ 948.90 | June 7, 70 | " " | \$ 50.00 00 | \$ 653.90 |
| Jan 9, 1970 | " " | \$ 50.00 00 | \$ 898.90 | Oct 19, 70 | " " | \$ 140.00 00 | \$ 613.90 |

Insurance \$ _____ Names of Lodges no 1570 Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

9

Total No. 9 Yearly No. 9 Date of Entry Sept 24 1968
 Name of Deceased William J. Johnson
 Married Single Widowed Divorced
 Residence 3005 Colden St 3
 Charge to Mrs. Catherine Johnson
 Address 3005 Colden St 3
 Order given by _____
 How secured _____ (or Informant)
 If Veteran, Name of War _____
 Occupation Plumber None
 Employer and Address _____
 Date of Death Sept 24, 1968
 Date of Birth June 20, 1898 Age 70
 Name of Father Charles Johnson
 His Birthplace _____
 Maiden Name of Mother Catherine Jennings
 Her Birthplace _____
 Date of Funeral Sept 28, 1968 M.
 Services at St. Joseph's Church
 Clergyman Fr. Branch
 Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.
 Resided in the State _____
 Place of Death St. Joseph's Hospital
 Cause of Death C.V.D.
 Contributory Causes _____
 Certifying Physician Dr. H. H. Bay
 His Address 736 Pennweld Road
 Motor Ship } Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery } Cadbury Cemetery
 Crematory } _____

| Complete Funeral (except outlays) | \$ |
|--|---------|
| Casket <u>W. Jones</u> | 1250 00 |
| Burial Vault or Box _____ | 235 00 |
| Embalming Body _____ | |
| Barber, \$ _____ Hair Dressing, \$ _____ | |
| Dressing Body, \$ _____ Underwear, \$ _____ | |
| Suit or Dress <u>W. J. Jones</u> | 5 50 |
| Slippers, \$ _____ Hose, \$ _____ | |
| Folding Chairs, \$ _____ Taraulin, \$ _____ | |
| Candelabrum, \$ _____ Candles, \$ _____ | |
| Door Spray, \$ _____ Gloves, \$ _____ | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | |
| Limousines to Cemetery @ \$ _____ | |
| Extra Limousines @ \$ _____ | |
| Autos to R. R. Station @ \$ _____ | |
| Getting Remains from _____ | |
| Taking Remains to _____ | |
| Trip to Coroner's Inquest _____ | |
| Delivering Box to _____ | |
| Deliver Flowers to _____ | |
| Removal Charges _____ | |
| Procuring Burial Permit _____ | |
| 2 Certif. Copies of Death Certificates No. _____ | 2 00 |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | |
| Gross Total for Sales Tax _____ | |
| Outlay for Lot <u>Quality Charge</u> | 180 00 |
| Cremation _____ | |
| Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ | 57 00 |
| 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 _____ in _____ Papers _____ | 25 00 |
| (Names of Newspapers) _____ | |
| Sales Tax _____ | |
| Total Footing of Bill _____ | 1740 50 |
| Less _____ | 44 50 |
| PER Balance _____ | 1700 00 |
| Entered into Ledger, page _____ or below _____ | |



Lot No. 572
 Grave No. 5 x D
 Section No. H
 Block No. _____
 Owner _____



Misc. _____
 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 _____

RECORD OF FUNERAL

Total No. 10 Yearly No. 10 Date of Entry Sept 24 1968

Name of Deceased Melvin T. Janoss

Residence 4 Tammiswell St. 19

Charge to Ruth Janoss 1715 N. Main St. 19

Address 4 Tammiswell St. 19

Order given by (or informant)

How secured (or informant)

If Veteran, Name of War Occupation

Employer and Address

Date of Death Sept 24 1968

Date of Birth Jan 12 1917 Age 51

Name of Father Carl Janoss

His Birthplace

Maiden Name of Mother Elizabeth Melick

Her Birthplace

Date of Funeral Sept 24 1968

Services at St. Raphael

Clergyman Miss. Paul Beaupre

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

Resided in the State

Place of Death Mary Park Hospital

Cause of Death Circumstances of Pharynx

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor Ship Size of Casket 1109

Manufactured by (State Color and Number)

Cemetery

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. Carl J. Janoss 110 Tammiswell Ave Pgh Pa 15205

Table with columns for item name, price, and balance. Includes items like Complete Funeral, Casket, Burial Vault, Embalming, etc.



Table with columns for Date, Amount Paid, Balance, Date, Amount Paid, Balance. Shows payment history for the funeral.

Insurance \$ Names of Lodges Insurance Companies. I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to...

RECORD OF FUNERAL

11

Total No. 11 Yearly No. 11 Date of Entry Sept 20 19 68
 Name of Deceased Donald C. Matthews W (What Race)
 Married Single Widowed Divorced or Husband Wife Widow } Age of Husband or Wife (if living) _____ Years

Residence 33 Marion St. 19
 Charge to Mrs. Mamie E. Matthews
 Address 33 Marion St. 19
 Order given by Donald C. Matthews Jr.
 How secured 7527-2nd St. Summit W. Va.
 If Veteran, Name of War 95822
 Occupation Butcher 173-12-6186
 Employer and Address _____
(Social Security Number)

Date of Death Sept 20, 1968
(Mo.) (Day) (Yr.) (Hour)
 Date of Birth July 13, 1907 Age 65-2-17
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father Lee Matthews

His Birthplace _____
 Maiden Name of Mother Mary M. Conroy
 Her Birthplace _____

Date of Funeral Oct 4, 1968 M.
(Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev. Jack Morgan
(Address)

Religion of the Deceased Protestant
 Birthplace Brooklyn Pa.
 Resided in the State _____
(or U.S. or City or County) (Years) (Months)
 Place of Death 33 Marion St.

Cause of Death Myocardial Infarction
 Contributory Causes High Blood Pressure
 Certifying Physician Dr. Ralph L. H. Coates
(or Coroner)

His Address _____
 Motor { Remains to _____
 Ship { _____
 Size of Casket _____
(State Color and Number)

Manufactured by _____
 Cemetery { Johnson & Son
 Crematory { _____



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

Misc. Bill 10/14/68
2/A-016
55-019

| Complete Funeral (except outlays) | | \$ |
|---|--|----------|
| Casket <u>W. Matthews</u> | | 750 00 |
| Burial Vault or Box | | 175 00 |
| Embalming Body <small>(State Kind)</small> | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <small>(Name of Embalmer)</small> | | |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit <small>(State Number and District)</small> | | |
| <u>7</u> Certif. Copies of Death Certificates No. _____ | | 7 00 |
| Pall Bearer Service, \$ _____ <small>(State Physician's or Coroner's)</small> | | |
| Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax | | \$ _____ |
| Outlay for Lot <u>With grave</u> | | |
| 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 | | 19 80 |
| McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | 977 80 |
| Less _____ | | 31 80 |
| Balance _____ | | 940 00 |
| Entered into Ledger page _____ or below _____ | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

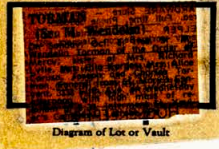
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.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

RECORD OF FUNERAL

Total No. 12 Yearly No. 12 Date of Entry Oct 6 1968
 Name of Deceased Olga Torman (A.M. Mendelsohn) 24
 Married Single Widowed Divorced (What Race)
 Residence 3333 75th Ave 13 Husband Wife Widow }
 Charge to Estes of Mary or of Age of Husband or Wife (if living) Years

Address 3333 75th Ave
 Order given by (or Informant)
 How secured
 If Veteran, Name of War
 Occupation In. Police 302-40-1460
 Employer and Address (Social Security Number)
 Date of Death Oct 6, 1968
 Date of Birth July 21, 1888 Age 66
 Name of Father Joseph Torman
 His Birthplace Austria
 Maiden Name of Mother Barbara Beland
 Her Birthplace Austria
 Date of Funeral Oct 9, 1968 M.
 Services at Mt. Mary (Day of Week) (Hour)
 Clergyman Fr. Lal
 Religion of the Deceased Catholic
 Birthplace Austria
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death Mount Sinai
 Cause of Death Pulmonary Embolism
 Contributory Causes Plaque that occluded

Certifying Physician Dr. J.M. Hirsch
 His Address Mount Sinai (or Coroner)
 Motor Ship } Remains to
 Size of Casket (State Color and Number)
 Manufactured by
 Cemetery } St. Xavier's Cemetery
 Crematory }



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

Misc. 10/12/68
 Misc.
 Misc.

| Complete Funeral (except outlays) | \$ | |
|---|-----|----|
| Casket <u>St. Louis</u> | 315 | 00 |
| Burial Vault or Box | 82 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| 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 Tickets, \$ Aero-plane Service, \$ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| line Death Notices in Funeral Home | | |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | 397 | 00 |
| Less F. Balance | | |
| Entered into Ledger, page or below. | | |

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

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

RECORD OF FUNERAL

13

Total No. 13 Yearly No. 13 Date of Entry October 10, 1968
 Name of Deceased Edith Slavity
 Married Single Widowed Divorced
 Husband Wife Widow or Harry A. Slavity (Widow)
 Residence 1917 Fifth Ave 19
 Charge to Harry A. Slavity
 Address 1917 Fifth Ave 19
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Housewife 172-14-7530 B (Social Security Number)
 Employer and Address _____
 Date of Death October 10, 1968 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Mar 11, 1897 (Mo.) (Day) (Yr.) Age 71 6 29 (Mos.) (Days)
 Name of Father Edmond Gulot
 His Birthplace _____
 Maiden Name of Mother Louise Andrie
 Her Birthplace _____
 Date of Funeral October 14, 1968 (Date) (Day of Week) (Hour) M.
 Services at Euphony
 Clergyman Father White (Address)
 Religion of the Deceased Catholic
 Birthplace Spain
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Stuyvesant Community
 Cause of Death Chronic Obstruction Lung
 Contributory Causes Disease (many years)
 Certifying Physician _____ (or Coroner)
 His Address _____
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery Our Olivet Cemetery
 Diagram of Lot or Vault

| Complete Funeral (except outlays) | | \$ |
|--|------------------------|---------|
| Casket <u>Prof Services</u> | | 1025 00 |
| Burial Vault or Box | | 225 00 |
| Embalming Body (State Kind) | | |
| Barber, \$ Hair Dressing, \$ | (Name of Embalmer) | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <u>Clotting</u> | | 55 00 |
| Slippers, \$ Hose, \$ | (State Kind and Color) | 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) | | |
| <u>3</u> 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 <u>Cemetery Charges</u> | | 100 00 |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | | 31 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 or Motor Tickets, \$ Aero-plane Service, \$ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| Line Death Notices in <u>HOME</u> | | 34 20 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bills | | 1500 00 |
| Less _____ | | 1450 00 |
| PER <u>Balance</u> | | \$ |
| Entered into Ledger, page _____ or below. | | |



Misc. 10/22/68
 Lot No. 88 or 89
 Grave No. _____
 Section No. D
 Block No. _____
 Owner _____

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

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

RECORD OF FUNERAL

Total No. 14 Yearly No. 14 Date of Entry October 11 1968

Name of Deceased Lester P. Bitten
 Married Single Widowed Divorced

Husband Wife Widow Julia Bitten (What Race)
or _____ of _____ Age of Husband or Wife (if living) 44 Years

Residence 114 Seneca St. 19

Charge to Julia Bitten

Address 114 Seneca St. 19

Order given by _____ (or informant)

If Veteran, Name of War WW II 39-704-691

Occupation Nation's Engineer 201-07-1874
(Social Security Number)

Employer and Address _____

Date of Death October 11, 1968
(Mo.) (Day) (Yr.) (Hour)

Date of Birth April 12, 1923 Age 45
(Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father Charles Bitten

His Birthplace _____

Maiden Name of Mother Grace Landakas

Her Birthplace _____

Date of Funeral October 14, 1968 M.
(Date) (Day of Week) (Hour)

Services at St. Casimir's

Clergyman Fr. Walter Karavachas
(Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Muncy Hospital

Cause of Death Pneumonia

Contributory Causes Embasis of Lungs

Certifying Physician George Kanales
(or Coroner)

His Address Muncy Hospital

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

Manufactured by _____
Cemetery } St. Casimir Cemetery
Crematory }

Diagram of Lot or Vault _____
Misc. 10/12/68 SS-015
PA. 015

| | | |
|--|------|----|
| Complete Funeral (except outlays) | | |
| Casket <u>& Prof. Services</u> | 1099 | 00 |
| Burial Vault or Box _____ (State Kind) | 225 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Suit + tie</u> | 3 | 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) | | |
| <u>8</u> 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, \$ _____ | | |
| 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 _____ FUNERAL HOME _____ | 13 | 20 |
| (Names of Newspapers) _____ | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | 1349 | 15 |
| Less _____ | 49 | 15 |
| PEK Balance _____ | 1300 | 00 |
| Entered into Ledger, page _____ or below _____ | 1299 | 15 |
| 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 _____

RECORD OF FUNERAL

15

Total No. 15 Yearly No. 15 Date of Entry Oct 24 19 68
 Name of Deceased Stanley Schreiner (What Race) H
 Married Single Widowed Divorced Husband Wife Widow or of Age of Husband or Wife (if living) _____ Years

Residence 1904 Fyfed Ave 19
 Charge to Thomas Schreiner
 Address 1904 Fyfed Ave 19
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____

Occupation Telephone 168-01-8398 (Social Security Number)
 Employer and Address Almer's Bakery Co
 Date of Death Oct 24 1968 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Apr 21 1886 (Mo.) (Day) (Yr.) (Moa.) (Days) Age 72
 Name of Father William Schreiner
 His Birthplace Pennsylvania
 Maiden Name of Mother Theodora Schreiner
 Her Birthplace Pennsylvania
 Date of Funeral Oct 26 1968 (Date) (Day of Week) (Hour) M.
 Services at H. Fyfed Ave

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 Pennsylvania Hosp
 Cause of Death C.V.D.
 Contributory Causes Hypertension & A.S.H.D.

Certifying Physician Walter J. Steiner (or Coroner)
 His Address 512 South Ave
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery Crematory } H. Schreiner Co
 Lot No. 18
 Grave No. 10
 Section No. 1
 Block No. _____
 Owner _____

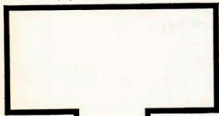


Diagram of Lot or Vault

Misc. _____

| | | |
|---|----|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket | | 885 00 |
| Burial Vault or Box | | 125 00 |
| Embalming Body (State Kind) | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress (State Kind and Color) | | 15 00 |
| Slippers, \$ Hose, \$ | | 5 00 |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | \$ | |
| Outlay for Lot <u>Pa. Hosp</u> | | 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 | | |
| line Death <u>NEBOY FUNERAL HOME</u> Reports | | 5 00 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | 1085 00 |
| Less _____ | \$ | |
| Entered into Ledger, page _____ or below. | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|--------------------|------------------|-------------|-----------|------|--------------------|-------------|---------|
| | To Above Balance | | \$ | | To Balance Forward | | \$ |
| <u>Nov 20 1968</u> | By Payment | \$ 962 00 | \$ 123 00 | | By Payment | | |
| <u>Dec 12 1968</u> | " " | \$ 123 00 | \$ 0 | | " " | | |
| | " " | | | | " " | | |
| | " " | | | | " " | | |
| | " " | | | | " " | | |

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

RECORD OF FUNERAL

Total No. 16 Yearly No. 16 Date of Entry Oct. 24 1968

Name of Deceased Charles E. Wallace
 Married Single Widowed Divorced

Residence 209 Van Buren St. 19
 Husband Wife Widow of None (What Race) White
Age of Husband or Wife (if living) _____ Years

Charge to Walter Wallace
Address 55 Summit St. P.O. 10 Pa

Order given by _____
(or informant) _____
How secured _____

If Veteran, Name of War _____
Occupation Maintenance 167-10-0385
(Social Security Number)

Employer and Address _____
Date of Death Oct 24, 1968

Date of Birth May 8, 1911 Age 57-5-16
(Mo.) (Day) (Yr.) (Hour) (Mn.) (Day) (Yr.) (Mo.) (Days)

Name of Father Charles Wallace
His Birthplace _____

Maiden Name of Mother Ella Stokes
Her Birthplace _____

Date of Funeral Oct 28, 1968 M.
(Day) (Day of Week) (Hour)

Services at Grace Church
Clergyman Rev. H. White
(Address)

Religion of the Deceased Catholic
Birthplace Pottsville Pa

Resided in the State _____ (or U.S. or City or County) (Years) (Months)
Place of Death Mary Hospital

Cause of Death Bleeding Esophageal Varices
Contributory Causes Chronic Liver

Certifying Physician Dr. M. Morgan
(or Coroner)

His Address Mary Hospital
Motor { Remains to _____
Ship { _____

Size of Casket _____ (State Color and Number)
Manufactured by _____

Cemetery St. Mary's Hospital Pa
Crematory { _____

Lot No. _____
Grave No. _____

Section No. _____
Block No. _____

Owner _____
Diagram of Lot or Vault 

Misc. Employed reb. left 62

| Complete Funeral (except outlays)..... | \$ | |
|---|----|--------|
| Casket..... | | |
| Burial Vault or Box..... (State Kind) | | 225 00 |
| Embalming Body..... (Name of Embalmer) | | |
| Barber, \$..... Hair Dressing, \$..... | | |
| Dressing Body, \$..... Underwear, \$..... | | |
| Suit or Dress..... (State Kind and Color) | | |
| Slippers, \$..... Hose, \$..... | | |
| Folding Chairs, \$..... Tarpaulin, \$..... | | |
| Candelabrum, \$..... Candles, \$..... | | |
| Door Spray, \$..... Gloves, \$..... | | |
| Funeral Car, \$..... Ambulance, \$..... | | |
| Limousines to Cemetery @ \$..... | | |
| Extra Limousines @ \$..... | | |
| Autos to R. R. Station @ \$..... | | |
| Getting Remains 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 <u>Cemetery Pa</u> | | 75 00 |
| Cremation..... | | |
| Flowers, \$..... Palms, \$..... Matting, \$..... | | 90 13 |
| Rental of Tent, \$..... of Temporary Vault, \$..... | | |
| Opening of Grave or Tomb..... | | |
| Lining Grave, \$..... Lowering Device, \$..... | | |
| Outlay for Shipping Charges..... | | |
| Clergymen, \$..... Singers, \$..... Organist, \$..... | | |
| Railroad { Tickets, \$..... Aero- plane Service, \$..... | | |
| or Motor { _____ | | |
| Telegr., Phone, Cable or Radio Charges..... | | |
| Cash Advanced..... | | |
| Out of town Funeral Director's Charges..... | | |
| Personal Service..... | | |
| _____ line Death Notices in <u>4</u> Papers..... | | 33 80 |
| (Names of Newspapers) CAVOY FUNERAL HOME | | |
| Sales Tax..... | | |
| Total Footing of Bill <u>3,128</u> | | 436 93 |
| 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 _____ for the payment of aforesaid sum, and I hereby covenant 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

17

Total No. 17 Yearly No. 17 Date of Entry Nov. 8 1968
 Name of Deceased Margaret Joseph
 Married Single Widowed Divorced 10064
 Residence 3103 Fairfield Ave, Bronx NY Husband Wife Widow } Raymond (What Race)
 or of } Age of Husband or Wife (if living) _____ Years

Charge to Maria Joseph
 Address 3103 Fairfield Ave NY 10064
 Order given by _____
 How secured _____ (or informant)
 If Veteran, Name of War _____
 Occupation Housewife (Social Security Number) _____
 Employer and Address _____

Date of Death Nov 8 1968 (Mo.) (Day) (Year) (Hour)
 Date of Birth May 16 1888 (Mo.) (Day) (Year) (Month) (Days) Age 80
 Name of Father Joseph Battista
 His Birthplace Italy
 Maiden Name of Mother Margaret Vidarone
 Her Birthplace Italy

Date of Funeral Nov 12 1968 M. (Day) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman Fr. B. White (Address) _____
 Religion of the Deceased Catholic
 Birthplace Italy

Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death St. Clare Hospital NY
 Cause of Death Natural Cause
 Contributory Causes _____

Certifying Physician _____ (or Coroner)
 His Address _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery } Cadging Country
 Crematory }



Lot No. 636
 Grave No. _____
 Section No. 5
 Block No. _____
 Owner _____

Misc. 55 OK

| Complete Funeral (except outlays) | | \$ |
|---|----------------------------------|---------|
| Casket <u>5</u> | | 825 00 |
| Burial Vault or Box _____ | (State Kind) | 125 00 |
| Embalming Body _____ | (Name of Embalmer) | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Costly</u> | (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 <u>NY PLANE</u> | | 54 75 |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ | (State Number and District) | |
| Certif. Copies of Death Certificates No. _____ | (State Physician's or Coroner's) | 5 00 |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax _____ | | |
| Outlay for Lot <u>Cadging Country</u> | | 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 _____ | | |
| _____ line Death Notices in _____ Papers _____ | | 13 00 |
| (Names of Newspapers) McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill <u>Nov 14 1968</u> | | 1274 75 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page <u>101</u> 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. 18 Yearly No. 18 Date of Entry Nov. 13, 1968

Name of Deceased Joseph Grassi N (What Race)
 Married Single Widowed Divorced

Residence 715 Laramie #10 Age of Husband or Wife (if living) _____ Years
Charge to Land & Linell

Address 310 Res. Trust
Order given by _____ (or informant)
How secured _____

If Veteran, Name of War NW1
Occupation Telco 210-09-5543 (Social Security Number)

Employer and Address _____
Date of Death Nov 13, 1968 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 22 25 1882 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William
His Birthplace Italy

Maiden Name of Mother Wabam
Her Birthplace Italy

Date of Funeral Nov 16, 1968 (Date) (Day of Week) (Hour) M.

Services at St. Anthony Church
Clergyman Fr. White (Address)

Religion of the Deceased Catholic
Birthplace Italy

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

Place of Death VA Hospital
Cause of Death Basal Pneumonia

Contributory Causes _____
Certifying Physician _____ (or Coroner)

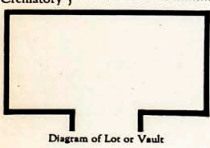
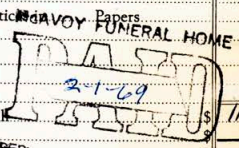
His Address _____
Motor { Remains to _____
Ship { _____
Size of Casket _____ (State Color and Number)

Manufactured by _____
Cemetery { Calvary Cemetery (Sacramento)
Crematory { _____

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

Misc. _____
200-12-6-68

| Complete Funeral (except outlays)..... | | \$ |
|---|----------------------------------|---------|
| Casket <u>4 Shields</u> | | 875 00 |
| Burial Vault or Box | (State Kind) | 228 00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress <u>Check</u> | (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) | |
| <u>4</u> 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, \$ | 12 72 |
| Matting, \$ | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | 50 00 |
| Organist, \$ | | |
| Railroad { Tickets, \$ | Aero-plane Service, \$ | |
| Motor { _____ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| _____ line Death Notice _____ Papers _____ | | 8 00 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | 1196 72 |
| Less _____ | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |



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

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

RECORD OF FUNERAL

19

Total No. 19 Yearly No. 19 Date of Entry Nov. 22 19 68

Name of Deceased Inez Bitten
 Married Single Widowed Divorced (What Race)
 Residence Box 521 F.R.D. #5 Pk 5 Husband Wife Widow }
 or _____ } Age of Husband or Wife (if living) _____ Years

Charge to Stanley Bitten
 Address Box 521 F.R.D. #5 Pk 5 Pa

Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Janitor 168-89-0588
 (Social Security Number)
 Employer and Address _____

Date of Death Nov 22, 1968
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Nov 6, 1888 Age 84 8-16
 (Mo.) (Day) (Yr.) (Moa.) (Days)
 Name of Father John Bitten
 His Birthplace Lithonia

Maiden Name of Mother Marjorie
 Her Birthplace Lithonia
 Date of Funeral Nov 26, 1968 M.
 (Date) (Day of Week) (Hour)

Services at A. Cunningham Parsonage
 Clergyman Dr. H. H. Kinnaman
 Religion of the Deceased Catholic
 Birthplace Lithonia
 Resided in the State _____ (for U.S. or City or County) (Years) (Months)

Place of Death Ohio Valley Hospital
 Cause of Death Arteriosclerosis
 Contributory Causes Nephrosclerosis

Certifying Physician Dr. Fitchman
 (or Coroner)
 His Address Ohio Valley Hospital
 Motor } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery } Mountain Country
 Crematory }

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

Misc. Billed - Dec 6 1968

| Complete Funeral (except outlays) | | \$ |
|---|------|----|
| Casket <u>6 times</u> | 1070 | 00 |
| Burial Vault or Box _____ (State Kind) | 225 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Clothing</u> | 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) | | |
| <u>12</u> 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 <u>Country, Single</u> | 125 | 00 |
| Cremation _____ | | |
| Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ | 68 | 90 |
| 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 |
| McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | |
| Less _____ | | |
| Balance _____ | 1590 | 90 |
| Entered into Ledger page <u>71</u> 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 _____



Diagram of Lot or Vault

RECORD OF FUNERAL

Total No. 20 Yearly No. 20 Date of Entry Nov. 29 1968

Name of Deceased Stanley C. Kirpantha
 Married Single Widowed Divorced

Husband Wife Widow of } Mary Metz (What Race)
or _____ of } Age of Husband or Wife (if living) _____ Years

Residence 1735 Jodie Ave 19

Charge to Mr. Mary Kirpantha
Address 1735 Jodie Ave 19

Order given by _____
(or informant) _____

How secured _____

If Veteran, Name of War _____

Occupation Teacher 209-03-9456
(Social Security Number)

Employer and Address _____

Date of Death Nov 20, 1968
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 25, 1909 Age 59-4-4
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Neel Kirpantha

His Birthplace _____

Maiden Name of Mother Rubin Anandgoshi

Her Birthplace _____

Date of Funeral Dec 2, 1968 M.
(Date) (Day of Week) (Hour)

Services at Griffin's Chapel

Clergyman W. H. White
(Address)

Religion of the Deceased Catholic

Birthplace Ketchikan, 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 Chronic Pharyngitis - U.S.H.W.

Certifying Physician A. R. Pandy, Jr.
(or Coroner)

His Address Mary Hospital

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

Manufactured by _____
Cemetery } Calvary Cemetery
Crematory }

Lot No. 53

Grave No. 9

Section No. 40

Block No. 1

Owner _____

Misc. _____

| Complete Funeral (except outlays) | | | |
|---|----------------------------------|-------|----|
| Casket <u>o. l. w. c.</u> | | 15.95 | 00 |
| Burial Vault or Box _____ | (State Kind) | 2.25 | 00 |
| Embalming Body _____ | (Name of Embalmer) | | |
| Barber, \$ _____ | Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ | Underwear, \$ _____ | | |
| Suit or Dress <u>Blue</u> | (State Kind and Color) | 4.85 | 00 |
| Slippers, \$ _____ | Hose, \$ _____ | | |
| Folding Chairs, \$ _____ | Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ | Candles, \$ _____ | | |
| Door Spray, \$ _____ | Gloves, \$ _____ | | |
| Funeral Car, \$ _____ | Ambulance, \$ _____ | | |
| Limousine to Cemetery _____ | @ \$ _____ | | |
| Extra Limousines _____ | @ \$ _____ | | |
| Autos to R. R. Station _____ | @ \$ _____ | | |
| Getting Remains 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 _____ | | | |
| 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, \$ _____ | | 2.00 | 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 _____ | | 18 | 20 |
| (Names of Newspapers) | MACVOY FUNERAL HOME | | |
| Sales Tax _____ | <u>Dec 14, 1968</u> | | |
| Total Footing of Bill _____ | | 17.78 | 20 |
| Less _____ | | 5.00 | 00 |
| Balance _____ | | 12.78 | 20 |
| Entered into Ledger, page _____ or below. | | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

21

Total No. 24 Yearly No. 28 Date of Entry Nov 30 19 68
 Name of Deceased Robert H. Hume (Ch. M. E. 101) JA
 Married Single Widowed Divorced (What Race)
 Husband Wife Widow }
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 3333 Oxford Ave 13
 Charge to John J. Hume
 Address 3333 Oxford Ave
 Order given by _____
 How secured _____ (or Informant)
 If Veteran, Name of War _____
 Occupation In Religion 202-40-1101
 Employer and Address _____
 Date of Death Nov 30, 1968
 Date of Birth July 2, 1903 Age 65
 Name of Father Edmund J. Hume
 His Birthplace _____
 Maiden Name of Mother Mary P. Sullivan
 Her Birthplace _____
 Date of Funeral Dec 3, 1968 M.
 Services at St. Mary's
 Clergyman _____
 Religion of the Deceased Catholic
 Birthplace Pittsburgh, Pa.
 Resided in the State _____
 Place of Death St. Mary's Hospital
 Cause of Death Cardiac Thrombosis
 Contributory Causes _____
 Certifying Physician John A. Hume
 His Address St. Mary's Hospital
 Motor Ship } Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery } St. Thomas Cemetery
 Crematory }
 Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____

Complete Funeral (except outlays) \$ _____
 Casket _____ \$ 315.00
 Burial Vault or Box _____ \$ 87.00
 Embalming Body _____
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Extra Limousines @ \$ _____
 Autos to R. R. Station @ \$ _____
 Getting Remains from _____
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 _____ Certif. Copies of Death Certificates No. _____
 _____ (State Physician's or Coroner's)
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 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 Newspaper) NAVY FUNERAL HOME
 Sales Tax _____
 Total Footing of Bill Jan 5, 1969 \$ 397.00
 Less _____ \$ _____
 Balance _____ \$ _____
 Entered into Ledger, page 11 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. 22 Yearly No. 22 Date of Entry Dec 12 1968

Name of Deceased Frank J. Bronsick Jr
 Married Single Widowed Divorced H
(What Race)

Residence 6828 Turrellman Drive 35
 Husband Wife Widow }
or of } Age of Husband or Wife (if living) Years

Charge to Frank J. Bronsick Jr

Address 6828 Turrellman Drive 35

Order given by

How secured (or informant)

If Veteran, Name of War

Occupation None None
(Social Security Number)

Employer and Address

Date of Death Dec 13, 1968

Date of Birth Dec 6, 1918 Age 6
(Mo.) (Day) (Yr.) (Hour) (Mo.) (Day) (Yr.) (Mon.) (Days)

Name of Father Frank J. Bronsick Jr

His Birthplace Pittsburgh Pa

Maiden Name of Mother May Louise Cignich

Her Birthplace Pittsburgh Pa

Date of Funeral Dec 14, 1968 M.

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

Clergyman Fr. Stefan

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

Resided in the State

Place of Death Chickadee, Pa
(or U.S. or City or County) (Years) (Months)

Cause of Death Myocardial Infarction

Contributory Causes None

Certifying Physician John J. Murphy
(or Coroner)

His Address Chickadee, Pa

Motor Ship } Remains to

Size of Casket

Manufactured by

Cemetery }

Crematory }

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Complete Funeral (except outlays) \$

Casket 235 00

Burial Vault or Box

Embalming Body

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

..... Certif. Copies of Death Certificates No.

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot Country Charge 30 00

Cremation

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

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

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergymen, \$ Singers, \$ Organist, \$

Railroad { Tickets, \$ Aero- plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Funeral Director's Charges

Personal Service

..... line Death Notices in Papers

(Names of Newspapers) **McAVOY FUNERAL HOME**

Sales Tax

Total Footing of Bill Jan 3, 1969 \$ 265 00

Less

Balance

Entered into Order or below.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.

Misc.



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Insurance \$ Names of Lodges Insurance Companies

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

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

Signature Address

Address


RECORD OF FUNERAL

23

Total No. 23 Yearly No. 23 Date of Entry Dec 30 1968
 Name of Deceased David R. Bony W
 Married Single Widowed Divorced (What Race)
 Residence 1716 Laurel Street 19 } Husband Wife Widow
 Charge to Mrs Catherine Bony or of } Age of Husband or Wife (if living) Years

Address 1716 Laurel Street 19
 Order given by
 How secured (or informant)
 If Veteran, Name of War
 Occupation Tire Letter (Social Security Number)
 Employer and Address
 Date of Death Dec 30, 1968 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Feb 26, 1906 Age 62 (Mo.) (Day) (Yr.) (Mos.) (Days)
 Name of Father William Bony
 His Birthplace
 Maiden Name of Mother Mrs Bony
 Her Birthplace
 Date of Funeral Jan 3, 1969 M. (Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman Fr. White (Address)
 Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death 1716 Laurel St.
 Cause of Death Arterio-sclerotic Cerebr
 Contributory Causes Trunk Arterios

| Complete Funeral (except outlays) | | \$ |
|--|----------------------------------|--------|
| Casket <u>W. Francis</u> | | 935.00 |
| Burial Vault or Box | (State Kind) | 150.00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | <u>Tail</u> | 1.50 |
| 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) | |
| <u>4</u> 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, \$ | |
| 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, \$ | 30.00 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |

Certifying Physician Dr. Ralph Heller (or Coroner)
 His Address
 Motor Ship } Remains to
 Size of Casket (State Color and Number)
 Manufactured by
 Cemetery } Bony Rectory
 Crematory }

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

line Death Notice Funeral Home
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 1399.00
 Less
 Entered into Ledger, page or below.

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

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

RECORD OF FUNERAL

Total No. 24 Yearly No. 1 Date of Entry Jan 7 1969

Name of Deceased A. Marie L. Lutes
 Married Single Widowed Divorced

Husband Wife Widow of Edmond (What Race)
or of Age of Husband or Wife (if living) Years

Residence R. D. 6 Butler Pa 16001

Charge to Miss Kenneth Longfleur

Address 1326 Hawthorne St. Ct.

Order given by (or informant)

How secured

If Veteran, Name of War

Occupation Retired Teacher 190-09-3127
(Social Security Number)

Employer and Address

Date of Death Jan 7, 1969

Date of Birth July 13, 1898 Age 74 5-24
(Mo.) (Day) (Yr.) (Hr.) (Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father Suburban Longfleur W.

His Birthplace

Maiden Name of Mother Mrs. Dunsacker

Her Birthplace

Date of Funeral Jan 13, 1969 M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Bishop
(Address)

Religion of the Deceased R.C. Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Butler, Pa.

Cause of Death Myocardial Infarction

Contributory Causes Myocardial Infarction

Certifying Physician E.C. Lutton
(or Coroner)

His Address Butte Pa.

Motor } Remains to
Ship }

Size of Casket (State Color and Number)

Manufactured by



Lot No.

Grave No.

Section No.

Block No.

Owner

| | | | |
|---|----------------------------------|--------------|---------|
| Complete Funeral (except outlays) | | \$ | |
| Casket <u>Professional Service</u> | | | 965 00 |
| Burial Vault or Box | (State Kind) | | 235 00 |
| Embalming Body | (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress <u>Check</u> | | | 50 00 |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | | |
| Extra Limousines @ \$ | | | |
| Autos to R. R. Station @ \$ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit | (State Number and District) | | |
| 9 Certif. Copies of Death Certificates No. <u>9</u> | (State Physician's or Coroner's) | | 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | \$ | |
| Outlay for Lot <u>Cemetery Charges</u> | | | 150 00 |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | Matting, \$ | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | Lowering Device, \$ | | |
| Outlay for Shipping Charges | | | |
| 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 <u>McAVOY FUNERAL HOME</u> | | \$ | 1399 00 |
| Less | | \$ | |
| Balance | | \$ | |
| Entered into Ledger, page | or below | | |

Misc. PER Mar 30

Misc.

55-6K
Billed 2/19/69

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|-------------------|------------------|-------------|-----------|------|--------------------|-------------|---------|
| | To Above Balance | | \$ | | To Balance Forward | | \$ |
| <u>Mar 19, 68</u> | By Payment | \$ 655 26 | \$ 743 74 | | By Payment | \$ | \$ |
| <u>Apr 7</u> | " " | \$ 743 74 | \$ 0 | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

Insurance \$ Names of Lodges Insurance Companies

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

RECORD OF FUNERAL

25

Total No. 35 Yearly No. 2 Date of Entry Jan 9 19 69

Name of Deceased Sam E. Saba
 Married Single Widowed Divorced

Husband Wife Widow
 or _____ of _____ (What Race) _____ Years

Residence 5341 Hamid St 24

Charge to Hejira Saba

Address 5341 Hamid St 24

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Ad. Driver 277-22-6647
 (Social Security Number)

Employer and Address _____

Date of Death Jan 9 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 7 1911 Age 58
 (Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father Chana Saba

His Birthplace Palestine

Maiden Name of Mother Rosch Egan

Her Birthplace Palestine

Date of Funeral Jan 13 1969 M.
 (Date) (Day of Week) (Hour)

Services at H. George Cobby Church

Clergyman Dr. Long (Address)

Religion of the Deceased Syrian Catholic

Birthplace Palestine

Resided in the State W. A. N. M. N. N. N. N.
 (or U.S. or City or County) (Years) (Months)

Place of Death _____

Cause of Death Arteriosclerosis

Contributory Causes Arteriosclerosis & Atherosclerosis
with Metastases to Lungs & (?) Brain

Certifying Physician D. C. Jordan (or Coroner)

His Address 21-4 Hamid St. New York, N.Y.

Motor { Remains to _____

Ship { _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery H. George Cobby

SABA
 On Thursday, Jan. 9, 1969, Isaac Saba, husband of Maria, son of Joseph Sommano, Philomena and Rose Saba, brother of Mary, and George, the late JOHN F. SABA, FUNERAL HOME, 1700 Forbes Ave., Memphis, Tennessee, and St. George's Episcopal Church, 21-4 Hamid St., New York, N.Y., died at his home in St. George's Episcopal Church, New York, N.Y., at 11:00 A.M.

Diagram of Lot or Vault

Misc. 88-05

Filed 7/13/69
Pastan 2/28/69

| Complete Funeral (except outlays) | \$ |
|--|---------|
| Casket <u>o. h. h.</u> | 1350 00 |
| Burial Vault or Box _____ (State Kind) | 175 00 |
| Embalming Body _____ (Name of Embalmer) | |
| Barber, \$ _____ Hair Dressing, \$ _____ | |
| Dressing Body, \$ _____ Underwear, \$ _____ | |
| Suit or Dress <u>city</u> | 53 75 |
| Slippers, \$ _____ Hose, \$ _____ | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | |
| Candelabrum, \$ _____ Candles, \$ _____ | |
| Door Spray, \$ _____ Gloves, \$ _____ | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | |
| Limousines to Cemetery @ \$ _____ | |
| Extra Limousines @ \$ _____ | |
| Autos to R. R. Station @ \$ _____ | |
| Getting Remains from _____ | |
| Taking Remains to _____ | |
| Trip to Coroner's Inquest _____ | |
| Delivering Box to _____ | |
| Deliver Flowers to _____ | |
| Removal Charges _____ | |
| Procuring Burial Permit _____ (State Number and District) | |
| 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 { Tickets, \$ _____ Aero- plane Service, \$ _____ | |
| or Motor { _____ | |
| Telegr., Phone, Cable or Radio Charges _____ | |
| Cash Advanced _____ | |
| Out of town Funeral Director's Charges _____ | |
| Personal Service _____ | |
| _____ line Death Notices in _____ Papers _____ | 25 00 |
| (Names of Newspapers) | |
| Sales Tax _____ | |
| Total Footing of Bill _____ | 1593 75 |
| Less _____ | |
| Balance _____ | |
| Entered into Ledger, page _____ or below. | |
| Misc. _____ | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------|------------------|-------------|------------|------|--------------------|-------------|---------|
| 2-26-71 | To Above Balance | 250 00 | \$ 1343 75 | | To Balance Forward | | \$ |
| | By Payment | \$ | \$ | | By Payment | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant 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. 26 Yearly No. 3 Date of Entry Jan 13 1969

Name of Deceased Joseph T. McCurdy
 Married Single Widowed Divorced

Husband Wife Widow (What Race) H.
or } Age of Husband or Wife (if living) _____ Years

Residence 211 West Street 19

Charge to Mrs. Julia McCurdy

Address 211 West St 19

Order given by _____ (or Informant)

How secured _____
If Veteran, Name of War WW 2

Occupation Teacher 162-18-7515 (Social Security Number)

Employer and Address _____

Date of Death Jan 13, 1969

Date of Birth Jan 27, 1910 Age 58

Name of Father Joseph T. McCurdy

His Birthplace _____

Maiden Name of Mother Elizabeth Hoffman

Her Birthplace _____

Date of Funeral Jan 17, 1969 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 Country) (Years) (Months)

Place of Death Montgomery, Ala.

Cause of Death Myocardial Infarction

Contributory Causes Enlarged Venous & Arterioles

Certifying Physician Dr. R. Long (or Coroner)

His Address Montgomery, Ala.

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____ (State Color and Number)

Cemetery St. Ann's Cemetery

Lot No. 46

Grave No. 3

Section No. 1.3

Block No. _____

Owner _____

Misc. _____

Misc. Rec'd 2/13/69

Misc. v. u. - off.

| Complete Funeral (except outlays) | \$ | |
|--|-------|----|
| Casket | 1,015 | 00 |
| Burial Vault or Box | 150 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <u>Cherry</u> | 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 | | |
| 7 Certif. Copies of Death Certificates No. _____ (State Number and District) | 7 | 00 |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Gravestone Charges</u> | 1.80 | 00 |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | | |
| Rental of Tent, \$ of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ Lowering Device, \$ | | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ Singers, \$ Organist, \$ | 20 | 00 |
| Railroad or Motor Tickets, \$ Aero- or plane Service, \$ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| _____ line Death Notices in _____ Papers | 2.00 | 00 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | 1,443 | 00 |
| Less _____ | | |
| Balance | | |
| Entered into Ledger (page _____) or below | | |

McAVOY FUNERAL HOME
Balance
Entered into Ledger (page _____) or below
Misc. May 25, 1969

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|-------------|-------------------------|-------------|-----------|------|--------------------|-------------|---------|
| Jan 30 1969 | To Above Balance | 1000 00 | \$ 443 00 | | To Balance Forward | | \$ |
| Mar 24 1969 | By Payment <u>88 25</u> | \$ 193 00 | \$ 250 00 | | By Payment | | \$ |
| May 27 1968 | " " | \$ 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.

Witness _____

Signed _____

Address _____

RECORD OF FUNERAL

27

Total No. 27 Yearly No. 4 Date of Entry Jan 13 1969

Name of Deceased Mary Harsch
 Married Single Widowed Divorced

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

Residence 1241 Adams Ave 16

Charge to Mrs Rose Bunting

Address 1233 Adams Ave 16

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Clerk (Social Security Number) _____

Employer and Address _____

Date of Death Jan 13, 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth _____ Age _____ (Mo.) (Day) (Yr.) (Mox.) (Days)

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Date of Funeral Jan 18, 1969 (Date) (Day of Week) (Hour) M.

Services at St John the Baptist Church

Clergyman _____ (Address) _____

Religion of the Deceased Baptist

Birthplace Pittsburgh Pa

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

Place of Death 1241 Adams Ave

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 _____

Created by **KURCHER** Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| | | |
|--|----|---------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket <u>Stance</u> | | 1370 00 |
| Burial Vault or Box _____ (State Kind) | | 225 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Cathy</u> _____ (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) | | |
| 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 <u>Amity Chapel</u> | | 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, \$ _____ | | |
| Railroad { Tickets, \$ _____ Acro- or Motor { plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| _____ line Death Notices in _____ Papers _____ | | 19 00 |
| (Names of Newspapers) CAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill <u>Jan 2, 1969</u> | \$ | 1730 80 |
| Less _____ | \$ | 34 80 |
| Balance _____ | \$ | 1700 00 |
| Entered into Ledger, page <u>111</u> 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. 28 Yearly No. 5 Date of Entry Jan 16 1969

Name of Deceased Thomas J. Lynch Jr
 Married Single Widowed Divorced

(What Race)
 Husband Wife Widow
or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 2124 Hobbs Ave 19

Charge to Thomas Lynch Jr

Address 5 Veldt St 11

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War WW 2

Occupation LABOR MAINT MAN 205-24-5563
(Social Security Number)

Employer and Address _____

Date of Death Jan 14, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 5, 1913 Age 55
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Judith Lynch

His Birthplace Ireland

Maiden Name of Mother Marie McDonough

Her Birthplace Ireland

Date of Funeral Jan 20, 1969 M.
(Day) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Fr White
(Address)

Religion of the Deceased Catholic

Birthplace Pottsville Pa

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

Place of Death S. O. U. Hospital Pottsville

Cause of Death Acute Myocardial Infarction

Contributory Causes Hypertension & Atherosclerosis H & C

Certifying Physician Dr. Stettin
(or Coroner)

His Address 543 Grand Ave

Motor } Remains to _____
Ship } _____

Size of Casket _____
(State Color and Number)

Manufactured by _____

Cemetery } Albany Cemetery
Crematory } _____

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| Complete Funeral (except outlays) | \$ | |
|---|-------|----|
| Casket <u>o. wood</u> | 9.50 | 00 |
| Burial Vault or Box | 2.25 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Wool</u> | 3 | 00 |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| <u>7</u> 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 <u>9.65</u> | | |
| 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, \$ _____ | 2.00 | 00 |
| Railroad { Tickets, \$ _____ Aero- or Motor { plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| _____ line Death Notices in _____ Papers _____ | 1.90 | 50 |
| (Names of Newspapers) | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | 12.04 | 50 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |

Misc. Post due 2/27/69
P.D. 3/22/69
P.D. att 5/5/69

Misc. 2/27/69
3/22/69
5/5/69

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|------------------|------------------------|------------|----------------|--------------------|---------|
| | To Above Balance | \$ | | To Balance Forward | \$ |
| <u>Jan 3, 69</u> | By Payment <u>W.A.</u> | \$ 2.50 00 | | By Payment | \$ |
| | " " " | \$ | | " " " | \$ |
| | " " " | \$ | <u>1/5/69</u> | " " " | \$ |
| | " " " | \$ | <u>2/27/69</u> | " " " | \$ |
| | " " " | \$ | <u>3/22/69</u> | " " " | \$ |
| | " " " | \$ | <u>5/5/69</u> | " " " | \$ |

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

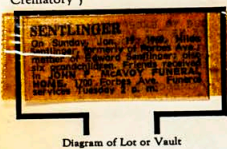
RECORD OF FUNERAL

29

Total No. 29 Yearly No. 6 Date of Entry Jan 19 1969
 Name of Deceased Philo Lettger Southey 26
 Married Single Widowed Divorced (What Race)
 Residence 1120 N. Euclid Ave 6 } of } Age of Husband or Wife (if living)..... Years
 Charge to D. P. A.

Address
 Order given by Anna Long
 How secured (or informant)
 If Veteran, Name of War
 Occupation None (Social Security Number) None
 Employer and Address
 Date of Death Jan 18, 1969
 Date of Birth Feb 2, 1909 Age 59 11 18
 Name of Father Mohann
 His Birthplace
 Maiden Name of Mother Mae
 Her Birthplace
 Date of Funeral Jan 21, 1969 M.
 Services at Epiphany Church
 Clergyman Fr. White
 Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death St. Margaret
 Cause of Death Mitral valve C.O. of knee
 Contributory Causes Coronary Arteriosclerosis
 Certifying Physician (or Coroner)
 His Address
 Motor Ship { Remains to
 Size of Casket (State Color and Number)
 Manufactured by Cemetery { Holly Hill Park
 Crematory }
 Lot No.
 Grave No. 8
 Section No. 11
 Block No. 2
 Owner Allee
 Misc. Jan 20, 1969

| Complete Funeral (except outlays) | | \$ | ¢ |
|---|--|-----|----|
| Casket <u>5 Spruce</u> | | 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 | | 50 | 00 |
| Outlay for Lot <u>Cemetery charge</u> | | | |
| 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 | | 250 | 00 |
| Less <u>McAVOY FUNERAL HOME</u> | | | |
| Balance | | | |
| Entered into Ledger, page or below. | | | |
| Misc. <u>PER 1/10</u> | | | |



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

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

RECORD OF FUNERAL

Total No. 30 Yearly No. 7 Date of Entry Jan 22 1964

Name of Deceased Francisco Herrera
 Married Single Widowed Divorced

Residence 1406 One Way Husband Wife Widow }
or _____ of _____ (What Race) _____
Age of Husband or Wife (if living) _____ Years

Charge to Francisco Herrera Espinoza

Address 130 Wilshire Ave - Laguna N.Y. 14218

Order given by 716-824-7801
(or informant)

How secured Helio Kury - 1406 One Way

If Veteran, Name of War _____

Occupation Salvador 010-10-1399
(Social Security Number)

Employer and Address _____

Date of Death Jan 22, 1964
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 64 62
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace Mexico

Maiden Name of Mother Unknown

Her Birthplace Mexico

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

Services at Grace Church

Clergyman P. White

Region of the Deceased Arizona
(Address)

Birthplace Mexico City

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

Place of Death Mountain View, Ariz

Cause of Death Myocardial Infarction

Contributory Causes None

Certifying Physician J. Herrera MD
(or Coroner)

His Address 5454 - 5th Ave

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

Manufactured by _____

Cemetery } Cherry Valley
Crematory }

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

Misc. Billed 2/22/64

| | | |
|---|------------------------|-----------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>6 Service</u> | | <u>12 45 00</u> |
| Burial Vault or Box | | <u>2 35 00</u> |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress <u>Black</u> | | <u>5 3 00</u> |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| <u>6</u> Certif. Copies of Death Certificates No. _____ | | <u>6 00</u> |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cherry Ave</u> | | <u>2 70 00</u> |
| 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 } Tickets, \$ | Aero- } Service, \$ | |
| or Motor } plane | | |
| 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 | | <u>1 5 00</u> |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | <u>18 77 00</u> |
| Less _____ | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

31

Total No. 31 Yearly No. 8 Date of Entry Jan 24 19 69

Name of Deceased Joseph W. Busko, Jr.

Married Single Widowed Divorced

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

Residence 2828 Dwight Ave 16

Charge to Mrs. Mary Busko

Address 2828 Dwight Ave 16

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War W.W. 2

Occupation Teamster (Social Security Number) _____

Employer and Address _____

Date of Death Jan 24, 1969

Date of Birth Jan 16, 1907 Age 62 15

Name of Father Anthony Busko

His Birthplace _____

Maiden Name of Mother Josephine Hrubak

Her Birthplace _____

Date of Funeral Jan 28, 1969 M.

Services at English Church

Clergyman P. White (Address) _____

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, Wash.

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 Greenwood

Lot No. 14

Grave No. 4

Section No. 40

Block No. 19

Owner _____

Misc. Filed 2/13/69
V.A. OK

| | | |
|---|----|---------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket <u>Amica</u> | | 1568 00 |
| Burial Vault or Box | | 225 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress, \$ Clothing | | 79 45 |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. 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 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 or Motor Tickets, \$ Aero-plane Service, \$ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| MAVOY FUNERAL HOME | | |
| line Death Notices in _____ Papers | | 22 00 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | 1916 45 |
| 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum. Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 32 Yearly No. 9 Date of Entry Jan 26 1969

Name of Deceased Leo Latona Married Single Widowed Divorced

Husband Wife Widow (What Race) Mrs. Helen (Age of Husband or Wife (if living) Years

Residence 1723 Laurel Street

Charge to Mrs. Helen Latona

Address 1723 Laurel Street 19

Order given by Hosp 522-0270 (or informant)

How secured

If Veteran, Name of War

Occupation Laborer 163-12-6657 (Social Security Number)

Employer and Address

Date of Death Jan 26 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 18 1908 Age 60 (Mo.) (Day) (Yr.) (Mons.) (Days)

Name of Father Pasquale Latona

His Birthplace Italy

Maiden Name of Mother Rosalia Mucilli

Her Birthplace Italy

Date of Funeral Jan 30 1969 (Date) (Day of Week) (Hour) M.

Services at St. Raphael Church

Clergyman Fr. White (Address)

Religion of the Deceased Catholic

Birthplace Sharon Pa.

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

Place of Death 1723 Laurel St.

Cause of Death

Contributory Causes

Certifying Physician Dr. Ralph Stille (or Coroner)

His Address 542 - 4th Ave (or Coroner)

Motor Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery

Crematory

Misc. Billed 2/28/69

Table with columns for item description and amount. Includes items like Complete Funeral, Casket & Burial, Embalming, Dressing Body, etc. Total amount shown as \$1880.00.

Misc. Billed 2/28/69

Misc.

Misc.

Financial summary table with columns: Date, Amount Paid, Balance, Date, Amount Paid, Balance. Shows 'To Above Balance' and 'By Payment' entries.

Insurance Names of Lodges Insurance Companies

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

for the payment of aforesaid sum, and I hereby covenant 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. 33 Yearly No. 10 Date of Entry Jan 27 19 69

Name of Deceased Hugh J. Deulin
 Married Single Widowed Divorced

Husband Wife Widow (What Race) H
 or _____ of Mary Woods Age of Husband or Wife (if living) _____ Years

Residence 417 Shakerland Blvd 16

Charge to Mrs Mary Deulin

Address Lamar 211 W. 108 St.

Order given by N. Y. N. Y. 10025
 (or informant)

How secured _____

If Veteran, Name of War. 2142

Occupation Teacher 726-10-1715
 (Social Security Number)

Employer and Address _____

Date of Death Jan 27, 1969

Date of Birth July 29, 1920 Age 38
 (Mo.) (Day) (Yr.) (Hour) (Mgs.) (Days)

Name of Father James J. Deulin Sr.

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Mary Ann Kunkler

Her Birthplace _____

Date of Funeral Jan 31, 1969 M.
 (Date) (Day of Week) (Hour)

Services at Griffith Church

Clergyman J. White (Address) _____

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 242 Kings Hwy. 14

Cause of Death Broncho pneumonia

Contributory Causes Petty charge of liver
Arterio Sclerosis

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

His Address _____

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

Manufactured by _____

Cemetery Caring Center

Crematory _____

Diagram of Lot or Vault

Lot No. 474
 Grave No. 11
 Section No. 20
 Block No. _____
 Owner _____

Misc. V. G. O. K.
Billed 2/28/69
Paid 5/5/69
6/8/69 12/7/69

| Complete Funeral (except outlays) | | \$ |
|---|--|---------|
| Casket <u>6 times</u> | | 1275 00 |
| Burial Vault or Box _____ (State Kind) | | 300 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ (State Kind and Color) | | |
| Slippers, \$ _____ ✓ Hose, \$ _____ | | 7 00 |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| 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 <u>bury only</u> | | 290 00 |
| Cremation _____ | | |
| Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ | | |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | |
| Opening of Grave or Tomb _____ | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | |
| Outlay for Shipping Charges _____ | | |
| Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____ | | 20 00 |
| Railroad { Tickets, \$ _____ Aero- or Motor { 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 00 |
| (Names of Newspaper) <u>McAVOY FINANCIAL HOME</u> | | 125 00 |
| Sales Tax _____ | | |
| Total Footing of Bill <u>July 12, 1970</u> | | 1622 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, <u>paid</u> or below. _____ | | |

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|------------------|------------------|-----------|------|--------------------|-----------|
| | To Above Balance | 1000 00 | | To Balance Forward | \$ 622 00 |
| <u>Jan 17/69</u> | By Payment | \$ 500 00 | | By Payment | \$ 122 00 |
| <u>Mar 10/69</u> | " " | \$ 95 00 | | " " | \$ 47 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 _____



The Gray Funeral Home
1700 Forbes Avenue
Ph. (15219),
Pa.

Mrs. Mary Devlin
211 West 108th St.
New York (10025)
N.Y.

RECORD OF FUNERAL

Total No. 34 Yearly No. 11 Date of Entry Jan 29 1964

Name of Deceased Ernest H. Nassar Sr (What Race) Wh
 Married Single Widowed Divorced

Residence 61 Longue Drive 28 or Viola Bechell (What Race) Wh
Charge to Estate of E. H. N. of Age of Husband or Wife (if living) Years

Address _____

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Attorney at Law 11-2-32-5871 (Social Security Number)

Employer and Address _____

Date of Death Jan 25, 1968

Date of Birth Sept 25, 1902 (Mo.) (Day) (Yr.) (Hour) Age 66 4 4
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father George Nassar

His Birthplace Spain

Maiden Name of Mother Rhoda Nassar

Her Birthplace Spain

Date of Funeral Feb 1, 1968 M.

Services at St. Mary Church (Address) (Day of Week) (Hour)

Clergyman Fr. Curry (Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 308 N. Park Ave

Cause of Death Acute Myocardial Infarction

Contributory Causes _____

Certifying Physician C. P. Mable (or Coroner)

His Address West Park Ave

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

Manufactured by _____

Cemetery } Holy & Manual Park
Crematory }

| Complete Funeral (except outlays) | \$ | |
|---|-------|----------|
| Casket & linen | 23.50 | 00 |
| Burial Vault or Box | 42.50 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ | | |
| Hose, \$ | | |
| Folding Chairs, \$ | | |
| Tarpaulin, \$ | | |
| Candelabrum, \$ | | |
| Candles, \$ | | |
| Door Spray, \$ | | |
| Gloves, \$ | | |
| Funeral Car, \$ | | |
| Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | 25 | 50 00 |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 20 Certif. Copies of Death Certificates No. _____ | | 20 00 |
| (Palmer's or Coroner's) | | |
| Pall Bearer Service, \$ | | |
| Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Graveside Chapel</u> | | 20.50 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 } Tickets, \$ | | |
| or Motor } 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 <u>4</u> Papers | | 45 60 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | 3095 60 |
| Less | | |
| Balance <u>for</u> | | |
| Entered into Ledger, page <u>7</u> or below | | |

MAVOY FUNERAL HOME

24-19-1460

PER Balance for

Lot No. _____

Section No. _____

Grave No. _____

Block No. _____

Owner _____

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 _____ Address _____



Obituaries

Mt. Lebanon Attorney Dies At 66

**Ex-USW Lawyer
Ernest G. Nassar
Rites Saturday**

Ernest G. Nassar, a Pittsburgh attorney for 42 years, died yesterday of a heart attack in a client's home.

Mr. Nassar, 66, of 61 Longue Vue Dr., Mt. Lebanon, was a former representative of the United Steel Workers of America.

He was a member of the Grotto Chapter of the Masons, Y M C A Businessmen's Club and the board of trustees of St. John's Hospital.

Surviving are his wife, Violet E. Gaskell Nassar; two sons, Ernest G. Jr. of Detroit and Randall L. of Pittsburgh; three brothers, Edward G., James W. and Michael, all of Pittsburgh; and a sister, Mrs. Matilda Nader of New Kensington.

Friends are being received at the Edward J. McAvoy Funeral Home, 1700 Forbes Ave.

Services will be at 2 p. m. Saturday at St. George's Syrian Orthodox Church, Oakland.

RECORD OF FUNERAL

35

Total No. 35 Yearly No. 12 Date of Entry Feb. 4 19 69
 Name of Deceased Mary Elizabeth Thompson (St. M. Francis Jerome) W.
 Married Single Widowed Divorced (What Race)
 Residence Holy Cross Hospital, Holy Cross Husband Wife Widow or or of } Age of Husband or Wife (if living) _____ Years

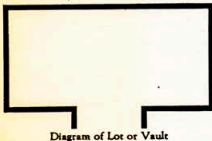
Charge to Suitors of Mary
 Address 3333 Rigel Ave. Pl.
 Order given by Jordan Thomas (F.H.)
 How secured _____
 If Veteran, Name of War _____

Occupation Teacher, Religion
 Employer and Address Sisters of Mercy
 Date of Death Feb 4 1969
 Date of Birth Feb 22 1919 Age 57 9
 Name of Father Thomas Thompson
 His Birthplace _____
 Maiden Name of Mother Martha Duff
 Her Birthplace _____

Date of Funeral Feb 8 1969 M.
 Services at St. Mary's
 Clergyman _____
 Religion of the Deceased Roman Catholic
 Birthplace Pa.

Resided in the State _____
 Place of Death Manassas, Va.
 Cause of Death Coronary Heart Disease
 Contributory Causes Rheumatic Heart
 Certifying Physician _____
 His Address St. Mary's

Motor Ship } Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery } St. Ann's, Satonsville
 Crematory } _____



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

Misc. Billed 3/12/69

| Complete Funeral (except outlays) | \$ | |
|---|------|--------|
| Casket | | |
| Burial Vault or Box | 70 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ | | |
| Hose, \$ | | |
| Folding Chairs, \$ | | |
| Tarpaulin, \$ | | |
| Candelabrum, \$ | | |
| Candles, \$ | | |
| Door Spray, \$ | | |
| Gloves, \$ | | |
| Funeral Car, \$ | | |
| Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | 78 | 00 |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Use of Chapel, \$ | | |
| Pall Bearer Service, \$ | | |
| 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 | 50 | 00 |
| line Death Notices in _____ Papers | 10 | 00 |
| (Names of Newspapers) | | |
| <u>Delawarean, Wilmington, Del.</u> | 7 | 50 |
| <u>Register, BR</u> | 2 | 00 |
| Sales Tax | | |
| Total Footing of Bill | \$ | 317 50 |
| Less | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |

McAVOY FUNERAL HOME

Misc. Mar 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 _____
 for the payment of aforesaid sum, and I hereby covenant 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. 36 Yearly No. 13 Date of Entry Feb 13 1969

Name of Deceased Ms. Mary Jean Patterson - Josephine (What Race) White

Residence 3333 Rife Ave Pgt, 13 Husband Wife Widow Divorced Single Married Widowed (Age of Husband or Wife (if living)) _____ Years

Charge to _____ Complete Funeral (except outlays) \$ _____

Address _____ Casket 315 00

Order given by _____ (or informant) _____ Burial Vault or Box 70 00

How secured _____ Embalming Body _____ (Name of Embalmer)

If Veteran, Name of War _____ Barber \$ _____ Hair Dressing \$ _____ Dressing Body \$ _____ Underwear \$ _____ Suit or Dress _____ (State Kind and Color)

Occupation 202-40-3067 (Social Security Number) Slippers \$ _____ Hose \$ _____

Employer and Address _____ Folding Chairs \$ _____ Tarpaulin \$ _____ Candelabrum \$ _____ Candles \$ _____

Date of Death Feb 13 1969 (Day) (Yr.) (Hour) Door Spray \$ _____ Gloves \$ _____ Funeral Car \$ _____ Ambulance \$ _____

Date of Birth Aug 19 1892 (Mo.) (Day) (Yr.) (Mo.) (Days) Age 76 - 14 Limousines to Cemetery @ \$ _____ Extra Limousines @ \$ _____

Name of Father And Stappan Patterson Autos to R. R. Station @ \$ _____ Getting Remains from _____

His Birthplace _____ Taking Remains to _____ Trip to Coroner's Inquest _____

Maiden Name of Mother Anna Marie M. Sled Delivering Box to _____ Deliver Flowers to _____

Her Birthplace Pa. Removal Charges _____ Procuring Burial Permit _____ (State Number and District)

Date of Funeral Feb 17 1969 (Date) (Day of Week) (Hour) M. Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's)

Services at St. Mary's - St. Mary's Pall Bearer Service \$ _____ Use of Chapel \$ _____ Gross Total for Sales Tax _____

Clergyman _____ (Address) _____ Outlay for Lot _____ Cremation _____

Religion of the Deceased Roman Catholic Flowers \$ _____ Palms \$ _____ Matting \$ _____ Rental of Tent \$ _____ of Temporary Vault \$ _____

Birthplace Cape May, N.J. Opening of Grave or Tomb _____ Lining Grave \$ _____ Lowering Device \$ _____

Resided in the State _____ (or U.S. or City or County) (Years) (Months) Outlay for Shipping Charges _____

Place of Death Mary Hospital Clergymen \$ _____ Singers \$ _____ Organist \$ _____ Railroad or Motor Tickets \$ _____ Aero-plane Service \$ _____

Cause of Death Disseminated Carcinoma Telegr. Phone, Cable or Radio Charges _____ Cash Advanced _____

Contributory Causes Breast Carcinoma Out of town Funeral Director's Charges _____ Personal Service _____

Certifying Physician R. P. Klein (or Coroner) _____ line Death Notices in _____ Papers _____ (Names of Newspapers) 7 50

His Address 1501 Locust St. Pgtm 17 Registered Book 2 00

Motor Ship } Remains to _____ Sales Tax _____ Total Footing of Bill \$ 394 50 ✓

Size of Casket _____ (State Color and Number) Less _____ Entered into Ledger, page _____ of below

Manufactured by _____ Cemetery } St. Xavier's, Larchmont Misc. Billed 3/12/69

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

Misc. _____ Man 308 Jhm

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

37

Total No. 37 Yearly No. 14 Date of Entry March 5 1969

Name of Deceased Clara O'Keefe W
 Married Single Widowed Divorced (What Race)

Residence 1607 Blvd. of the Allies Age of Husband or Wife (if living)..... Years

Charge to John O'Keefe Jr.
 Address 1607 Blvd. of Allies

Order given by John O'Keefe Jr.
 How secured (or Informant)

If Veteran, Name of War _____

Occupation _____
 Employer and Address _____
 (Social Security Number) 159-22-7759

Date of Death March 5, 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 19, 1898 Age 71
 (Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father Michael Robinson
 His Birthplace _____

Maiden Name of Mother Madeleine Eubank
 Her Birthplace _____

Date of Funeral March 8, 1969 M.
 (Date) (Day of Week) (Hour)

Services at Episcopal
 Clergyman P. J. Schmitt
 (Address)

Religion of the Deceased Roman Catholic
 Birthplace Pg., Pa.

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

Place of Death Mercy Hospital
 Cause of Death Cancer of Breast

Contributory Causes _____
 Certifying Physician P. J. Schmitt
 (or Coroner)

His Address 1501 Locust St.
 Motor } Remains to _____
 Ship } _____

Size of Casket _____
 (State Color and Number)

Manufactured by _____
 Cemetery St. Mary's Cemetery
 Crematory } _____

Lot No. 163
 Grave No. 3

Section No. F
 Block No. _____

Owner _____
 Diagram of Lot or Vault

Misc. Billed 3/12/69

| Complete Funeral (except outlays) | \$ |
|--|---------|
| Casket | 1295 00 |
| Burial Vault or Box | 225 00 |
| Embalming Body | |
| Barber, \$ Hair Dressing, \$ | |
| Dressing Body, \$ Underwear, \$ | |
| Suit or Dress | 55 00 |
| Slippers, \$ Hose, \$ | 5 00 |
| Folding Chairs, \$ Tarpsaulin, \$ | |
| Candelabrum, \$ Candles, \$ | |
| Door Spray, \$ Gloves, \$ | |
| Funeral Car, \$ Ambulance, \$ | |
| Limousines to Cemetery @ \$ | |
| Extra Limousines @ \$ | |
| Autos to R. R. Station @ \$ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | |
| Pall Bearer Service, \$ Use of Chapel, \$ | |
| Gross Total for Sales Tax | |
| Outlay for Lot <u>Removal Charge</u> | 238 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 } Tickets, \$ Aero- plane Service, \$ | |
| or Motor } _____ | |
| 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 | |
| Less | |
| Balance | 1858 00 |
| Entered <u>McVOY FUNERAL HOME</u> | |



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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____
 Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 38 Yearly No. 15 Date of Entry March 6 19 69

Name of Deceased Edward C. Shannon M
 Married Single Widowed Divorced (What Race)

Residence 14511 S. Ash St. Oakland Ill. or _____ of _____
(or informant) Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Mary Jo Shannon 60453
 Address 14511 S. Ash St. Oakland Ill.

Order given by Blake-Lamb P.H.
(or informant)

How secured _____
 If Veteran, Name of War _____

Occupation Teamster
(Social Security Number)

Employer and Address _____

Date of Death March 6, 1969
(Mo.) (Day) (Yr.) (Hour)

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

Name of Father Chris. Haeder

His Birthplace _____

Maiden Name of Mother Helen Viggano

Her Birthplace _____

Date of Funeral March 10, 1969 M.
(Date) (Day of Week) (Hour)

Services at Epiphany

Clergyman _____
(Address)

Religion of the Deceased Roman Catholic

Birthplace _____

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

Place of Death Chicago Ill.

Cause of Death _____

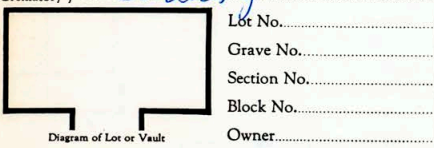
Contributory Causes _____

Certifying Physician _____
(or Coroner)

His Address _____

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

Manufactured by _____
 Cemetery }
 Crematory } Cabary



Misc. Billed 2/20/69
Paid due 7/29/69
To Attorney - Nov 11, 69

| Complete Funeral (except outlays) | \$ | % | |
|---|------|----|----|
| Casket | | | |
| Burial Vault or Box | 225 | 00 | |
| Embalming Body | | | |
| Barber, \$ | | | |
| Hair Dressing, \$ | | | |
| Dressing Body, \$ | | | |
| Underwear, \$ | | | |
| Suit or Dress | | | |
| Slippers, \$ | | | |
| Hose, \$ | | | |
| Folding Chairs, \$ | | | |
| Tarpaulin, \$ | | | |
| Candelabrum, \$ | | | |
| Candles, \$ | | | |
| Door Spray, \$ | | | |
| Gloves, \$ | | | |
| Funeral Car, \$ | | | |
| Ambulance, \$ | 30 | 00 | |
| 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 from G.P.A. | 25 | 00 | |
| Procuring Burial Permit | | | |
| Certif. Copies of Death Certificates No. | | | |
| Use of Chapel, \$ | | | |
| Pall Bearer Service, \$ | | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | 120 | 00 | |
| Cremation | | | |
| Flowers, \$ | 100 | 70 | |
| Palms, \$ | | | |
| Matting, \$ | | | |
| Rental of Tent, \$ | | | |
| of Temporary Vault, \$ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | | | |
| Lowering Device, \$ | | | |
| Outlay for Shipping Charges | | | |
| Clergymen, \$ | 20 | 00 | |
| Singers, \$ | | | |
| Organist, \$ | | | |
| Railroad Tickets, \$ | | | |
| Aero-plane Service, \$ | | | |
| Motor, \$ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | 70 | 00 | |
| line Death Notices in _____ Papers | 100 | 00 | |
| _____ | 5 | 00 | |
| Sales Tax | | | |
| Total Footing of Bill | 720 | 70 | |
| 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 _____
 for the payment of aforesaid sum, and I hereby covenant 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

39

Total No. 39 Yearly No. 16 Date of Entry March 8 1969

Name of Deceased Infant Marshall (M) W
(What Race)

Married Single Widowed Divorced

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

Residence _____

Charge to James Marshall

Address 135 Carick Ave Pk 27

Order given by James Marshall
(or informant)

How secured _____

If Veteran, Name of War _____

Occupation _____

Employer and Address _____
(Social Security Number)

Date of Death 03/08/69
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 03/08/69 Age _____
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Marshall

His Birthplace _____

Maiden Name of Mother Sandra Kuyflic

Her Birthplace _____

Date of Funeral March 10, 1969 M.
(Date) (Day of Week) (Hour)

Services at _____

Clergyman _____

Religion of the Deceased _____

Birthplace _____

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

Place of Death Magie - Warrina - Tampa

Cause of Death Heart failure

Contributory Causes Prematurity

Certifying Physician D. S. Minter
(or Coroner)

His Address Magie - Warrina

Motor Ship } Remains to _____

Size of Casket _____
(State Color and Number)

Manufactured by _____

Cemetery } Calvary Cemetery

Crematory } _____



Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. Billed 3/23/69

Complete Funeral (except outlays) \$ _____

Casket Infant \$ 25 00

Burial Vault or Box _____

Embalming Body _____
(Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____
(State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Extra Limousines @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains from _____

Taking Remains to _____

Trip to Coroner's Inquest _____

Delivering Box to _____

Deliver Flowers to _____

Removal Charges _____

Procuring Burial Permit _____
(State Number and District)

Certif. Copies of Death Certificates No. _____
(State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Gross Total for Sales Tax \$ _____

Outlay for Lot Calvary, Fla \$ 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 Man Papers 31
(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 |
|------|------------------|---------|------|--------------------|---------|
| | To Above Balance | \$ | | To Balance Forward | \$ |
| | By Payment | \$ | | By Payment | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant 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. 40 Yearly No. 17 Date of Entry March 17 1969
 Name of Deceased Frank B. Butera W (What Race)
 Married Single Widowed Divorced
 Husband Wife Widow }
 or of } Age of Husband or Wife (if living) _____ Years

Residence 725 Bedford Ave 19
 Charge to John Butera
 Address 725 Bedford Ave 19
 Order given by _____
 How secured _____ (or informant)
 If Veteran, Name of War WWII 33 686 143
 Occupation Mechanic
 Employer and Address _____
 Date of Death March 17, 1969
 Date of Birth Nov 22, 1912 Age 56
 Name of Father Frank Butera
 His Birthplace _____
 Maiden Name of Mother Antonia Tomic
 Her Birthplace _____

Date of Funeral March 20, 1969 M.
 Services at St. Bridget Church
 Clergyman Mgr. Dancoswicz
 Religion of the Deceased Catholic
 Birthplace Pittsburgh, Pa
 Resided in the State Illinois
 Place of Death Mexy Hospital DCA
 Cause of Death suicide by assault
 Contributory Causes subat wound left chest, left pleurathorax
 Amputation of left lung & aorta
 Certifying Physician John Stetler (Coroner)
 His Address 742 N. Dearborn St. Chicago

Motor } Remains to _____
 Ship }
 Size of Casket _____
 Manufactured by _____
 Cemetery } Calvary Cemetery
 Crematory }

Lot No. 43
 Grave No. 3
 Section No. 30
 Block No. _____
 Owner X D
 Misc. Billed 3/28/69

Complete Funeral (except outlays) \$ 1330 00
 Casket Professional Service 915 00
 Burial Vault or Box _____ 225 00
 Embalming Body _____
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Extra Limousines @ \$ _____
 Autos to R. 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. _____ 6 00
 (State Physician's or Coroner's)
 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 Tickets, \$ _____ Aero- or Motor plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Funeral Director's Charges _____
 Personal Service _____
 _____ line Death Notices in _____ Papers _____ 14 85
 (Names of Newspapers)

Sales Tax _____
 Total Footing of Bill \$ 1360 85
 Less _____ \$ 30 85
 Balance \$ 1330 00
 Entered into Ledger, page _____ or below.

MEAVOY FUNERAL HOME
 PAID
March 30 1969

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

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

RECORD OF FUNERAL

41

Total No. 41 Yearly No. 18 Date of Entry March 21 19 69
 Name of Deceased L. Mary Masall
 Married Single Widowed Divorced Husband Wife Widow Charles Masall (What Race) W
 Residence 900 Lundy Highway 29 or of Charles Masall Age of Husband or Wife (if living) _____ Years

Charge to Flora Dejeu
 Address 900 Lundy Highway 29
 Order given by _____
 How secured _____ (or informant)
 If Veteran, Name of War _____

Occupation Tailor
 Employer and Address _____ (Social Security Number) 772-12-4173 A
 Date of Death March 21, 1969
 Date of Birth June 5, 1880 Age 78
 Name of Father Edward Dejeu

His Birthplace _____
 Maiden Name of Mother Mary Mc Carthy
 Her Birthplace _____
 Date of Funeral March 24, 1969 M.
 Services at St. August Church
 Clergyman Messrs. Barcampiere
 Religion of the Deceased Catholic
 Birthplace Solduburgh Pa

Resided in the State Pennsylvania
 Place of Death John F. Lane Hospital
 Cause of Death Intercerebral Cardiovascular Disease
 Contributory Causes Fracture of Left Femur
By Fall to Floor 2/1/1969
 Certifying Physician Ralph Hatter - Coroner
 His Address 242 Job Ave (or Coroner)

Motor Ship Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery St. Carmel Cemetery
 Crematory _____

Lot No. 16
 Grave No. _____
 Section No. 13
 Block No. _____
 Owner _____



Misc. _____
Tripledts - Kora 3/28/69 5/16/69
Billed 5/16/70

| Complete Funeral (except outlays) | | \$ |
|---|--|---------|
| Casket <u>Professional Services</u> | | 915 00 |
| Burial Vault or Box <u>Top Seat</u> | | 175 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Clothing</u> | | 50 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) | | |
| <input checked="" type="checkbox"/> 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 <u>Cemetery Charges</u> | | 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 <input type="checkbox"/> Tickets, \$ _____ Aero-plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| <input checked="" type="checkbox"/> line Death Notices in _____ Papers _____ (Names of Newspapers) | | 16 80 |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | 1303 80 |
| Less _____ <u>Tent</u> | | 30 00 |
| Balance _____ | | |
| Entered into Ledger, page _____ or below _____ | | 1333 80 |
| Misc. _____ | | |

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|----------------|----------------------------|----------|----------------|--------------------|---------|
| <u>5/16/69</u> | To Above Balance | 315 - | <u>5/16/69</u> | To Balance Forward | 25 00 |
| <u>4/9/69</u> | By Payment <u>John Hop</u> | \$ 255 - | | By Payment | \$ - |
| <u>5/17/69</u> | " " | \$ 50 - | | " " | \$ - |
| <u>7/25/69</u> | " " | \$ 30 - | | " " | \$ - |
| <u>8/19/69</u> | " " | \$ 50 - | | " " | \$ - |
| <u>11/4/69</u> | " " | \$ 50 - | | " " | \$ - |

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

RECORD OF FUNERAL

Total No. 42 Yearly No. 19 Date of Entry March 29 1969

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

Married Single Widowed Divorced

Residence. 2724 Patterson St. 03 (What Race) W
or Janet Cummings Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Janet Summers

Address Laurel

Order given by Janet Summers (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Pipe Crew 172-32-3883 (Social Security Number)

Employer and Address _____

Date of Death Mar. 29 69 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 15 29 (Mo.) (Day) (Yr.) Age 39 (Mo.) (Days)

Name of Father James Summers

His Birthplace _____

Maiden Name of Mother Margaret M. Barry

Her Birthplace _____

Date of Funeral April 2, 1969 (Date) (Day of Week) (Hour) M.

Services at St. Henry's Church

Clergyman _____ (Address)

Religion of the Deceased Roman Catholic

Birthplace Pgh.

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

Place of Death Home - above

Cause of Death Carbon Monoxide

Contributory Causes 75% Intoxication

Certifying Physician Ralph J. Stalter (for Coroner)

His Address _____

Motor } Remains to _____
Ship }

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery Calvary Cemetery

Crematory _____

Misc. _____

| Complete Funeral (except outlays) | | \$ | |
|---|--|------|------|
| Casket <u>Professional Service</u> | | 1370 | 00 |
| Burial Vault or Box _____ (State Kind) | | 995 | 00 |
| Embalming Body _____ (Name of Embalmer) | | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | | |
| Suit or Dress _____ (State Kind and Color) | | | |
| Slippers, \$ <input checked="" type="checkbox"/> _____ Hose, \$ _____ | | | 5 00 |
| Folding Chairs, \$ _____ Tarpsaulin, \$ _____ | | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | | |
| Limousines to Cemetery @ \$ _____ | | | |
| Extra Limousines @ \$ _____ | | | |
| Autos to R. R. Station @ \$ _____ | | | |
| Getting Remains from _____ | | | |
| Taking Remains to _____ | | | |
| Trip to Coroner's Inquest _____ | | | |
| Delivering Box to _____ | | | |
| Deliver Flowers to _____ | | | |
| Removal Charges _____ | | | |
| Procuring Burial Permit _____ (State Number and District) | | | |
| <u>10</u> 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 <u>Cemetery Charges</u> | | 180 | 00 |
| Cremation _____ | | | |
| Flowers, \$ <input checked="" type="checkbox"/> Palms, \$ _____ Matting, \$ _____ | | 77 | 50 |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | | |
| Opening of Grave or Tomb _____ | | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | | |
| Outlay for Shipping Charges _____ | | | |
| Clergymen, \$ <input checked="" type="checkbox"/> Singers, \$ _____ Organist, \$ _____ | | 20 | 00 |
| Railroad / 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 _____ | | 26 | 25 |
| (Names of Newspapers) <u>Buffalo</u> | | 5 | 00 |
| Sales Tax _____ | | | |
| Total Footing of Bill _____ | | 998 | 75 |
| Less _____ | | 50 | 75 |
| Balance _____ | | | |
| Entered into Ledger, page _____ of below _____ | | 1870 | 00 |

Misc. _____

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

Insurance \$ _____ Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

43

Total No. 43 Yearly No. 20 Date of Entry April 2 19 69

Name of Deceased Catherine T. Lynch

Married Single Widowed Divorced

Husband Wife Widow
or _____ of _____ (When Race)
John T. Lynch (Age of Husband or Wife (if living)) _____ Years

Residence 331 Amabel St 11

Charge to John T. Lynch

Address Same

Order given by John T. Lynch
(or Informant)

How secured _____

If Veteran, Name of War _____

Occupation Housewife 190-24-3833
(Social Security Number)

Employer and Address _____

Date of Death April 2, 1969

Date of Birth 7/30/31 Age 37-2-1
(Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father John J. O'Donnell

His Birthplace _____

Maiden Name of Mother Nea Coyne

Her Birthplace _____

Date of Funeral April 7, 1969 M.
(Date) (Day of Week) (Hour)

Services at St. Mary of the Mount

Clergyman P. J. Jender
(Address)

Religion of the Deceased Roman Catholic

Birthplace Papa, Pa.

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

Place of Death Magie Home Hosp.

Cause of Death Pulmonary Edema

Contributory Causes Rheumatic Heart Disease

Certifying Physician Paul H. Roha
(or Coroner)

His Address Magie Hospital

Motor Ship } Remains to _____

Size of Casket _____
(State Color and Number)

Manufactured by _____

Cemetery Calvary Cemetery



Lot No. 20

Grave No. 3

Section No. T

Block No. 10

Owner _____

Misc. Called 5/16/69 5/18/70

sent 10/2/69

12/4/69

FIN 12/70

Complete Funeral (except outlays) \$

| | |
|---|------------------------------------|
| Casket <u>Professional Service</u> | 1325 00 |
| Burial Vault or Box | 325 00 |
| Embalming Body | |
| Barber, \$ | Hair Dressing, \$ |
| Dressing Body, \$ | Underwear, \$ |
| Suit or Dress | 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 _____ | |
| <u>3</u> Certif. Copies of Death Certificates No. _____ | 3 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ |
| Gross Total for Sales Tax | 180 00 |
| Outlay for Lot <u>Cemetery Charges</u> | |
| Cremation _____ | |
| Flowers, \$ | Palms, \$ |
| Rental of Tent, \$ | of Temporary Vault, \$ |
| Opening of Grave or Tomb _____ | |
| Lining Grave, \$ | Lowering Device, \$ |
| Outlay for Shipping Charges _____ | |
| Clergymen, \$ | Singers, \$ |
| Railroad _____ | Organist, \$ |
| or Motor _____ | Tickets, \$ |
| Telegr., Phone, Cable or Radio Charges _____ | Aero-plane Service, \$ |
| 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 | 1938 00 |
| Less _____ | |
| Balance | \$ |
| Entered into Ledger, page _____ or below. | |

Misc. John T. Lynch

162 Mahoning Dr.

Pgh. 35

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 44 Yearly No. 21 Date of Entry April 2, 1969 19
Name of Deceased Mary Agnes Murray (W)
Married Single Widowed Divorced
Residence 4014 Coleman St. 07
Charge to Sue Murray
Address
Order given by
How secured
If Veteran, Name of War
Occupation none none
Employer and Address
Date of Death April 3, 1969
Date of Birth 9/19/97 Age 70-6-20
Name of Father Michael Murray
His Birthplace
Maiden Name of Mother Budget Goggins
Her Birthplace
Date of Funeral April 7, 1969 M.
Services at
Clergyman
Religion of the Deceased
Birthplace
Resided in the State
Place of Death John J. Kanan Hospital
Cause of Death Acute Arterial Occlusion of Leg
Contributory Causes Coronary Arteriosclerosis
Certifying Physician YONG H.Y.E.M. PAIK
His Address John J. Kanan South 11th St.
Motor Ship Remains to
Size of Casket
Manufactured by
Cemetery Calvary Cemetery
Lot No. 399
Grave No. 4
Section No. P
Block No.
Owner
Misc. Billed 5/10/69

Complete Funeral (except outlays) \$ 8.15 00
Casket 1.25 00
Burial Vault or Box
Embalming Body
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress 2.50 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
Certif. Copies of Death Certificates No. 2 00
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot Cemetery Charges 120 00
Cremation
Flowers, \$ Palms, \$ Matting, \$
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 McAVOY FUNERAL HOME 10 00
Sales Tax
Total Footing of Bill 11.17 00
Less 44
Balance 10.73 00
Entered into Ledger, page or below.

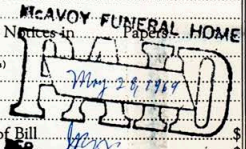


Table with columns: Date, Amount Paid, Balance, Date, Amount Paid, Balance. Includes entries for May 31, 1969.

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

RECORD OF FUNERAL

Total No. 45 Yearly No. 23 Date of Entry April 4 19 69

Name of Deceased Frank P. Crisanti (What Race) W

Residence 3604 Dawson St. 13 Husband Wife Widowed Divorced Age of Husband or Wife (if living) _____ Years

Charge to Mrs. May Mengini
Address 522 Grove Rd. Verona 15177

Order given by _____ (or informant)
How secured _____

If Veteran, Name of War _____
Occupation Clerk 173-12-1594
(Social Security Number)

Employer and Address _____
Date of Death April 4, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 11/9/19 Age 51-7-25
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Vincent Crisanti
His Birthplace _____

Maiden Name of Mother Josephine Scarpaci
Her Birthplace _____

Date of Funeral April 8, 1969 M.
(Date) (Day of Week) (Hour)

Services at St. Regis Church
Clergyman _____ (Address)

Religion of the Deceased Roman Catholic
Birthplace Pgh., Pa.

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

Place of Death _____
Cause of Death Coronary Artery Thrombosing

Contributory Causes Arterio. Cardiovasc. Disease

Certifying Physician Ralph J. Statten
(or Coroner)

His Address 543 4th Ave. Pgh.

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

Manufactured by _____
Cemetery Calvary Cemetery



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

Misc. 55-08

| Complete Funeral (except outlays) | \$ | 00 |
|--|------|----|
| Casket | 975 | 00 |
| Burial Vault or Box | 225 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ | | |
| Hose, \$ | | |
| Folding Chairs, \$ | | |
| Tarpaulin, \$ | | |
| Candelabrum, \$ | | |
| Candles, \$ | | |
| Door Spray, \$ | | |
| Gloves, \$ | | |
| Funeral Car, \$ | | |
| Ambulance, \$ | | |
| Limousines to Cemetery | @ | \$ |
| Extra Limousines | @ | \$ |
| Autos to R. 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. | 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, \$ | | |
| 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 _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Sales Tax | | |
| Total Footing of Bill | 1357 | 00 |
| Less | 159 | 00 |
| Balance | 1200 | 00 |
| Entered into Ledger, page _____ or below. | | |
| Misc. _____ | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____
Address _____
Witness _____

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

RECORD OF FUNERAL

Total No. 46 Yearly No. 23 Date of Entry April 16 1969

Name of Deceased Stillman Naugh (F) (What Race) W
 Married Single Widowed Divorced Husband Wife Widow }
or of } Age of Husband or Wife (if living) Years

Residence.....

Charge to Ronald J. Naugh
Address 425 N. Millvale Ave.

Order given by Sarah (or Informant)
How secured.....

If Veteran, Name of War.....

Occupation None (Social Security Number).....

Employer and Address.....

Date of Death Apr 16, 1969 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Ronald J. Naugh

His Birthplace.....

Maiden Name of Mother Sarah B. Persinger

Her Birthplace Pittsburgh Pa

Date of Funeral Apr 17, 1969 (Date) (Day of Week) (Hour) M.

Services at.....

Clergyman..... (Address)

Religion of the Deceased Protestant

Birthplace Pgh, Pa

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

Place of Death Western Pa Hospital

Cause of Death Motorist

Contributory Causes Not Formed

Certifying Physician P. J. ... (or Coroner)

His Address West ...

Motor } Remains to.....
Ship }

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

Manufactured by.....

Cemetery } Mt. Calvary Cemetery
Crematory }

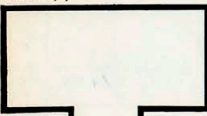


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Misc.....

| Complete Funeral (except outlays) | | |
|---|-----------|-----------|
| Casket <u>Professional Service</u> | <u>35</u> | <u>00</u> |
| 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 <u>Cemetery Charges</u> | <u>35</u> | <u>00</u> |
| 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 } Tickets, \$ Aero- or Motor } plane Service, \$ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| line Death Notices in <u>April 17, 1969</u> Papers | | |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | <u>70</u> | <u>00</u> |
| 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.....

RECORD OF FUNERAL

47

Total No. 47 Yearly No. 24 Date of Entry April 20, 1969

Name of Deceased William J. Diven
 Married Single Widowed Divorced

Residence 1528 Ballingall St. Apt 10 Husband Wife Widow Orphan
 or 884-3430 of Margaret Rose (What Race) W
 Age of Husband or Wife (if living) _____ Years

Charge to James W. Diven
 Address Same 884-3430

Order given by Same
 (or informant)

How secured _____
 If Veteran, Name of War _____

Occupation Steamfitter 192-07-7004
 (Social Security Number)

Employer and Address _____
 Date of Death April 20 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/18/1908 Age 60-7-2
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Wm. John Diven
 His Birthplace _____

Maiden Name of Mother Hellie Plym
 Her Birthplace _____

Date of Funeral April 23, 1969 W 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman _____
 (Address)

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death South Side Hospital

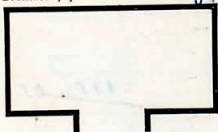
Cause of Death _____
 Contributory Causes _____

Certifying Physician Ralph J. Statter
 (or Coroner)

His Address _____

Motor { Remains to _____
 Ship {
 Size of Casket _____
 (State Color and Number)

Manufactured by _____
 Cemetery Calvary Cemetery
 Crematory _____



Lot No. 26
 Grave No. 1
 Section No. 40
 Block No. 9
 Owner Wm. J. Diven

Misc. _____

| Complete Funeral (except outlays) | \$ | ¢ |
|---|------|----|
| Casket <u>+ Profus Serviced</u> | 1540 | 00 |
| Burial Vault or Box _____ (State Kind) | 225 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ <u>Cleaning</u> | 43 | 00 |
| Slippers, \$ <u>✓</u> _____ 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 _____ | | |
| 6. Certif. Copies of Death Certificates No. _____ (State Number and District) | 6 | 00 |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ (State Physician's or Coroner's) | | |
| Gross Total for Sales Tax _____ | | |
| Outlay for Lot <u>Cemetery Charge</u> | 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, \$ <u>✓</u> 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 <u>NEW YORK FUNERAL HOME</u> _____ (Names of Newspapers) | 30 | 00 |
| Sales Tax _____ | | |
| Total Footing of Bill <u>1989</u> | 1989 | 00 |
| Less _____ | | |
| PER <u>1222</u> | | |
| 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) _____ days from date. Interest to accrue from the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ maturity at the rate of _____ % per annum. Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 48 Yearly No. 25 Date of Entry April 22 1969

Name of Deceased Ellen Mullen (Tatomer) W
 Married Single Widowed Divorced (What Race)

Residence 2010 Berand St. Pgh 19 Husband Wife Widow or of } Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Blanche Gallagher

Address 2033 Fifth Ave. Pgh 19

Order given by same (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Domestic 186-20-0930 (Social Security Number)

Employer and Address _____

Date of Death April 22, 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6/27/02 Age 66-9-25 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Patrick Mullen

His Birthplace _____

Maiden Name of Mother Margaret Corney

Her Birthplace _____

Date of Funeral April 25, 1969 (Date) (Day of Week) (Hour) M.

Services at St. Agnes

Clergyman _____ (Address)

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death 2010 Berand St.

Cause of Death Carcinoma of Breast

Contributory Causes _____

Certifying Physician Dolph J. Statten (or Coroner)

His Address _____

Motor Remains to _____
Ship

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery Calvary Cemetery

Lot No. 470

Grave No. _____

Section No. M

Block No. _____

Owner _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

| Complete Funeral (except outlays) | | | |
|--|--------------------------|------|----------|
| Casket | <u>4 Purple Services</u> | 935 | 00 |
| Burial Vault or Box | | 225 | 00 |
| Embalming Body | | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | <u>dress</u> | | <u>P</u> |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. 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. | | 4 | 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | <u>Cemetery Chgs</u> | 180 | 00 |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | Lowering Device, \$ | | |
| Outlay for Shipping Charges | | | |
| Clergymen, \$ | Singers, \$ | | |
| Railroad or Motor | Tickets, \$ | | |
| Telegr., Phone, Cable or Radio Charges | Aero-plane Service, \$ | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | | | |
| line Death Notices in | Papers | | 20 00 |
| (Name of MAVOY FUNERAL HOME) | | | |
| Sales Tax | <u>April 22, 1969</u> | | |
| Total Footing of Bill | | 1389 | 00 |
| Less | | | |
| Balance | | | |
| Entered into Ledger, page | <u>below</u> | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant 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

49

Total No. 49 Yearly No. 26 Date of Entry April 26 19 69
 Name of Deceased Eva A. Noonan W
(What Race)
 Married Single Widowed Divorced
 Residence 29 Laurel St. Pgh 13 Husband Wife Widow Divorced
or _____ of _____ Age of Husband or Wife (if living) _____ Years
 Charge to Richard M Smith
 Address 210 E. Fairfax Apt 302
 Order given by Pella Church, Va. 22046
 How secured _____
 If Veteran, Name of War _____

Occupation Saleslady 168-07-5028
 (Social Security Number)
 Employer and Address Joseph Home Co.
 Date of Death April 26, 1969
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth 10/24/1886 Age 82
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father Richard Noonan
 His Birthplace _____
 Maiden Name of Mother _____
 Her Birthplace _____
 Date of Funeral April 29, 1969 Tues 9:30 A.M.
 (Date) (Day of Week) (Hour)
 Services at St. Brigid - Benedict the Moor
 Clergyman Fr. Nannum
 (Address)
 Religion of the Deceased Roman Catholic
 Birthplace Pittsburgh, Pa.
 Resided in the State Pa.
 (or U.S. or City or County) (Years) (Months)
 Place of Death Bishop Boyle Nursing Home
 Cause of Death _____
 Contributory Causes _____

| Complete Funeral (except outlays) | \$ | ¢ |
|---|------------------------|-------|
| Casket & Procession Service | 1270 | 00 |
| Burial Vault or Box | 225 | 00 |
| (State Kind) | | |
| Embalming Body | | |
| (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | Clothing | 50 00 |
| (State Kind and Color) | | |
| Slippers, \$ | Hose, \$ | 5 00 |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery, @ \$ | | |
| Extra Limousines, @ \$ | | |
| Autos to R. R. Station, @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| (State Number and District) | | |
| <u>3</u> Certif. Copies of Death Certificates No. | 3 | 00 |
| (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cremating Crgia</u> | 120 | 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 21 00 |
| Matting, \$ | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | 20 00 |
| Organist, \$ | | |
| Railroad | Tickets, \$ | |
| or Motor | Aero-plane Service, \$ | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| _____ line Death Notices in _____ Papers | 19 | 50 |

Certifying Physician _____
 (or Coroner)
 His Address _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____
 (State Color and Number)
 Manufactured by _____
 Cemetery } Calvary Cemetery
 Crematory }

(Names of Newspapers) _____
 Sales Tax _____
 Total Footing of Bill McAVOY FUNERAL HOME 70
 Less _____
 Balance _____
 Entered into Ledger, page _____ or below, July 14, 1969
 Misc. _____
 PER J. P. McAvoy



Misc. 35.00
Billed 5/16/69

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|-----------------------|------------------|---------|------|-------------|------------|
| <u>April 23, 1969</u> | To Above Balance | 255 00 | | | \$ 1478 70 |
| | By Payment | \$ | | | \$ |
| | " " | \$ | | | \$ |
| | " " | \$ | | | \$ |
| | " " | \$ | | | \$ |
| | " " | \$ | | | \$ |
| | " " | \$ | | | \$ |
| | " " | \$ | | | \$ |

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

RECORD OF FUNERAL

Total No. 50 Yearly No. 27 Date of Entry May 1 1969

Name of Deceased Elizabeth Peterson (KORAN) W
 Married Single Widowed Divorced Husband Wife Widow of } Peter A. Peterson (What Race)

Residence 1934 S. 4th Ave Apr 19 Age of Husband or Wife (if living) _____ Years

Charge to Peter A. Peterson

Address Same

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Housewife 163-18-2085
(Social Security Number)

Employer and Address _____

Date of Death May 1, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 11-18-1898 Age 70-3-13
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joan Hanson

His Birthplace Lith

Maiden Name of Mother Anna

Her Birthplace Lith

Date of Funeral May 5, 1969 M.
(Date) (Day of Week) (Hour)

Services at Church of Epiphany

Clergyman _____ (Address)

Religion of the Deceased Catholic

Birthplace Lithuania

Resided in the State _____

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

Cause of Death Cancer

Contributory Causes Diabetes Mell.

Certifying Physician Donald A. Bieho
(or Coroner)

His Address Bridgmanville, Pa.

Motor | Remains to _____
Ship |

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery Mount Vernon Cem. (Lithua.)



Diagram of Lot or Vault

Misc. Rebilled 5-5-69

| Complete Funeral (except outlays) | | \$ | |
|--|--|------|----|
| Casket <u>Profess services</u> | | 1135 | 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) | | 50 | 00 |
| Slippers, \$ _____ Hose, \$ _____ | | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | | |
| Limousines to Cemetery @ \$ _____ | | | |
| Extra Limousines @ \$ _____ | | | |
| Autos to R. R. Station @ \$ _____ | | | |
| Getting Remains from _____ | | | |
| Taking Remains to _____ | | | |
| Trip to Coroner's Inquest _____ | | | |
| Delivering Box to _____ | | | |
| Deliver Flowers to _____ | | | |
| Removal Charges _____ | | | |
| Procuring Burial Permit _____ (State Number and District) | | | |
| _____ 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 <u>Cemetery Chgs</u> | | 80 | 00 |
| Cremation _____ | | | |
| Flowers, \$ <input checked="" type="checkbox"/> Palms, \$ _____ Matting, \$ _____ | | 63 | 60 |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | | |
| Opening of Grave or Tomb _____ | | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | | |
| Outlay for Shipping Charges _____ | | | |
| Clergymen, \$ <input checked="" type="checkbox"/> 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 _____ | | 1591 | 60 |
| Less _____ | | 51 | 60 |
| Balance _____ | | 1540 | 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum. Signed _____ Address _____

RECORD OF FUNERAL

51

Total No. 51 Yearly No. 28 Date of Entry May 12, 1969 19
 Name of Deceased Isabelle Shewalter (S. M. Anastasio) W
 Married Single Widowed Divorced Husband Wife Widow of (What Race)
 Residence St. Xavier's Academy Age of Husband or Wife (if living) _____ Years

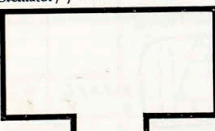
Charge to Sisters of Mercy
 Address 3333 Pipher Ave (13)
 Order given by _____
 How secured _____
 If Veteran, Name of War _____

Occupation Religious 202-40-3463
 Employer and Address _____
 Date of Death May 12, 1969 6:40 am
 Date of Birth 9/21/24 Age 44
 Name of Father Vernon Shewalter

His Birthplace _____
 Maiden Name of Mother Catherine Ruffner
 Her Birthplace _____
 Date of Funeral May 14, 1969 M.
 Services at _____
 Clergyman _____

Religion of the Deceased _____
 Birthplace Lattsville, Pa.
 Resided in the State _____
 Place of Death Mary Hospital
 Cause of Death _____
 Contributory Causes _____

Certifying Physician _____
 His Address _____
 Motor } Remains to _____
 Ship } _____
 Size of Casket _____

Manufactured by _____
 Cemetery } St. Xavier's - Lattsville
 Diagram of Lot or Vault 
 Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____

Misc. _____

| Complete Funeral (except outlays) | | | |
|--|----------------------------------|------------------------|----|
| Casket | | 315 | 00 |
| Burial Vault or Box | | 40 | 00 |
| Embalming Body | (State Kind) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | (State Kind and Color) | | |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. R. Station | @ \$ | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit | (State Number and District) | | |
| Certif. Copies 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 _____ | | | |
| (Names of Newspapers) | | | |
| Sales Tax | | | |
| Total Footing of Bill | | | |
| Less | | | |
| Balance | | | |
| Entered into Ledger, page _____ | or below. | | |
| Misc. | | | |

MEAVOY FUNERAL HOME

PAID
 May 23, 1969

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

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

RECORD OF FUNERAL

Total No. 52 Yearly No. 29 Date of Entry May 26 19 69

Name of Deceased Barbara Wappi

Married Single Widowed Divorced

Husband Wife Widow Divorced
or _____ of } Joseph Wappi (What Race)
Age of Husband or Wife (if living) _____ Years

Residence 1906 Park Ave. S.E. 219

Charge to Joseph Wappi
Address Same

Order given by Joseph Wappi
(for informant)

How secured _____
If Veteran, Name of War _____

Occupation Peddler
(Social Security Number) _____

Employer and Address _____
Date of Death May 23, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Unknown Age 78
(Mo.) (Day) (Yr.) (Yr.) (Mo.) (Days)

Name of Father Thomas Wabaha
His Birthplace _____

Maiden Name of Mother Elizabeth Mrazel
Her Birthplace _____

Date of Funeral May 26, 1969 Mon 9:15 M.
(Date) (Day) (Yr.) (Hour)

Services at Our Lady of Victory

Clergyman _____
(Address) _____

Religion of the Deceased Maronite Catholic

Birthplace Rep. of Lebanon

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

Place of Death Pittsburgh Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes _____

Certifying Physician C. H. Waddell
(or Coroner)

His Address Pgh. Hospital

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

Manufactured by _____
Cemetery Calvary Cemetery

Lot No. _____
Grave No. _____

Section No. _____
Block No. _____

Owner _____

Misc. _____

| Complete Funeral (except outlays) | | |
|--|------------------------|------------------------|
| Casket <u>Procession Service</u> | 15.75 | 00 |
| Burial Vault or Box | 225 | 00 |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | <u>Clothing</u> | 55 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 | | |
| 7 Certif. Copies of Death Certificates No. | | 1 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cemetery Charges</u> | | 380 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 47 70 |
| 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 | | 25 00 |
| (Names of Newspapers) | | |
| McAVOY FUNERAL HOME | | |
| PAID June 11, 1969 | | |
| Sales Tax | | |
| Total Footing of Bill | | 3336 40 |
| Less | | |
| Balance | | |
| Entered into Ledger _____ or below. | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------------|------------------|-------------|-----------|------|--------------------|-------------|---------|
| <u>MAY 28, 1969</u> | To Above Balance | 1565 89 | \$ 770 51 | | To Balance Forward | | \$ |
| | By Payment | \$ | \$ | | By Payment | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____

RECORD OF FUNERAL

53

Total No. 53 Yearly No. 30 Date of Entry May 28 1969
 Name of Deceased William F. Moore W
 Married Single Widowed Divorced (What Race)
 Residence 3119 Bellville St. Pen 34 Husband Wife Widow Birdie (Garcia) Moore
 or of } Age of Husband or Wife (if living) Years

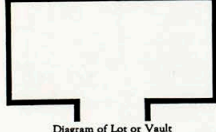
Charge to William McElroy
 Address Same
 Order given by Same (or Informant)
 How secured
 If Veteran, Name of War
 Occupation Foreman-Lumber 209-05-5188
 (Social Security Number)

Employer and Address
 Date of Death May 28, 1969
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth 21, 27, 27 Age 22-3-19
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father Patrick Moore
 His Birthplace
 Maiden Name of Mother Mary Mahara
 Her Birthplace

Date of Funeral June 3, 1969 M.
 (Date) (Day of Week) (Hour)
 Services at St. Bude's
 Clergyman
 Religion of the Deceased Roman Catholic (Address)
 Birthplace Pgh, Pa.
 Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Mary Hospital
 Cause of Death Alcohol
 Contributory Causes Chronic Lung
Dissection
 Certifying Physician Dominic J. DeBelleo (or Coroner)
 His Address Mary Hospital
 Motor Ship } Remains to
 Size of Casket (State Color and Number)

Manufactured by
 Cemetery } Calvary Cemetery
 Crypt
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner



Misc. Filed 6-2-69

| Complete Funeral (except outlays) | | \$ | % |
|---|----------------------------------|------------------------|------|
| Casket <u>& Professional Services</u> | | 16.30 | 0.00 |
| Burial Vault or Box | | 225 | 0.00 |
| Embalming Body | (State Kind) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | Underwear, \$ | 40 | 0.00 |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. R. Station | @ \$ | | |
| Getting Remains 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 | 0.00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot <u>Calvary - Chicagoal</u> | | 130 | 0.00 |
| 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 |
| 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 | 25 | 0.00 |
| (Names of Newspapers) | | | |
| McAVOY FUNERAL HOME | | | |
| Sales Tax | | 14.75 | 0.00 |
| Total Amount of Bill | | 50 | 0.00 |
| Less | July 1, 1969 Balance | \$1425 | 0.00 |
| Entered into Ledger, page or below. | | | |
| PER <u>G. P. McAvoy</u> 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. 54 Yearly No. 31 Date of Entry January 1 1969

Name of Deceased Robert W. Nehl
 Married Single Widowed Divorced Husband Wife Widow of W (What Race)

Residence

Charge to Robert W. Nehl
Address 1573 Parkside Dr. Pgh 27

Order given by Same (or Informant)

How secured

If Veteran, Name of War

Occupation

Employer and Address

Date of Death 6-1-69 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6-1-69 (Mo.) (Day) (Yr.) Age

Name of Father Robert W. Nehl

His Birthplace Pgh

Maiden Name of Mother Carol Ann Beaman

Her Birthplace Pgh

Date of Funeral

Services at

Clergyman

Religion of the Deceased Roman Catholic

Birthplace

Resided in the State

Place of Death Maryland State Hospital

Cause of Death Intrauterine Fetal Death

Contributory Causes Primary Pulmonary Atherosclerosis

Certifying Physician Norman A. Davis (or Coroner)

His Address

Motor Ship Remains to

Size of Casket

Manufactured by

Cemetery Crematory Hill Manor

Lot No. 179

Grave No.

Section No. F

Block No.

Owner

Misc.

| | | | |
|--|----|----|----|
| Complete Funeral (except outlays)..... | \$ | | |
| Casket..... | | 10 | 50 |
| Burial Vault or Box..... | | | |
| Embalming Body..... | | | |
| Barber, \$..... Hair Dressing, \$..... | | | |
| Dressing Body, \$..... Underwear, \$..... | | | |
| Suit or Dress..... | | | |
| Slippers, \$..... Hose, \$..... | | | |
| Folding Chairs, \$..... Tarpsaulin, \$..... | | | |
| Candelabrum, \$..... Candles, \$..... | | | |
| Door Spray, \$..... Gloves, \$..... | | | |
| Funeral Car, \$..... Ambulance, \$..... | | | |
| Limousines to Cemetery @ \$..... | | | |
| Extra Limousines @ \$..... | | | |
| Autos to R. R. Station @ \$..... | | | |
| Getting Remains from..... | | | |
| Taking Remains to..... | | | |
| Trip to Coroner's Inquest..... | | | |
| Delivering Box to..... | | | |
| Deliver Flowers to..... | | | |
| Removal Charges..... | | | |
| Procuring Burial Permit..... | | | |
| Certif. Copies of Death Certificates No..... | | | |
| Pall Bearer Service, \$..... Use of Chapel, \$..... | | | |
| Gross Total for Sales Tax..... | \$ | | |
| Outlay for Lot <u>Amstutz Charge</u> | | 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 { Tickets, \$..... Aero- plane Service, \$..... | | | |
| Telegr., Phone, Cable or Radio Charges..... | | | |
| Cash Advanced..... | | | |
| Out of town Funeral Director's Charges..... | | | |
| Personal Service..... | | | |
| * line Death Notices in..... Papers..... | | | |
| (Names of Newspapers)..... | | | |
| Sales Tax..... | | | |
| Total Footing of Bill..... | \$ | 20 | 50 |
| Less..... | \$ | | |
| Balance..... | \$ | | |
| Entered into Ledger, page..... or below..... | | | |

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

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

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

Signed.....

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

RECORD OF FUNERAL

55

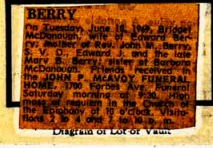
Total No. 55 Yearly No. 32 Date of Entry June 10 1969
 Name of Deceased Budget Berry
 Married Single Widowed Divorced (What Race) W
 Residence 1609 Blvd of Allied Pgh 19 or _____ of _____ Age of Husband or Wife (if living) _____ Years
 Charge to Edler Berry

Address Same
 Order given by Same (or Informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Housewife NONE (Social Security Number)
 Employer and Address _____
 Date of Death June 10, 1969 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth 1/22/1886 (Mo.) (Day) (Yr.) (Mos.) (Days) Age 81
 Name of Father Martin McDemough
 His Birthplace Ireland
 Maiden Name of Mother Mary Flaherty
 Her Birthplace Ireland
 Date of Funeral June 14, 1969 Sat 9:30 AM (Date) (Day of Week) (Hour)

Services at Epiphany Church
 Clergyman _____ (Address)
 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 A.S.H.D.
 Contributory Causes Congestive Heart Failure
 Certifying Physician C. E. Turner (or Coroner)
 His Address Mercy Hospital
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery } Calvary Cemetery
 Cemetary }

| Complete Funeral (except outlays) | | \$ |
|---|------|----|
| Casket <u>Profess Service</u> | 2500 | 00 |
| Burial Vault or Box | 250 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <u>Clothing</u> | 55 | 00 |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpsaulin, \$ | | |
| 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 | | |
| 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 <u>Cemetery Cops</u> | 195 | 00 |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | 106 | 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 } Tickets, \$ Aero plane Service, \$ | | |
| or Motor } _____ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| _____ line Death Notices in _____ Papers | 37 | 60 |
| (Names of Newspapers) | | |
| McAVOY FUNERAL HOME | | |
| Sales Tax | | |
| Total Footing of Bill | 3195 | 60 |
| Less <u>PAID</u> <u>July 15, 1969</u> | | |
| Entered into Ledger, page _____ or below. | | |
| PER <u>J. P. McAvoy</u> | | |
| Misc. | | |

Lot No. 76
 Grave No. _____
 Section No. Y
 Block No. _____
 Owner _____



Misc. _____

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

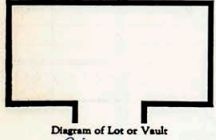
Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors) _____ days from date. Interest to accrue from maturity at the rate of _____ % per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

RECORD OF FUNERAL

Total No. 56 Yearly No. 35 Date of Entry June 14 1969
 Name of Deceased May B. Manning Married Single Widowed Divorced N (What Race)
 Residence 1728 Tucker Lane Husband Wife Widow (What Race)
 Charge to Mrs. Carl Jones or of of of of Age of Husband or Wife (if living) Years

Address
 Order given by (or informant)
 How secured
 If Veteran, Name of War
 Occupation Housewife 132-32-5004 (Social Security Number)
 Employer and Address
 Date of Death June 14, 1969 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth June 8, 1907 (Mo.) (Day) (Yr.) Age 62-8-6 (Yrs.) (Mos.) (Days)
 Name of Father John Marshall (Mo.) (Day) (Yr.) (Mos.) (Days)
 His Birthplace Ireland
 Maiden Name of Mother Cecilia Trish
 Her Birthplace Ireland
 Date of Funeral June 28, 1969 (Date) (Day of Week) (Hour) M.
 Services at Episcopal Church
 Clergyman Dr. H. White (Address)
 Religion of the Deceased Catholic
 Birthplace Pittsburgh, Pa.
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death Maywood, N.Y.
 Cause of Death Cancer Breast
 Contributory Causes Past myocardial infarction
O.I.H.D.
 Certifying Physician J. H. White (or Coroner)
 His Address Maywood
 Motor } Remains to
 Ship }
 Size of Casket (State Color and Number)

Manufactured by
 Cemetery } Calvary Cemetery
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Misc. Billed 7/29/69



| Complete Funeral (except outlays) | | \$ |
|--|----------------------------------|--------------|
| Casket <u>o. burial</u> | | 1095 00 |
| Burial Vault or Box | (State Kind) | 150 00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | 55 00 |
| Suit or Dress | (State Kind and Color) | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | (State Number and District) | |
| 4 Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | 4 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Calvary Church</u> | | 195 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | Matting, \$ |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | Organist, \$ |
| Railroad } Tickets, \$ | Aero plane Service, \$ | |
| or Motor } Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| line Death Notices in Papers | | 92 00 |
| (Names of Newspapers) McAVOY FUNERAL HOME | | |
| Sales Tax | | |
| Total Footing of Bill <u>July 14, 1969</u> | | 1561 00 |
| Less | Balance | |
| Entered into Ledger, page <u>PER</u> or below. | | |
| Misc. | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------|------------------|-------------|---------|------|--------------------|-------------|---------|
| June 22, 1969 | To Above Balance | 541 00 | 1020 00 | | To Balance Forward | | \$ |
| | By Payment | 531 51 | 432 39 | | By Payment | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

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

RECORD OF FUNERAL

57

Total No. 57 Yearly No. 34 Date of Entry June 27 1969
 Name of Deceased Katherine Wyzyskanski H
(What Race)
 Married Single Widowed Divorced

Residence 35 Manor St 19 Husband Wife Widow Divorced
or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Anthony Wyzyskanski
 Address 564 McEwen Blvd R.D.#3

Order given by Caryalis Pa
 How secured _____ (or informant)

If Veteran, Name of War _____
 Occupation Batman 173-16-4887A
 (Social Security Number)

Employer and Address _____
 Date of Death June 23 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 23 1906 Age 68
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Anna Wyzyskanski
 His Birthplace Polska

Maiden Name of Mother Agnes Tomaszak
 Her Birthplace Polska

Date of Funeral June 30 1969 M.
 (Date) (Day of Week) (Hour)

Services at Chapel
 Clergyman Dr. Morgan
 (Address)

Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.

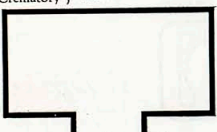
Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Wing Health

Cause of Death Removal of Bristle from Lung
 Contributory Causes Smoking & Scurvy

Certifying Physician Dr. J. Anna
 (or Coroner)

His Address _____
 Motor { Remains to _____
 Ship { _____
 Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery { Hollywood Center
 Crematory { _____



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

Misc. _____

| Complete Funeral (except outlays) | \$ | ¢ |
|--|-----|----|
| Casket | 650 | 00 |
| Burial Vault or Box | | |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <u>Chalk</u> | 32 | 00 |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousine to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. 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 Physician's or Coroner's) | 2 | 00 |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | 125 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | | |
| Rental of Tent, \$ of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ Lowering Device, \$ | | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ Singers, \$ Organist, \$ | 15 | 00 |
| Railroad { Tickets, \$ Aero- Service, \$ or Motor { plane | | |
| 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 | 834 | 00 |
| Less _____ | | |
| Balance | | |
| Entered into Ledger, page _____ | | |
| Misc. | | |

MCAVOY FUNERAL HOME
 or below.
 July 27, 1969
 PER J. P. McAvoy

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|---------|------------------|---------|------|--------------------|---------|
| 7/25/69 | To Above Balance | 650 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) _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 58 Yearly No. 35 Date of Entry June 29 19 69

Name of Deceased Samuel Russo

Married Single Widowed Divorced

(What Race) W
 Husband Wife Widow of } Marie Pagnano
or } Age of Husband or Wife (if living) _____ Years

Residence 36 Dist St Pk 19

Charge to Mrs Vincent Dardom

Address Same

Order given by Same

How secured _____
(or informant)

If Veteran, Name of War _____

Occupation Shoe Repairman 186-40-0744

(Social Security Number)

Employer and Address Self

Date of Death June 29, 1969

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

Date of Birth 9/17/14 Age 54

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

Name of Father Salvatore Russo

His Birthplace _____

Maiden Name of Mother Josephine Marotta

Her Birthplace _____

Date of Funeral July 3, 1969 5:30 A. M.

(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman _____

(Address)

Religion of the Deceased Roman Catholic

Birthplace Baltimore, Italy

Resided in the State _____

(or U.S. or City or Country) (Years) (Months)

Place of Death W.C.A. Hosp. Jamestown, N.Y.

Cause of Death Coronary Thrombosis

Contributory Causes _____

Certifying Physician P. P. Vitanga

(or Coroner)

His Address Jamestown, N.Y.

Motor Ship } Remains to _____

Size of Casket _____

(State Color and Number)

Manufactured by _____

Cemetery } Calvary Cemetery



Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. 16

Block No. _____

Owner _____

Misc. _____

| Complete Funeral (except outlays) | \$ | |
|---|------|----|
| Casket <u>6 June</u> | 1480 | 00 |
| Burial Vault or Box _____ | 225 | 00 |
| (State Kind) | | |
| Embalming Body _____ | | |
| (Name of Embalmer) | | |
| Barber, \$ _____ | | |
| Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ | | |
| Underwear, \$ _____ | | |
| Suit or Dress _____ | | |
| (State Kind and Color) | | |
| Slippers, \$ _____ | | |
| Hose, \$ _____ | | |
| Folding Chairs, \$ _____ | | |
| Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ | | |
| Candles, \$ _____ | | |
| Door Spray, \$ _____ | | |
| Gloves, \$ _____ | | |
| Funeral Car, \$ _____ | | |
| Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from <u>Jamestown NY</u> | 75 | 00 |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ | | |
| (State Number and District) | | |
| <u>4</u> Certif. Copies of Death Certificates No. _____ | 4 | 00 |
| (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ _____ | | |
| Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax _____ | | |
| Outlay for Lot <u>Calvary Church</u> | 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, \$ _____ | 20 | 00 |
| Railroad Tickets, \$ _____ | | |
| Aero-plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | 100 | 00 |
| Personal Service _____ | | |
| _____ line Death Notices in _____ Papers _____ | 25 | 00 |
| (Names of Newspapers) | | |
| McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | 1979 | 00 |
| Less _____ | 77 | 00 |
| Balance _____ | 1900 | 00 |
| Entered into <u>Refers page 100</u> 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

59

Total No. 59 Yearly No. 36 Date of Entry July 6, 1969 19

Name of Deceased Madeline Sharding
 Married Single Widowed Divorced W

Residence 497 Cabot St. Apt. 27 or Husband Wife Widow of Charles Sharding (What Race) _____
 Age of Husband or Wife (if living) _____ Years

Charge to Charles Sharding

Address 245 Stanton St.

Order given by Madeline Sharding
 (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Housewife (Social Security Number) _____

Employer and Address _____

Date of Death July 6, 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 23, 1888 Age 83-11-14
 (Mo.) (Day) (Yr.) (Mo.) (Mon.) (Days)

Name of Father Adam Wagner

His Birthplace _____

Maiden Name of Mother Madeline Rubin

Her Birthplace _____

Date of Funeral July 9, 1969 M.
 (Date) (Day of Week) (Hour)

Services at _____

Clergyman _____ (Address) _____

Religion of the Deceased Roman Catholic

Birthplace Germany

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

Place of Death South Side Hospital

Cause of Death Cerebro-vascular accident

Contributory Causes Generalized arteriosclerosis
Generalized arteriosclerosis

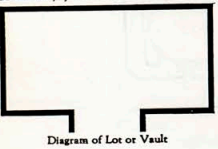
Certifying Physician Robert Cristallo
 (or Coroner)

His Address S. S. Hospital

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

Manufactured by _____

Cemetery Crematory } St. Barbara's Catholic Temp.



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

Misc. _____

| Complete Funeral (except outlays) | | \$ |
|---|----------------------------------|--------|
| Casket | | 495 00 |
| Burial Vault or Box | | |
| Embalming Body | (State Kind) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | (State Number and District) | |
| Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | |
| Use of Chapel, \$ | | |
| Pall Bearer Service, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot | <u>DR. B. R. C. SEWARD</u> | 85 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 100 70 |
| Matting, \$ | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | 20 00 |
| 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) | | |
| MACAVOY FUNERAL HOME | | |
| Sales Tax | | |
| Total Footing of Bill | <u>July 24, 1969</u> | 700 70 |
| 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 _____ Address _____

RECORD OF FUNERAL

Total No. 60 Yearly No. 37 Date of Entry July 12 19 69
 Name of Deceased Michael J. Carcasi W
(What Race)

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

Residence 630 College Ave Pgh 32

Charge to Mrs Della Carcasi

Address 2113 Tustin 19

Order given by 391-1568 (or informant)

How secured

If Veteran, Name of War WWI Service 235 2941

Occupation Gardener 199-10-8292
(Social Security Number)

Employer and Address

Date of Death July 12, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth July 10, 19 Age
(Mo.) (Day) (Yr.) (Mns.) (Days)

Name of Father Michael Carcasi

His Birthplace

Maiden Name of Mother Wimifred Joint

Her Birthplace

Date of Funeral July 14, 1969 M.
(Date) (Day of Week) (Hour)

Services at Sacred Heart

Clergyman (Address)

Religion of the Deceased Roman Catholic

Birthplace Ireland

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

Place of Death Shady Side Hospital

Cause of Death Haemius Cirrhosis of Liver

Contributory Causes Arteriosclerosis
Heart Disease

Certifying Physician Dr. Vidovich (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.

Section No.

Block No.

Owner

Misc.

Misc.

Misc.

Misc.

Misc.

Complete Funeral (except outlays) \$

Casket 1 1150 00

Burial Vault or Box 225 00

Embalming Body (State Kind)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. 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) 4 00
(State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot Amelby Chapel Note 100 -

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

MCAYOVY FUNERAL HOME

line Death Notices in 1 Papers 7 50

(Names of Newspapers)

Sales Tax

Total Footing of Bill \$ 1411 50

Less PER 50 50

Balance \$ 1361 00

Entered into Ledger, page or below.

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

Insurance \$ Names of Lodges Insurance Companies

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

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

Witness Signed Address

RECORD OF FUNERAL

61

Total No. 61 Yearly No. 38 Date of Entry July 14, 1969 1969
 Name of Deceased Sarah C. Heater (Mrs. M. Remick) W
 Married Single Widowed Divorced (What Race)
 Residence St. Xavier's Academy, Latrobe Husband Wife Widow
 or of Age of Husband or Wife (if living) Years

Charge to Historical of Mercy
 Address 3333 5th Ave
 Order given by (or Informant)
 How secured
 If Veteran, Name of War
 Religion Nurse - Union
 Occupation 302-40-3006 (Social Security Number)
 Employer and Address

Date of Death July 14, 1969 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth March 13, 1876 Age 93 (Mo.) (Day) (Yr.) (Yr.) (Days)
 Name of Father John Heater
 His Birthplace Ireland
 Maiden Name of Mother Catherine Lyne
 Her Birthplace England
 Date of Funeral July 17, 1969 (Date) (Day of Week) (Hour) M.
 Services at St. Xavier's

Clergyman (Address)
 Religion of the Deceased Roman Catholic
 Birthplace England
 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 } St. Xavier's
 Crematory }



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

| Complete Funeral (except outlays)..... | \$ | |
|--|-----|----|
| Casket | 315 | 00 |
| Burial Vault or Box | 82 | 00 |
| Embalming Body..... (Name of Embalmer) | | |
| Barber, \$..... Hair Dressing, \$..... | | |
| Dressing Body, \$..... Underwear, \$..... | | |
| Suit or Dress..... (State Kind and Color) | | |
| Slippers, \$..... Hose, \$..... | | |
| Folding Chairs, \$..... Tarpaulin, \$..... | | |
| Candelabrum, \$..... Candles, \$..... | | |
| Door Spray, \$..... Gloves, \$..... | | |
| Funeral Car, \$..... Ambulance, \$..... | | |
| Limousines to Cemetery @ \$..... | | |
| Extra Limousines @ \$..... | | |
| Autos to R. R. Station @ \$..... | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit..... (State Number and District) | | |
| Certif. Copies 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 { Tickets, \$..... Aero- or Motor } plane Service, \$..... | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| line Death Notices in Papers..... | | |
| McAVOY FUNERAL HOME | | |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | 397 | 00 |
| Less | | |
| Entered into Register, page <u>100</u> 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.....

RECORD OF FUNERAL

Total No. 62 Yearly No. 39 Date of Entry July 4 1969

Name of Deceased James Gallagher

Married Single Widowed Divorced

Husband Wife Widow
or _____ of _____ (What Race) _____
Age of Husband or Wife (if living) _____ Years

Residence 65 Marion Pk 19

Charge to Mrs. Letitia Pratt

Address same

Order given by _____
(or informant)

How secured _____

If Veteran, Name of War _____

Occupation Electric Operator 192-01-0410
(Social Security Number)

Employer and Address _____

Date of Death July 4, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth June 29, 1888 Age 76
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Gallagher

His Birthplace Ireland

Maiden Name of Mother Margaret Thomas

Her Birthplace Ireland

Date of Funeral July 7, 1969 M.
(Date) (Day of Week) (Hour)

Services at St. Mary's Church

Clergyman P. J. White

Religion of the Deceased Catholic
(Address)

Birthplace Ireland

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

Place of Death Montrose Hospital

Cause of Death Myocardial Infarction

Contributory Causes Malnutrition

Certifying Physician Dr. Hanfman
(or Coroner)

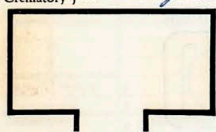
His Address Montrose Hospital

Motor Ship } Remains to _____

Size of Casket _____
(State Color and Number)

Manufactured by _____

Cemetery } Calvary Cemetery



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

Misc. Billed 7/27/69

| | | |
|--|----|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>8 drawers</u> | | 1525 00 |
| Burial Vault or Box _____ (State Kind) | | 225 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Check</u> | | 44 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) | | |
| 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, \$ <u>✓</u> Palms, \$ _____ Matting, \$ _____ | | 42 40 |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | |
| Opening of Grave or Tomb _____ | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | |
| Outlay for Shipping Charges _____ | | |
| Clergymen, \$ <u>✓</u> Singers, \$ _____ Organist, \$ _____ | | 20 00 |
| Railroad Tickets, \$ _____ Aero-plane Service, \$ _____ or Motor _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| _____ line Death Notices in _____ Papers _____ | | 22 75 |
| (Names of Newspapers) | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ | 2076 15 |
| Less _____ | \$ | 76 15 |
| PER Balance <u>✓</u> | \$ | 2000 00 |
| Entered into Ledger, page _____ or below. | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

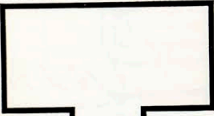
Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

63

Total No. 63 Yearly No. 40 Date of Entry July 31 19 69
 Name of Deceased Margaret Sommers
 Married Single Widowed Divorced (What Race) W
 Residence Box 2 Forrestville Pa. 16035 Husband Wife Widow or of James M. Sommers Age of Husband or Wife (if living) _____ Years

Charge to James M. Sommers
 Address _____
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Housewife (Social Security Number) _____
 Employer and Address _____
 Date of Death July 30, 1969 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Mar 14, 1897 Age 52 (Mo.) (Day) (Yr.) (Mos.) (Days)
 Name of Father John McHenry
 His Birthplace Ireland
 Maiden Name of Mother Agnes O'Hare
 Her Birthplace Ireland
 Date of Funeral Aug 4, 1969 M. (Date) (Day of Week) (Hour)
 Services at St. Mary Church
 Clergyman Fr. White (Address) _____
 Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Roanoke, Virginia
 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 } Cherry Cemetery
 Crematory } _____
 Diagram of Lot or Vault 
 Misc. 2nd Ed. Aug 26, 69

| Complete Funeral (except outlays) | \$ |
|---|------------|
| Casket | 1165 00 |
| Burial Vault or Box (State Kind) | 225 00 |
| Embalming Body (Name of Embalmer) | |
| Barber, \$ Hair Dressing, \$ | |
| Dressing Body, \$ Underwear, \$ | |
| Suit or Dress <u>Clothing</u> (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) | |
| 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, \$ | 84 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 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 Newspaper) | 42 50 |
| Sales Tax | |
| Total Footing of Bill | \$ 1595 30 |
| Less | \$ 45 30 |
| Entered into Ledger, page <u>Baker</u> or below. | \$ 1550 00 |

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|--------------------|--------------------------------|-------------------|--------------------|-------------|---------|
| <u>Aug 1, 1969</u> | To Above Balance <u>500 00</u> | <u>\$ 1095 30</u> | To Balance Forward | | \$ |
| | By Payment | \$ | By Payment | \$ | \$ |
| | " " | \$ | " " | \$ | \$ |
| | " " | \$ | " " | \$ | \$ |
| | " " | \$ | " " | \$ | \$ |
| | " " | \$ | " " | \$ | \$ |

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

RECORD OF FUNERAL

Total No. 64 Yearly No. 41 Date of Entry Aug. 7 19 69

Name of Deceased Oliver M. Miller (What Race) W.
 Married Single Widowed Divorced (What Race) Chas. Miller

Residence 1074 Jefferson Rd 15235 (What Race) Chas. Miller
 Husband Wife Widow of } Age of Husband or Wife (if living) _____ Years

Charge to John M. Barry 912-8011
 Address 1074 Jefferson Rd 35

Order given by John Barry
 How secured Phone Call to, Maryland Pa

If Veteran, Name of War _____
 Occupation Housewife 210-14-8622
 (Social Security Number)

Employer and Address _____
 Date of Death Aug 7, 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 23, 1885 Age 84 5-15
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father William
 His Birthplace _____

Maiden Name of Mother _____
 Her Birthplace _____

Date of Funeral Aug 11, 1969 M.
 (Date) (Day of Week) (Hour)

Services at St. Gabriel Church
 Clergyman Fr. N. White
 (Address)

Religion of the Deceased Catholic
 Birthplace Pottsville Pa

Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death California Maryland

Cause of Death Myocardial Infarct
 Contributory Causes A.S.H.D.

Certifying Physician R. M. Amello
 (or Coroner)

His Address 224 S. Franklin - War Pa

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

Manufactured by _____
 Cemetery } Holy Trinity
 (State Color and Number)

| Complete Funeral (except outlays)..... | \$ |
|---|---------|
| Casket..... | 1310 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) | 55 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..... | |
| 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 <u>Baltimore</u> | 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, \$..... | 20 00 |
| Road 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..... | 36 70 |
| (Names of Newspapers) | |
| Sales Tax..... | |
| Total Footing of BILLPER <u>John</u> | 1863 70 |
| Less..... | |
| Balance..... | |
| Entered into Ledger, page..... or below. | |

MILLER
 Family Papers on Thursday, Aug. 14, 1969, at the home of Mrs. Olive Mae Sommers, wife of late Clarence Miller, mother of Mrs. Anna Greenleaf, William and John A. Barry, 1074 Jefferson Rd., Pottsville, Pa. Friends of the family are invited to the funeral service at 12:30 p.m. on Friday, August 15, 1969, at the Epiphany of St. Joseph, Pottsville, Pa. 2 to 4 and 7 to 10 p.m.

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

Misc. AUG 26-69

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|---------|---------------------------------|-----------|------|-------------|---------|
| 8/9/69 | Multiple Check to Above Balance | \$ 823 00 | | | |
| 10/9/69 | By Payment <u>John Barry</u> | \$ 565 00 | | | |
| 10/9/69 | By Payment <u>John Barry</u> | \$ 565 00 | | | |
| " " | " " | \$ | | | |
| " " | " " | \$ | | | |
| " " | " " | \$ | | | |
| " " | " " | \$ | | | |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Address _____

RECORD OF FUNERAL

65

Total No. 65 Yearly No. 42 Date of Entry Aug 10, 19 69

Name of Deceased Rose Paladino
 Married Single Widowed Divorced (What Race)

Residence 1729 Jules Ave 19
 Husband Wife Widow } Thurside
 or of } Age of Husband or Wife (if living) Years

Charge to Anthony Paladino

Address 1720 Jules Ave 11

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Handwritten 197-40-1531
 (Social Security Number)

Employer and Address _____

Date of Death Aug 10, 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 19, 1876 Age 93
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William

His Birthplace Italy

Maiden Name of Mother _____

Her Birthplace Italy

Date of Funeral Aug 14, 1969 M.
 (Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Dr. W. White (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death 536 Adams St. Webster, Pa.

Cause of Death Grand old arteriosclerosis

Contributory Causes A. S. H. D. & Coronal Arteriosclerosis

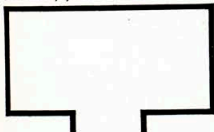
Certifying Physician Edw. J. Davis Jr. M.D. (or Coroner)

His Address _____

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

Manufactured by Amico

Cemetery } Cady Cemetery
 Crematory }



Lot No. 492

Grave No. 1

Section No. Sec 11

Block No. _____

Owner John

Misc. _____

| Complete Funeral (except outlays) | | \$ |
|---|----------------------------------|--------------|
| Casket <u>6 Times</u> | | 125.00 |
| Burial Vault or Box | (State Kind) | 225.00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | | |
| Slippers, \$ | (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) | |
| <u>2</u> 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 <u>Country Church</u> | | 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 } Tickets, \$ | Aero- plane } Service, \$ | |
| or Motor } Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | 20.00 |
| Personal Service | | |
| _____ line Death Notices in _____ Papers | | NC |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill <u>Aug 10, 1969</u> | | \$ 1,632.00 |
| Less _____ | | \$ 32.00 |
| Balance <u>1969</u> | | \$ 1,600.00 |
| 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) days from date. Interest to accrue from

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ maturity at the rate of _____ % per annum. Signed _____ Address _____

RECORD OF FUNERAL

Total No. 66 Yearly No. 43 Date of Entry Aug 22 1969

Name of Deceased Della D. Dawson (k. M. James) Married Single Widowed Divorced W (What Race)

Residence 3333 Joplin Ave 13 Husband Wife Widow or of Age of Husband or Wife (if living) _____ Years

Charge to Sister of Mercy

Address 3333 Joplin Ave

Order given by _____ (or Informant)

How secured _____

If Veteran, Name of War _____

Occupation In Religion 202-40-140-6 (Social Security Number)

Employer and Address _____

Date of Death Aug 22 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 25 1903 Age 66 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Marion T. Dawson

His Birthplace _____

Maiden Name of Mother Elizabeth Crighton

Her Birthplace _____

Date of Funeral Aug 25 1969 (Date) (Day of Week) (Hour) M.

Services at St. Mary's Church

Clergyman _____ (Address)

Religion of the Deceased Catholic

Birthplace Easton, Pa

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

Place of Death Maywood State

Cause of Death Myocardial Infarction

Contributory Causes A. I. H. D.

Certifying Physician H. H. Adams (or Coroner)

His Address Bridgeville, Pa

Motor Ship Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery St. Mary's Cemetery

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

| | | |
|---|----|--------|
| Complete Funeral (except outlays) | \$ | |
| Casket | | 315 00 |
| Burial Vault or Box (State Kind) | | 82 00 |
| Embalming Body (Name of Embalmer) | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress (State Kind and Color) | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies 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 (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | 397 00 |
| Less | \$ | |
| Balance | \$ | |
| Entered into Ledger, page _____ or below | | |



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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

67

Total No. 69 Yearly No. 44 Date of Entry Aug 29 1969
 Name of Deceased Sister M. Leonard (Mary Jane) Buck M.
 Married Single Widowed Divorced (What Race)
 Residence 3333 J. J. Arch Ave 13 Husband Wife Widow }
 or _____ of } Age of Husband or Wife (if living) _____ Years

Charge to Sister of Mary
 Address 3333 J. J. Arch Ave
 Order given by _____
 How secured _____ (or Informant)
 If Veteran, Name of War _____
 Occupation In Religion (Social Security Number)
 Employer and Address _____
 Date of Death Aug 29, 1968 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Sept 23, 1880 Age 88-11-7 (Mo.) (Day) (Yr.) (Mos.) (Days)
 Name of Father Thomas Buck
 His Birthplace _____
 Maiden Name of Mother Catherine Kunkel
 Her Birthplace _____
 Date of Funeral Sept 1, 1968 M. (Date) (Day of Week) (Hour)
 Services at St. Maurice
 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 Mary, Pa.
 Cause of Death U. S. H. D.
 Contributory Causes _____

Certifying Physician Dr. Stauber (or Coroner)
 His Address 342 J. J. Arch Ave 1st Fl. Pa.
 Motor } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery }
 Crematory }

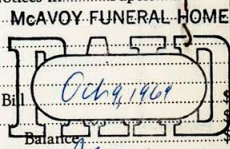


Diagram of Lot or Vault

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

Misc. _____

| Complete Funeral (except outlays) | \$ | |
|---|-----|----|
| Casket | 315 | 00 |
| Burial Vault or Box | 110 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| 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 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 | 425 | 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger Page _____ of _____ below. | | |



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

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

RECORD OF FUNERAL

Total No. 18 Yearly No. 45 Date of Entry Sept 14 1967

Name of Deceased Therese Lynn Day
 Married Single Widowed Divorced

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

Residence 315 N. Park Ave. O.S.

Charge to James P. Day

Address 1422 Red Oak Drive

Order given by SAH ANTONIO - 78224
(or informant)

How secured 7

If Veteran, Name of War _____

Occupation None (Social Security Number) _____

Employer and Address _____

Date of Death Sept 14 1967
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 9 1960 Age 9
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father James P. Day

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Cathleen Connelley

Her Birthplace Pittsburgh Pa.

Date of Funeral Sept 19 1967 M.
(Date) (Day of Week) (Hour)

Services at Agony Church

Clergyman Fr. Ernest White
(Address)

Religion of the Deceased Catholic

Birthplace Mayland

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

Place of Death Allegheny County School

Cause of Death Pneumonia

Contributory Causes Chronic Bronchitis
Heart Mal

Certifying Physician H. W. Bauer Jr.
(or Coroner)

His Address 20 Cedar Bend Rd. 28

Motor { Remains to _____
Ship {

Size of Casket _____ (State Color and Number)

Manufactured by Mels

Cemetery { _____
Crematory {

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

Billed & Credited 1/9/71

| Complete Funeral (except outlays) | | |
|---|--------|----|
| Casket <u>Home</u> | \$ 560 | 00 |
| Burial Vault or Box _____ (State Kind) | \$ 90 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ (State Kind and Color) | | |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| 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 <u>Young Home</u> | \$ 45 | 00 |
| Cremation _____ | | |
| Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ | | |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | |
| Opening of Grave or Tomb _____ | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | |
| Outlay for Shipping Charges _____ | | |
| Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____ | \$ 20 | 00 |
| Railroad { Tickets, \$ _____ Aero- plane Service, \$ _____ or Motor { | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| _____ line Death Notices in _____ Papers _____ | \$ 4 | 00 |
| (Names of Newspapers) | | |
| McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ 727 | 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger page _____ of _____ | | |
| Misc. _____ | | |
| PER <u>J. P. McAvoy</u> | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|----------|-----------------------------|-------------|-----------|------|--------------------|-------------|---------|
| 21/10/67 | Real Cross To Above Balance | 480.00 | \$ 241.00 | | 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 _____

FUNERAL SERVICE FOR KRISTINE LYNN DACY

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 \$ 380.00
For outside receptacle as selected \$ 90.00
For clothing \$
For _____ \$
For _____ \$
For _____ \$

TOTAL OF OUR CHARGES \$ 470.00

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 \$ 2.00
For telegrams and long distance telephone . \$
For _____ \$
For _____ \$
For _____ \$

TOTAL OF CASH ADVANCES \$ 30.00

Total for Our Services, Merchandise, and Cash Advanced for your Convenience

\$ 500.00

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, 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.

By John P. McCann (L.S.)
By James P. Dacy (L.S.)
Date, 19 (L.S.)

THIS IS NOT A STATEMENT



McAVOY FUNERAL HOME

January 25

Dear Sir:

This is a copy of my
cancelled check.

I hope that this takes
care of a mistake in your book-
keeping. If there are any further
questions, please write to my
husband who is stationed in
Vietnam. He handled all the
funeral arrangements:

SM Sgt James P Dacy
6924 th Security Service
Drw 54 Box ~~11~~ 48
APO San Francisco

96337.

Cordially yours
Mrs Dacy

RECORD OF FUNERAL

69

Total No. 69 Yearly No. 46 Date of Entry 1-18 1969

Name of Deceased Albert Deemy
 Married Single Widowed Divorced

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

Residence 1815 Blvd of the Allies 19

Charge to Estate of Albert Deemy
 Address Local 1900 Jr

Order given by Paul Deemy 614-763-3959

How secured Part 7 Vol 10 Philadelphia Park

Occupation Manicurist 167-07-4252
 (Social Security Number)

Employer and Address _____
 Date of Death Sept 19, 1969

Date of Birth June 16, 1887 Age 73-8-7
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Charles Deemy
 His Birthplace _____

Maiden Name of Mother Helen Lavanche
 Her Birthplace _____

Date of Funeral Sept 23, 1969 M.
 (Date) (Day of Week) (Hour)

Services at Epiphany Church
 Clergyman Fr White (Address)

Religion of the Deceased Catholic
 Birthplace Franklin, Pa

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

Place of Death Montgomery, Pa
 Cause of Death Myocardial Infarction

Contributory Causes _____
 Certifying Physician Paul J. Holter (or Coroner)

His Address 542 - Duval Ave

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

Manufactured by F.H. Hall
 Cemetery } Calvary Cemetery
 Crematory }



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

Misc. Chas Deemy 2071-00021 St. 12
231-9104 - 11761 - 231-9844 BAR

| Complete Funeral (except outlays) | | \$ |
|---|-------------------------|---------|
| Casket <u>Richmond</u> | | 2925 00 |
| Burial Vault or Box | | 225 00 |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | <u>Clothing</u> | 59 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 | | |
| Certif. Copies of Death Certificates No. | | 5 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | \$ |
| Outlay for Lot | | |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 63 60 |
| Matting, \$ | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | <u>Carriage Charges</u> | 130 00 |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | 20 00 |
| 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 | | 15 00 |
| (Names of Newspapers) McAVOY FUNERAL HOME | | |
| Sales Tax | | |
| Total Footing of Bill | | 3448 85 |
| Less _____ | | |
| Balance | | |
| Entered into Register, page _____ or below | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 70 Yearly No. 47 Date of Entry Sept 19 1969

Name of Deceased Lue Roberts
 Married Single Widowed Divorced

Husband Wife Widow } SAM (What Race) H
or... of } Age of Husband or Wife (if living) _____ Years

Residence 1705 Tanager St 19

Charge to Sam Roberts

Address 1705 Tanager St 19

Order given by _____ (or informant) _____
How secured _____

If Veteran, Name of War _____

Occupation Housewife 192-07-4854 (Social Security Number)

Employer and Address _____

Date of Death Sept 29 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 15 1918 (Mo.) (Day) (Yr.) (Mos.) (Days) Age 51

Name of Father Joseph S. Roberts

His Birthplace Italy

Maiden Name of Mother Hanna Chicola

Her Birthplace Italy

Date of Funeral Sept 21 1969 (Date) (Day of Week) (Hour) M.

Services at St. Anthony Church

Clergyman Fr. H. White (Address) _____

Religion of the Deceased Catholic

Birthplace Pottsville Pa.

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

Place of Death Mary Hospital

Cause of Death Adenocarcinoma of Rt Breast

Contributory Causes Plasma Metastasis


Rad. Rt. Radical Mastectomy

Certifying Physician Anthony C. Pappi (or Coroner)

His Address Mary Hospital

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

Manufactured by _____
Cemetery } Calvary Cemetery
Crematory }

Diagram of Lot or Vault 
Lot No. 202
Grave No. 6
Section No. W
Block No. _____
Owner _____

Misc. _____

| Complete Funeral (except outlays)..... | \$ | |
|--|------|----|
| Casket..... | 1540 | 00 |
| Burial Vault or Box (State Kind)..... | 225 | 00 |
| Embalming Body (Name of Embalmer)..... | | |
| Barber, \$ Hair Dressing, \$..... | | |
| Dressing Body, \$ Underwear, \$..... | | |
| Suit or Dress <u>Cashmere</u> (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 _____ | | |
| <u>5</u> 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 <u>3</u> | 1 | |
| Cremation..... | | |
| Flowers, \$ Palms, \$ Matting, \$..... | 90 | 10 |
| 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 { Tickets, \$ Aero- or Motor { 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)..... | 25 | 00 |
| Sales Tax..... | | |
| Total Footing of Bill..... | 1970 | 10 |
| Less..... | | |
| Balance <u>1970</u> | | |
| Entered into Ledger, page _____ or below. | | |

Misc. _____

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|-------------------|-----------------------|---------|------|-------------------------|---------|
| <u>Oct 6 1969</u> | To Above Balance..... | 1760 cc | | To Balance Forward..... | \$ |
| | By Payment..... | \$ | | By Payment..... | \$ |
| | " "..... | \$ | | " "..... | \$ |
| | " "..... | \$ | | " "..... | \$ |
| | " "..... | \$ | | " "..... | \$ |
| | " "..... | \$ | | " "..... | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant 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

71

Total No. 71 Yearly No. 48 Date of Entry Sept 30 1969
 Name of Deceased Anneth C. Keusner, Henderson, Delanth, Park, Nc
 Married Single Widowed Divorced Husband Wife Widow } (What Race)
 or of } Age of Husband or Wife (if living) _____ Years

Residence 205 01 2262
 Charge to Walter L. Park, Adam
 Address _____
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Homemaker 205-01-2262 (Social Security Number)
 Employer and Address _____
 Date of Death Sept 19, 1969
 Date of Birth Oct 12, 1907 Age 71-11-17
 Name of Father William Mc. Lee
 His Birthplace _____
 Maiden Name of Mother Elizabeth Stengel
 Her Birthplace _____
 Date of Funeral Oct 3, 1969 M.
 Services at Chapel (Date) (Day of Week) (Hour)

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 205 01 2262
 Cause of Death Arteriosclerosis Cardiovascular
 Contributory Causes Diabetes, Sclerotic Malnutrition, Stroke in terminal Hemorrhage
 Certifying Physician Dr. Miller (or Coroner)
 His Address 502 2nd Ave
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery } Mt Royal
 Crematory }

| Complete Funeral (except outlays) | | \$ | ¢ |
|---|------------------------|------|----|
| Casket <u>wood</u> | | 1510 | 00 |
| Burial Vault or Box | | 225 | 00 |
| Embalming Body | (State Kind) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress <u>wool</u> | | 50 | 00 |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery, @ \$ | | | |
| Extra Limousines, @ \$ | | | |
| Autos to R. R. Station, @ \$ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit | | | |
| (State Number and District) Certif. Copies 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, \$ | 63 | 60 |
| Matting, \$ | | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb <u>Chapel</u> | | 135 | 00 |
| 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 | | 14 | 30 |
| (Names of Newspaper) McAVOY FUNERAL HOME (Date) <u>Oct 6, 1969</u> (Signature) <u>PER [Signature]</u> | | | |
| Sales Tax | | | |
| Total Footing of Bill | | 1997 | 90 |
| Less _____ | | | |
| Entered into Ledger, Page _____ or below. | | | |
| Misc. _____ | | | |

Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____
 Misc. 212 York's Brook
Franklin Hills, No. 18030
215-985-0293
Henry Wilson, Tom - 1 line

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors)
 for the payment of aforesaid sum, and I hereby covenant 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. 72 Yearly No. 49 Date of Entry Oct 1 1968
 Name of Deceased John J. Neel (What Race) X
 Married Single Widowed Divorced
 Husband Wife Widow } Angie Robinson
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 1710 Watson St 19
 Charge to Mrs. Angie Neel
 Address 1710 Watson St 19

Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Fisher 211-01-0062
 (Social Security Number)

Employer and Address _____
 Date of Death Oct 1, 1968
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Oct 13, 1913 Age 55 11 18
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank Neel
 His Birthplace Ireland
 Maiden Name of Mother Mary McEwan
 Her Birthplace Ireland


Date of Funeral Oct 6, 1968 M.
 (Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman Fr. J. Zubik
 (Address)

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 Acute Myocardial Infarction
 Contributory Causes Spartanemia

Certifying Physician Dr. Stalter (or Coroner)
 His Address 542 Third Ave
 Motor { Remains to _____
 Ship { _____
 Size of Casket Queen (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 <u>4 boxes</u> | | 11.80 | 00 |
| Burial Vault or Box | (State Kind) | 22.50 | 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) | | |
| 10 Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | 10 | 00 |
| Fall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | | | |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | 63 | 60 |
| Matting, \$ | | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | Lowering Device, \$ | | |
| Outlay for Shipping Charges | | | |
| Clergymen, \$ | Singers, \$ | 20 | 00 |
| Organist, \$ | | | |
| Railroad { Tickets, \$ | Aero-plane Service, \$ | | |
| Motor { _____ | 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) | | | |
| Sales Tax | | | |
| Total Footing of Bill | | 150 | 60 |
| Less | | 69 | 02 |
| Balance | | | |
| Entered into Ledger, page _____ of _____ below. | | | |
| _____ | | | |
| Misc. | | | |



| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|--------------|------------------|-------------|-----------|------|--------------------|-------------|---------|
| | To Above Balance | | \$ | | To Balance Forward | | \$ |
| Oct 21, 1968 | By Payment | \$ 1042 58 | \$ 469 02 | | By Payment | \$ | \$ |
| Nov 28, 1968 | " " | \$ 300 | \$ 169 02 | | " " | \$ | \$ |
| | " " | \$ 100 00 | \$ 69 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____
 Witness _____ Address _____

RECORD OF FUNERAL

73

Total No. 73 Yearly No. 50 Date of Entry Oct 7 1969

Name of Deceased Charles Gabriel
 Married Single Widowed Divorced

Residence 2515 Redwonder Lane 26 Husband Wife Widow or of Seamus P. O'Rourke (What Race) _____
 Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Mary Gorman 243-4943

Address 2515 Redwonder Lane 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 Oct 7, 1969

Date of Birth July 19, 1909 Age 58
 (Mo.) (Day) (Yr.) (Hour)

Name of Father John Michael

His Birthplace Rep. of Lebanon

Maiden Name of Mother Carina Karam

Her Birthplace Rep. of Lebanon

Date of Funeral Oct 11, 1969 M.
 (Date) (Day of Week) (Hour)

Services at Cathedral of the Holy Ghost

Clergyman Fr. John Spivey
 (Address)

Religion of the Deceased Roman Catholic

Birthplace Rep. of Lebanon

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

Place of Death Mary St. Park St

Cause of Death Pulmonary Bleed

Contributory Causes Arteriosclerosis

Certifying Physician Chas C. Smith
 (or Coroner)

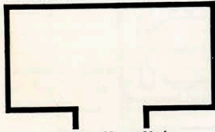
His Address Mary St. Park St

Motor } Remains to _____
 Ship }

Size of Casket _____ (State Color and Number)

Manufactured by Hells

Cemetery } Calvary Cemetery
 Crematory }



Lot No. 168
 Grave No. _____
 Section No. T
 Block No. _____
 Owner _____

Misc. Billed 10/23/69
Shaw 12/3/69

| Complete Funeral (except outlays) | \$ | |
|--|------|----|
| Casket | 1290 | 00 |
| Burial Vault or Box | 225 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Suit or Dress <u>Check</u> | 36 | 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 | | |
| Certif. Copies of Death Certificates No. _____ | | |
| (Pall Bearer Service, \$) | | |
| (Use of Chapel, \$) | | |
| Gross Total for Sales Tax | \$ | |
| Outlay for Lot | | |
| Cremation | | |
| Flowers, \$ | 57 | 50 |
| Palms, \$ | | |
| Matting, \$ | | |
| Rental of Tent, \$ | | |
| of Temporary Vault, \$ | | |
| Opening of Grave or Tomb <u>Ante</u> | 135 | 00 |
| 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 | | |
| Total Footing of Bill | 1739 | 25 |
| Less | 39 | 00 |
| Balance | 1700 | 00 |
| Entered into Ledger page _____ or below. | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 74 Yearly No. 51 Date of Entry Oct 26 1969

Name of Deceased Anna Butala
 Married Single Widowed Divorced

Husband Wife Widow of Chris Butala (What Race) H
or, Age of Husband or Wife (if living) _____ Years

Residence 120 Miltentgen St 19

Charge to Mrs. Chris Butala, Et. Al.

Address 120 Miltentgen St 19

Order given by T. E. Camarinos, F.S.A.
(or informant)

How secured _____

If Veteran, Name of War _____

Occupation Witcher Helper 211-01-9896
(Social Security Number)

Employer and Address Am. P. Hotel

Date of Death Oct 26, 1969 7:00 P.M.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 16, 1891 Age 78-1-10
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Thomas Butala

His Birthplace Rep. of Slovenia

Maiden Name of Mother Mama

Her Birthplace Rep. of Slovenia

Date of Funeral Oct 29, 1969 M.
(Date) (Day of Week) (Hour)

Services at Our Lady of Mercy

Clergyman Fr. John Hren
(Address)

Religion of the Deceased Roman Catholic

Birthplace Rep. of Slovenia

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

Place of Death John J. Hren

Cause of Death Cardiac Respiratory Failure

Contributory Causes A.S.H.D.
C.V.D. & Hypertension

Certifying Physician E. R. Harrison
(or Coroner)

His Address John J. Hren

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by Arma

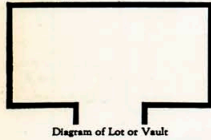
Cemetery } _____

Crematory } _____

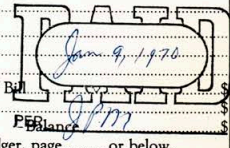
Misc. _____

Filed 11/8/69

| | | |
|--|------------------------------|------------------------|
| Complete Funeral (except outlays) | \$ | |
| Casket & <u>urn</u> | \$ | 1240 00 |
| Burial Vault or Box | \$ | 235 00 |
| (State Kind) | | |
| Embalming Body | \$ | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | \$ | 55 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) | | |
| 3 Certif. Copies of Death Certificates No. _____ | \$ | 3 00 |
| (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | \$ | |
| Outlay for Lot <u>Country Club</u> | \$ | 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, \$ | Aero-plane Service, \$ |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| _____ line Death Notice <u>McAMOY FUNERAL HOME</u> | \$ | 12 00 |
| (Names of Newspapers) | | |
| Sales Tax _____ | \$ | |
| Total Footing of Bill | \$ | 1740 00 |
| Less _____ | \$ | |
| Entered into Ledger, page _____ or below. | \$ | |
| Misc. _____ | \$ | |



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

75

Total No. 75 Yearly No. 52 Date of Entry Oct. 17 19 69

Name of Deceased Infant Anthony
 Married Single Widowed Divorced W
(What Race)

Residence 1355 Raven Drive (Raven Dr) or 43 of 43 Husband Wife Widow }
 Age of Husband or Wife (if living) _____ Years

Charge to Richard Anthony
 Address 1355 Raven Dr 43

Order given by _____
 How secured _____ (or informant)

If Veteran, Name of War _____
 Occupation None None
 (Social Security Number)

Employer and Address _____
 Date of Death Oct 17, 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 17, 1969 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father Richard Anthony

His Birthplace Pittsburgh Pa.
 Maiden Name of Mother Alice J. Gantz

Her Birthplace Pittsburgh Pa.
 Date of Funeral Oct 20, 1969 (Date) (Day of Week) (Hour) M.

Services at _____
 Clergyman _____ (Address)

Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.

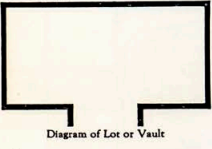
Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Marysville

Cause of Death _____
 Contributory Causes R.H. Amputated

Certifying Physician _____ (or Coroner)
 His Address Michigan Auto Mfg

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

Manufactured by _____
 Cemetery }
 Crematory }



Lot No. 252
 Grave No. _____
 Section No. T
 Block No. _____
 Owner Mrs. Anthony

Misc. Billed 1/2/70

| Complete Funeral (except outlays) | | \$ | ¢ |
|--|----------------------------------|----|----|
| Casket | | 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 | | 70 | 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, \$ | | | |
| 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 Newspaper) | McAVOY FUNERAL HOME | | |
| Sales Tax | | | |
| Total Footing of Bill | <u>Jan 19, 1970</u> | 50 | 00 |
| Less | Balance | | |
| Entered into Ledger, page | PER <u>JMM</u> | | |
| 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. 76 Yearly No. 53 Date of Entry November 8 1969

Name of Deceased Violet Sobczinski

Married Single Widowed Divorced

Husband Wife Widow or of Jak Sobczinski (What Race) _____

Residence 1915 24th Ave. 19

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 Housewife 411-10-9153 (Social Security Number)

Employer and Address _____

Date of Death Nov 8, 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 14, 1886 Age 43 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Anthony Sobczinski

His Birthplace Italy

Maiden Name of Mother Janice Sobczinski

Her Birthplace Italy

Date of Funeral Nov 10, 1969 M. (Date) (Day of Week) (Hour)

Services at St. Joseph Church

Clergyman Fr. Sobczinski (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death New York Hospital

Cause of Death Complications of Breast Ca

Contributory Causes metastasis

Certifying Physician _____ (or Coroner)

His Address _____

Motor Vehicle Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____
Cemetery Calvary
Crematory Calvary



Diagram of Lot or Vault

Lot No. _____
Grave No. _____
Section No. 16
Block No. _____
Owner _____

Misc. _____

| | | |
|---|----|--------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket..... | | 200 00 |
| Burial Vault or Box..... (State Kind) | | |
| Embalming Body..... (Name of Embalmer) | | |
| Barber, \$..... Hair Dressing, \$..... | | |
| Dressing Body, \$..... Underwear, \$..... | | |
| Suit or Dress..... (State Kind and Color) | | |
| Slippers, \$..... Hose, \$..... | | |
| Folding Chairs, \$..... Tarpaulin, \$..... | | |
| Candelabrum, \$..... Candles, \$..... | | |
| Door Spray, \$..... Gloves, \$..... | | |
| Funeral Car, \$..... Ambulance, \$..... | | |
| Limousines to Cemetery..... @ \$..... | | |
| Extra Limousines..... @ \$..... | | |
| Autos to R. R. Station..... @ \$..... | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest..... | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges..... | | |
| Procuring Burial Permit..... (State Number and District) | | |
| Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$..... Use of Chapel, \$..... | | |
| Gross Total for Sales Tax..... | \$ | |
| Outlay for Lot..... | | 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 Vehicle 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..... | \$ | 250 00 |
| Less..... | \$ | |
| Entered into Ledger, page <u>10</u> or below. | | |

NOV 10 1969
CALVARY FUNERAL HOME
PAID
Apr 26 1970

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

Insurance \$ _____ Names of Lodges _____ 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's) for the payment of aforesaid sum, and I hereby covenant 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

77

Total No. 77 Yearly No. 54 Date of Entry Nov 8 1949

Name of Deceased Impatiel, Rosina

Married Single Widowed Divorced

W.
(What Race)

Residence 63 Van Broom
Charge to Mrs. Rosina Impatiel
Address 63 Van Broom St. Pgh. 19

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

Order given by _____
How secured _____
(or informant)

Complete Funeral (except outlays) \$ 75 00

If Veteran, Name of War _____

Burial Vault or Box _____
(State Kind)

Occupation None None
(Social Security Number)

Embalming Body _____
(Name of Embalmer)

Employer and Address _____

Barber, \$ _____ Hair Dressing, \$ _____
Dressing Body, \$ _____ Underwear, \$ _____
Suit or Dress _____
(State Kind and Color)

Date of Death Nov 8, 1949
(Mo.) (Day) (Yr.) (Hour)

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

Date of Birth Nov 6, 1889 Age 60
(Mo.) (Day) (Yr.) (Mox.) (Days)

Limousines to Cemetery, @ \$ _____
Extra Limousines @ \$ _____
Autos to R. R. Station @ \$ _____

Name of Father Sam. James Impatiel

Getting Remains from _____
Taking Remains to _____
Trip to Coroner's Inquest _____
Delivering Box to _____
Deliver Flowers to _____
Removal Charges _____
Procuring Burial Permit _____
(State Number and District)

His Birthplace Pittsburgh, Pa.

Certif. Copies of Death Certificates No. _____
(State Physician) or Coroner's

Maiden Name of Mother Madeline Spicatan

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
Gross Total for Sales Tax \$ _____

Her Birthplace Pittsburgh, Pa.

Outlay for Lot Cant. Church \$ 70 00

Date of Funeral Nov 9, 1949 M.
(Date) (Day of Week) (Hour)

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 _____ Tickets, \$ _____ Aero- _____
or Motor _____ plane Service, \$ _____
Telegr., Phone, Cable or Radio Charges _____
Cash Advanced _____
Out of town Funeral Director's Charges _____
Personal Service _____

Cause of Death Myocardial Infarct

line Death Notices in _____ Papers.

Contributory Causes Remittent, Low Food
weight

Sales Tax _____
Total Footing of Bill Nov 13, 1949 \$ 105 00
Less _____ \$ _____

Certifying Physician _____
(or Coroner)

Entered into Ledger, page _____ or below.
PER _____

His Address Mary Magallon
Motor _____ Remains to _____
Ship _____
Size of Casket _____
(State Color and Number)

Misc. _____

Manufactured by _____

Misc. _____

Cemetery _____
Crematory _____

Misc. _____



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

(Name of Newspaper) **TRAVOY FUNERAL HOME**

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) days from date. Interest to accrue from

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ Signed _____ Address _____ maturity at the rate of _____ % per annum. Witness _____

RECORD OF FUNERAL

Total No. 78 Yearly No. 55 Date of Entry Nov 10 19 69

Name of Deceased James R. Ward
 Married Single Widowed Divorced

Husband Wife Widow Orphan (What Race)
or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 1621 Edna Street 1A

Charge to Mrs. Ruth Ward

Address 1621 Edna Street

Order given by _____ (or informant)

How secured _____
If Veteran, Name of War WW2 3192-03-9297

Occupation Carpenter (Social Security Number) _____

Employer and Address _____

Date of Death Nov 10, 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 5, 1912 (Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father James Ward

His Birthplace _____
Maiden Name of Mother Mary Mc Gray

Her Birthplace _____
Date of Funeral Nov 14, 1969 (Days) (Day of Week) (Hour) M.

Services at St. Gabriel Church

Clergyman Fr. Patrick White (Address) _____

Religion of the Deceased Catholic

Birthplace Philadelphia, Pa.

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

Place of Death St. Ann's Hosp. Phila.

Cause of Death Cerebral Infarction of Cholesterol

Contributory Causes Chronic Bacterial Hematuria
& Hemiparesis, Multiple Old fractures

Certifying Physician Paul J. Thiele (or Coroner)

His Address 542 South Ave.

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

Manufactured by _____
Cemetery } St. Mary's Cemetery
Crematory }



Lot No. _____
Grave No. _____
Section No. _____
Block No. Suburban Home
Owner _____

| | | |
|---|----|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>McAvoy Funeral Home</u> | | 1030 00 |
| Burial Vault or Box _____ (State Kind) | | 235 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ (State Kind and Color) | | |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chair, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| <u>10</u> 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, \$ _____ Aero-plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| <u>12</u> line Death Notices in <u>3</u> Papers _____ | | 35 40 |
| (Names of Newspapers) <u>McAVOY FUNERAL HOME</u> | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ | 1318 40 |
| Less _____ | \$ | 60 40 |
| Balance _____ | \$ | 1258 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 _____
Witness _____ Address _____

RECORD OF FUNERAL

79

Total No. 79 Yearly No. 56 Date of Entry Nov. 20 1969

Name of Deceased Ellen Rosenberg
 Married Single Widowed Divorced

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

Residence 151 N. Craig St. 13

Charge to McCauley Pute

Address Same

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Domestic (Social Security Number)

Employer and Address _____

Date of Death Nov. 29, 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 6, 1891 Age 77-11-12
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William Singer

His Birthplace Ireland

Maiden Name of Mother Mary Ann O'Hara

Her Birthplace Ireland

Date of Funeral Nov. 23, 1969 M.
 (Date) (Day of Week) (Hour)

Services at St. Ignace Church

Clergyman Fr. J. White (Address)

Religion of the Deceased Catholic

Birthplace Pittsburg, Pa.

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

Place of Death Hospitals, Hospital

Cause of Death Pulmonary embolism

Contributory Causes Adm. Arteriosclerotic

Certifying Physician Dr. Joe Nolan (or Coroner)

His Address St. Ignace Church

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

Manufactured by _____

Cemetery } Calvary Cemetery
 Crematory }

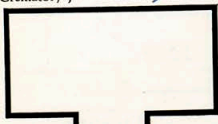
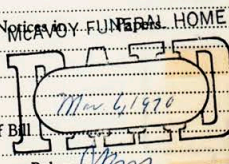


Diagram of Lot or Vault

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

| Complete Funeral (except outlays) | \$ | |
|---|----|--|
| Casket | | |
| Burial Vault or Box | | |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ | | |
| Hose, \$ | | |
| Folding Chairs, \$ | | |
| Tarpaulin, \$ | | |
| Candelabrum, \$ | | |
| Candles, \$ | | |
| Door Spray, \$ | | |
| Gloves, \$ | | |
| Funeral Car, \$ | | |
| Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, \$ | | |
| Use of Chapel, \$ | | |
| 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 | | |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |



| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|----------|------------------|----------|------|--------------------|---------|
| 12/18/68 | 667 50 | \$132 50 | | | |
| | To Above Balance | | | To Balance Forward | |
| | By Payment | | | By Payment | |
| | " " | | | " " | |
| | " " | | | " " | |
| | " " | | | " " | |
| | " " | | | " " | |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

RECORD OF FUNERAL

Total No. 80 Yearly No. 57 Date of Entry Nov. 20 19 69
 Name of Deceased Orlando Pilardi
 Married Single Widowed Divorced Husband Wife Widow of Anna Mangano (What Race)
 Residence 1827 Lomb St or Age of Husband or Wife (if living) _____ Years

Charge to Mrs Anna Pilardi
 Address 1827 Lomb St
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War WW
 Occupation Deputy Constable 162-14-4626
 Employer and Address _____ (Social Security Number)

Date of Death Nov. 20, 1968
 Date of Birth Apr. 6, 1913 Age 56-7-7
 Name of Father Samuel Pilardi
 His Birthplace Italy
 Maiden Name of Mother Angelina Cottone

Her Birthplace Italy
 Date of Funeral Nov. 24, 1968 M.
 Services at St. Anthony Church
 Clergyman Fr. H. White
 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. O. A. Home of Holyoke

Cause of Death Myocardial Infarction & Arteriosclerosis
 Contributory Causes Cardiovascular Disease
 Certifying Physician Dr. R. J. Hester
 His Address _____ (or Coroner)

Motor { Remains to _____
 Ship _____
 Size of Casket _____ (State Color and Number)
 Manufactured by General
 Cemetery Catharine Country
 Crematory _____

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

Misc. Billed 1/2/70

| | | |
|---|----------------------------------|--------------|
| Complete Funeral (except outlays) | \$ | |
| Casket | | 1530 00 |
| Burial Vault or Box | | 235 00 |
| Embalming Body | (State Kind) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | (State Kind and Color) | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. 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) | |
| 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 { 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 | | 35 00 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | PER <u>J.P.M.</u> | \$ 1920 70 |
| Less | | \$ 50 70 |
| Balance | | \$ 1970 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.
 Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 80 Yearly No. 58 Date of Entry Nov 29 1969

Name of Deceased Halter V. Schuster AIA John V. Schuster
 Married Single Widowed Divorced (What Race)

Residence 1236 Pleasant Place 12
 Husband Wife Widow of Black Age of Husband or Wife (if living) _____ Years

Charge to Neto-Gist

Address _____

Order given by Frank J. Schuster

How secured 1632 Station St 19

If Veteran, Name of War. WW-2

Occupation Lawyer (Social Security Number) _____

Employer and Address _____

Date of Death Nov 29 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13 1910 Age 58-17 (Mo.) (Day) (Yr.) (Mo.) (Days)

Name of Father Halter Schuster

His Birthplace Pittsburgh Pa

Maiden Name of Mother Catharine Mahon

Her Birthplace Pittsburgh Pa

Date of Funeral Nov 3 1969 M. (Date) (Day of Week) (Hour)

Services at Hollywood Burial Chapel

Clergyman Dr. Jack Morrison (Address) _____

Religion of the Deceased Catholic

Birthplace Brownsville Pa

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

Place of Death 1236 Pleasant Place

Cause of Death _____

Contributory Causes Burns of Body

Certifying Physician Dr. Robert J. Stott (or Coroner)

His Address 542 7th St

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by Halls

Cemetery } Hollywood Cemetery

Crematory } _____

Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

Misc. _____

| | | |
|--|----------------------------------|-------------------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket..... | | |
| Burial Vault or Box..... | | |
| Embalming Body..... | (State Kind) | |
| Barber, \$..... | Hair Dressing, \$..... | |
| Dressing Body, \$..... | Underwear, \$..... | |
| Suit or Dress..... | (State Kind and Color) | |
| Slippers, \$..... | Hose, \$..... | |
| Folding Chairs, \$..... | Tarpaulin, \$..... | |
| Candelabrum, \$..... | Candles, \$..... | |
| Door Spray, \$..... | Gloves, \$..... | |
| Funeral Car, \$..... | Ambulance, \$..... | |
| Limousines to Cemetery..... | @ \$..... | |
| Extra Limousines..... | @ \$..... | |
| Autos to R. R. Station..... | @ \$..... | |
| Getting Remains from..... | | |
| Taking Remains to..... | | |
| Trip to Coroner's Inquest..... | | |
| Delivering Box to..... | | |
| Deliver Flowers to..... | | |
| Removal Charges..... | | |
| Procuring Burial Permit..... | (State Number and District) | |
| Certif. Copies 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 { Tickets, \$..... | Aero- plane Service, \$..... | |
| or Motor { | | |
| 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. | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 82 Yearly No. 59 Date of Entry Dec 5 1969

Name of Deceased Valentine J. Patzke - 2

Married Single Widowed Divorced

(What Race)

Residence 2506 Barham St 03

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

Charge to Halter Patzke

Address 223 Staling St

Order given by _____
(or informant)

How secured _____

If Veteran, Name of War _____

Occupation Stecher 167-03-9216

(Social Security Number)

Employer and Address De L.

Date of Death Dec 5 1969

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

Date of Birth Jul 3 1897 Age 72

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

Name of Father Michael Patzke

His Birthplace Poland

Maiden Name of Mother Paula Bergmann

Her Birthplace Poland

Date of Funeral Dec 9 1969 M.

(Date) (Day of Week) (Hour)

Services at St. Joseph's Church

Clergyman _____
(Address)

Religion of the Deceased Catholic

Birthplace Poland

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

Place of Death St. Joseph's

Cause of Death A. I. H. D. & Hemiparesis

Contributory Causes hypertension due to anxiety

Certifying Physician Dr. Ray Fitzhugh

(or Coroner)

His Address St. Joseph's

Motor } Remains to _____
Ship }

Size of Casket _____
(State Color and Number)

Manufactured by Wagon

Cemetery } St. Joseph's Cemetery
Crematory }

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

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Complete Funeral (except outlays) \$ _____

Casket 1135 00

Burial Vault or Box 170 00

Embalming Body _____
(Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____
(State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Extra Limousines @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains 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, \$ _____

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

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Funeral Director's Charges _____

Personal Service _____

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line Death Notices MAVOY 17 55
(Names of Newspapers)
FUNERAL HOME
June 14 1970

Sales Tax _____

Total Footing of Bill \$ _____

Less _____

Balance 1135 55

Entered into Ledger, page _____ or below.

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors)

maturity at the rate of _____ % per annum. _____ days from date. Interest to accrue from

_____ Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 83 Yearly No. 60 Date of Entry Dec 5 1969

Name of Deceased Mary Peppers
 Married Single Widowed Divorced

Husband Wife Widow
 or _____ of _____ Age of Husband or Wife (if living) _____ Years (What Race)

Residence 1715 Forest Hill

Charge to Mrs. Martha Diamantop

Address 2041 Grandwood Ave

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Housewife (Social Security Number) _____

Employer and Address _____

Date of Death Dec 5 1969 (Mo.) (Day) (Yr.) (Hour)

Date of Birth _____ (Mo.) (Day) (Yr.) Age 86.75 (Mos.) (Days)

Name of Father Constantine Diamantop

His Birthplace Greece

Maiden Name of Mother Helen Ambrogio

Her Birthplace Greece

Date of Funeral Dec 8 1969 (Date) (Day of Week) (Hour) M.

Services at M. Makris to Field

Clergyman Fr. Joseph (Address) _____

Religion of the Deceased Greek Catholic

Birthplace Greece

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

Place of Death London, England

Cause of Death Heart Failure, Liver Failure

Contributory Causes Arterio Sclerosis
e. Insulin

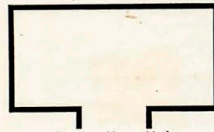
Certifying Physician Edw. P. Ryan (or Coroner)

His Address 1000 7th St

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

Manufactured by _____

Cemetery } St. Ann's
 Crematory } _____



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

Misc. Billed 12/9/69

| Complete Funeral (except outlays) | \$ | \$ |
|---|----|--------|
| Casket <u>McAvoy Funeral</u> | | 800.00 |
| 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) | | |
| McAVOY-FUNERAL HOME | | |
| | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | 800.00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, Page <u>137</u> 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

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

RECORD OF FUNERAL

Total No. 84 Yearly No. 61 Date of Entry Dec - 8 19 69

Name of Deceased James J. Devine
 Married Single Widowed Divorced

Husband Wife Widow { (What Race)
or } Age of Husband or Wife (if living) _____ Years

Residence 1308 Fifth Ave 19

Charge to Mrs Agnes O'Malley

Address 1721 Glen Park Blvd Mt. Pa

Order given by 673-4494 15172

How secured Mr. Shropper (or informant) McLean Keltan

If Veteran, Name of War _____

Occupation _____
(Social Security Number) 168-05-2785

Employer and Address _____

Date of Death Dec 8, 1969
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 25, 1888 Age 80-8-10
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Devine

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace _____

Date of Funeral Dec 13, 1969 M.
(Day) (Day of Week) (Hour)

Services at St. Raphael Church

Clergyman Rev. Roger Rogers
(Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death Mary Hospital

Cause of Death Polymy. Embolism

Contributory Causes Prostet. Left Hip
Reduction of Hip

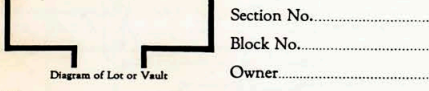
Certifying Physician Dr. Ralph Stetson
(or Coroner)

His Address 542 - 4th Ave

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

Manufactured by Raymond

Cemetery Crematory } St. Marys Conv. Co. Co. Co.



Misc Billed 3/13/70

Credits + Billed 6/22/70

| Complete Funeral (except outlays) | \$ | |
|--|-------|----|
| Casket & <u>Services</u> | 77.50 | 00 |
| Burial Vault or Box _____ (State Kind) | | |
| Embalming Body _____ (Name of Embalmer) | 115 | 00 |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>clothing</u> | 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) | | |
| <u>2</u> 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 <u>Cemetery Charges</u> | 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, \$ <u>N</u> Singers, \$ _____ Organist, \$ _____ | 20 | 00 |
| Railroad _____ 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 _____ | 7 | 00 |
| (Names of Newspapers) MAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | 1199 | 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |

Misc _____

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|-----------------|------------------|-------------|-----------|------|--------------------|-------------|---------|
| 6-22 | To Above Balance | | \$ | | To Balance Forward | | \$ |
| 6-22 70 | By Payment | \$ 740.08 | \$ 418.92 | | By Payment | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____

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

RECORD OF FUNERAL

85

Total No. 85 Yearly No. 62 Date of Entry December 31 19

Name of Deceased Virginia P. Wood
 Married Single Widowed Divorced (What Race)

Residence Saturday Towers 22 Husband Wife Widow }
 Charge to W. Scott Wood, Jr. or of Age of Husband or Wife (if living) Years

Address Same
 Order given by same (or Informant)

How secured
 If Veteran, Name of War

Occupation Beautician 165-34-5487
 (Social Security Number)

Employer and Address
 Date of Death Dec 31, 1969
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 22, 1913 Age 76-10-9
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jacob K. Hunter
 His Birthplace

Maiden Name of Mother Edelle Muehl
 Her Birthplace

Date of Funeral Jan 5, 1970 M.
 (Date) (Day of Week) (Hour)

Services at St. Marys Cemetery
 Clergyman Mr. Donald Brown

Religion of the Deceased Catholic
 Birthplace Pittsburgh, Pa.

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

Place of Death Puncheon, Pa.
 Cause of Death Heart

Contributory Causes Her Right Side Stroke
Bladder Tumor

Certifying Physician Michael J. Hess
 (or Coroner)

His Address Puncheon, Pa.
 Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by
 Cemetery } St. Marys
 Crematory }

| Complete Funeral (except outlays) | | \$ | C.O. |
|---|----------------------------------|-------|------|
| Casket & Professional Service | | 14.75 | 0.00 |
| Burial Vault or Box | | 2.25 | 0.00 |
| Embalming Body | (State Kind) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | Clothing (State Kind and Color) | 2.7 | 0.00 |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. R. Station | @ \$ | | |
| Getting Remains 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 | 0.00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot <u>Cemetery Charges</u> | | 1.60 | 0.00 |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | 8.7 | 0.00 |
| Matting, \$ | | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | Lowering Device, \$ | | |
| Outlay for Shipping Charges | | | |
| Clergymen, \$ | Singers, \$ | 2.0 | 0.00 |
| Organist, \$ | | | |
| Railroad } Tickets, \$ | Auto- plane Service, \$ | | |
| or Motor } | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | | | |
| line Death Notices in <u>Papers</u> | | 3.5 | 0.00 |
| MCAVOY FUNERAL HOME | | | |
| (Names of Newspaper) | | | |
| Sales Tax | | | |
| Total Footing of Bill | | 20.60 | 0.00 |
| Less | | 6.00 | 0.00 |
| Balance | | 2.00 | 0.00 |
| Entered into Ledger, page <u>PER</u> <u>100</u> below | | | |



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

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's) days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 86 Yearly No. 1 Date of Entry Jan 2 19 70

Name of Deceased Margaret M. Seena W
 Married Single Widowed Divorced (What Race)

Residence 3617 Lancia Street 13
or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to Mrs. May Seena

Address 585 Bayview Dr 35

Order given by _____ (or informant)

How served _____

If Veteran, Name of War _____

Occupation Housewife 177-18-1505
(Social Security Number)

Employer and Address _____

Date of Death Jan 3, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth July 14, 1881 Age 88 5-18
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Seena

His Birthplace _____

Maiden Name of Mother Ellen Oakley

Her Birthplace _____

Date of Funeral Jan 6, 1970 M.
(Date) (Day of Week) (Hour)

Services at St. Raphael Church

Clergyman Fr. Ryan
(Address)

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa

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

Place of Death Wagoner

Cause of Death A.I.H.D.

Contributory Causes Arteriosclerosis

Certifying Physician P.D. McHenry
(or Coroner)

His Address 404 Grand St

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

Manufactured by _____

Cemetery St. Agnes

Crematory _____

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| Complete Funeral (except outlay) | \$ |
|---|---------|
| Casket & <u>Professional Service</u> | 1090 00 |
| Burial Vault or Box (State Kind) | 275 00 |
| Embalming Body (Name of Embalmer) | |
| Barber, \$ Hair Dressing, \$ | |
| Dressing Body, \$ Underwear, \$ | 41 00 |
| Suit or Dress (State Kind and Color) | |
| Slippers, \$ Hose, \$ | |
| Folding Chairs, \$ Tarpsaulin, \$ | |
| Candelabrum, \$ Candles, \$ | |
| Door Spray, \$ Gloves, \$ | |
| Funeral Car, \$ Ambulance, \$ | |
| Limousine to Cemetery @ \$ | |
| Extra Limousines @ \$ | |
| Autos to R. R. Station @ \$ | |
| Getting Remains 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 <u>Cemetery Charges</u> | 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, \$ | 20 00 |
| Railroad } Tickets, \$ Aero- plane Service, \$ | |
| Motor } Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Funeral Director's Charges | |
| Personal Service | |
| _____ line Death Notices in _____ Papers | 39 00 |
| McAVOY FUNERAL HOME | |
| (Names of Newspapers) | |
| Sales Tax <u>Jan 26, 1970</u> | |
| Total Footing of Bill | 1557 00 |
| Less _____ | 00 00 |
| Balance | 1557 00 |
| Entered into Ledger, page _____ or below. | 1557 00 |
| Misc. <u>Less</u> | 57 00 |
| | 1500 00 |



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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Address _____

RECORD OF FUNERAL

87

Total No. 88 Yearly No. 2 Date of Entry Jan 9 1970

Name of Deceased Joseph V. Habel
 Married Single Widowed Divorced (What Race)

Residence 27 Lindsey Ave, Angie R.
 Husband Wife Widow }
 or of } Age of Husband or Wife (if living) _____ Years

Charge to SS

Address _____

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Insurance - RR 210-01-4575
 (Social Security Number)

Employer and Address _____

Date of Death Jan 9, 1970
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 4, 1910 Age 70-3-5
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Date of Funeral Jan 14, 1970 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman _____ (Address)

Religion of the Deceased Catholic

Birthplace Penn

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

Place of Death Mary Hospital

Cause of Death Burke's Disease

Contributory Causes CVA & IHD

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

His Address Mary Hospital

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

Manufactured by _____

Cemetery } Hollywood Memorial Park
 Crematory }



Lot No. 107
 Grave No. A
 Section No. 11
 Block No. _____
 Owner _____

Diagram of Lot or Vault

Misc. _____

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, \$ _____ Tarpsulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removing Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| _____ Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | | |
| 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 } Tickets, \$ _____ Aero- plane Service, \$ _____ or Motor } | | |
| 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. | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ maturity at the rate of _____ % per annum. Signed _____ Address _____

Witness _____



Martin Burial Vault Company, Inc.
3815 Dawson Street
Pittsburgh, Pa. 15213
682-1500

Vishel

Casket + Services ✓ 450.00
Rough Box ✓ 86.00

Cemetery ✓ 125.00

Death Cert. (4) ✓ 4.00

Relig. Services ✓ 15.00(?)

525
225

750



Martin Krikel Vault Company, Inc.
3812 Damon Street
Pittsburgh Pa 15212
688-1200

923

26 16

Dornenberg
attorney



Miss

Dornberg

RECORD OF FUNERAL

Total No. 88 Yearly No. 3 Date of Entry Jan 20 1970

Name of Deceased Paula Rivieri It.
 Married Single Widowed Divorced (What Race)

Residence 2015 Colwell Street 19 Husband Wife Widow } Paula Rivieri
or 2015 Colwell St 19 of Italy Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Mary Rivieri - Cal. 6554
Address 2015 Colwell St 19

Order given by _____ (or informant)
How secured _____

If Veteran, Name of War _____
Occupation Carpenter 188-07-5911A
(Social Security Number)

Employer and Address _____
Date of Death Jan 20, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth May 24, 1892 Age _____
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Luca Rivieri
His Birthplace Italy

Maiden Name of Mother Theresa Copi
Her Birthplace Italy

Date of Funeral Jan 24, 1970 M.
(Date) (Day of Week) (Hour)

Services at St. Mark's Episcopal Church
Clergyman Fr. Rogan (Address)

Religion of the Deceased Catholic
Birthplace Italy

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

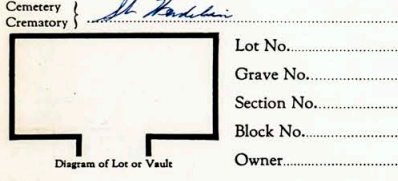
Place of Death May Hospital
Cause of Death Dist. Operation bleeding from ruptured

Contributory Causes Vertebrae, Cough to Heart
Block

Certifying Physician _____ (or Coroner)
His Address _____

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

Manufactured by _____
Cemetery } St. Mark's
Crematory }



Misc. Statement \$15.170

| Complete Funeral (except outlays) | | \$ | |
|--|----------------------------------|-------|----|
| Casket <u>5 flowers</u> | | 13.50 | 00 |
| Burial Vault or Box | (State Kind) | 235 | 00 |
| Embalming Body | (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | (State Kind and Color) | 7 | 75 |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. R. Station | @ \$ | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit | (State Number and District) | | |
| Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | 2 | 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | <u>Cemetery Charges</u> | 125 | 00 |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | 90 | 10 |
| Matting, \$ | | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | Lowering Device, \$ | | |
| Outlay for Shipping Charges | | | |
| Clergymen, \$ | Singers, \$ | 20 | 00 |
| Organist, \$ | | | |
| Railroad } Tickets, \$ | Aero- plane Service, \$ | | |
| Motor } Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | | | |
| line Death Notices in _____ Papers | | 18 | 50 |
| (Names of Newspapers) | <u>MCABOY FUNERAL HOME</u> | | |
| Sales Tax | <u>Jan. 14, 1970</u> | | |
| Total Footing of Bill | | 1854 | 38 |
| Less | | 25 | 00 |
| Balance | | 1829 | 38 |
| Entered into Ledger, page <u>171</u> or below | | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

RECORD OF FUNERAL

89

Total No. 88 Yearly No. 4 Date of Entry Jan. 17 1970

Name of Deceased James Nathan
 Married Single Widowed Divorced (What Race)

Residence 61 Tawhill St. 19
 Husband Wife Widow }
 or D.P.A. Hill 5408 Est of Age of Husband or Wife (if living) _____ Years

Charge to _____
 Address _____

Order given by Walter Wickham G.C.P.D.A.
 How secured _____
 (or informant)

If Veteran, Name of War _____
 Occupation Labore 233-05-5244
 (Social Security Number)

Employer and Address _____
 Date of Death Jan 13, 1970
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 16, 1908 Age 61
 (Mo.) (Day) (Yr.) (Yrs.) (Mo.) (Days)

Name of Father _____
 His Birthplace _____

Maiden Name of Mother _____
 Her Birthplace _____

Date of Funeral Jan 24, 1970 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman _____ (Address)
 Religion of the Deceased Protestant

Birthplace Chi
 Resided in the State _____
 (or U.S. or City or Country) (Years) (Months)

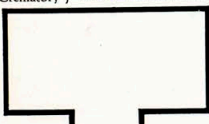
Place of Death Long Beach
 Cause of Death Cardiopulmonary

Contributory Causes Trauma of skull

Certifying Physician Dr. Gerald Hall
 (or Coroner)

His Address _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____
 (State Color and Number)

Manufactured by _____
 Cemetery }
 Crematory } Shelton



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

Misc. D.P.A. 2/5/70

| Complete Funeral (except outlays) | \$ | |
|--|-----|------|
| Casket <u>4</u> <u>Shelton</u> | 200 | - |
| 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, \$ _____ Tarpsaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax _____ | 50 | u.c. |
| Outlay for Lot <u>Cemetery Chap</u> | | |
| 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 { Tickets, \$ _____ Aero- or Motor { 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 _____
 Address _____
 Witness _____

GREENWOOD CEMETERY

Interment No.

INTERMENT RECORD

Deed No.

28051

Name of Interred **Waltham, James**

Funeral Director **John P. Makvoy**

Place of Death **Mercy Hosp.**

Cause of Death **Bronchopneum**

Age **61** Date Of Death **1/17/70** Date Of Interment **1/24/70**

Section **16** Range _____ Lot _____ Tier _____ Row **46**

Grave ~~16~~ **4**

RECORD OF FUNERAL

Total No. 90 Yearly No. 5 Date of Entry Feb 4 1970

Name of Deceased Giuseppe Ferraro
 Married Single Widowed Divorced
 Husband Wife Widow Orphan (What Race) It

Residence 1637 Jordan Ave 1-471-4077
Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Margaret Ferraro
Address 1637 Jordan Ave

Order given by _____
(or informant)

How secured _____
(or informant)

If Veteran, Name of War _____

Occupation Painter None
(Social Security Number)

Employer and Address Self

Date of Death Feb 4 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth _____
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Severino Ferraro

His Birthplace Italy

Maiden Name of Mother Winkmann

Her Birthplace Italy

Date of Funeral Feb 4 1970 M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Fr. Pigo Nagan
(Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death Mary, Washington

Cause of Death Congestive heart failure

Contributory Causes _____

Certifying Physician Dr. J. Marzullo
(or Coroner)

His Address _____

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

Manufactured by Plymouth
Cemetery } Catharine
Crematory }



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

Misc. _____

| | | |
|--|----|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>Wooden</u> | \$ | 750 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 <u>Catharine, Chicago</u> | | 320 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 _____ | | |
| _____ <u>Marzullo</u> | | 400 00 |
| line Death Notices in _____ Papers _____ | | |
| (Names of Newspapers) McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ | 1150 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger Page _____ or below. | | |
| Misc. _____ | | |

| Date | To | Amount Paid | Balance | Date | To | Amount Paid | Balance |
|------------|------------------|-------------|-----------|-----------|--------------------|-------------|----------|
| Feb 26 70 | To Above Balance | 730 75 | \$419 25 | Nov 1 70 | To Balance Forward | 50 00 | \$139 25 |
| Apr 5 70 | By Payment | \$ 50 - | | Jan 29 71 | By Payment | \$ 50 00 | \$ 89 25 |
| Apr 23 70 | " " | \$ 30 - | | 3/19 71 | " " | \$ 50 00 | \$ 39 25 |
| May 24 70 | " " | \$ 50 - | \$ 289 25 | 5/26 71 | " " | \$ 39 25 | |
| June 26 70 | " " | \$ 50 - | \$ 239 25 | | " " | \$ - | |
| Oct 7 70 | " " | \$ 50 00 | \$ 189 25 | | " " | \$ - | |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Witness _____

RECORD OF FUNERAL

91

Total No. 91 Yearly No. 6 Date of Entry Feb 8 1970
 Name of Deceased Samuel J. Woods Jr.
 Married Single Widowed Divorced
 Residence 1839 Laurel Hill 19-391-4024 Husband Wife Widow of Annora Wood
 Charge to Mrs. Annora Woods Age of Husband or Wife (if living) _____ Years

Address 1839 Laurel Hill
 Order given by _____
 How secured _____ (or informant)
 If Veteran, Name of War _____
 Occupation Wall Paperman 170-01-2378A
 (Social Security Number)
 Employer and Address _____

Date of Death Feb 8 1970
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Dec 19 1903 Age 68
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father Samuel J. Woods
 His Birthplace _____
 Maiden Name of Mother Helen Connolly
 Her Birthplace _____

Date of Funeral Feb 12 1970 M.
 (Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman Fr. Eugene Pagan
 (Address) _____
 Religion of the Deceased Catholic
 Birthplace Shoemaker, Pa

Resided in the State _____
 (or U.S. or City or County) (Years) (Months)
 Place of Death Manayunk Hospital
 Cause of Death Myocardial Infarction
 Contributory Causes Arteriosclerosis - H. S. H. D.
Generalized arteriosclerosis
 Certifying Physician Chas. H. Ryan
 (or Coroner)

His Address Manayunk Hospital
 Motor { Remains to _____
 Ship { _____
 Size of Casket _____ (State Color and Number)
 Manufactured by Aurora
 Cemetery { _____
 Crematory { Cadbury

WOODS
 On Sunday, February 8, 1970, Don Woods Jr., husband of Emma Rindler Woods, wife of the late Don Woods, Sr., died at the home of Mrs. Gerry Hamilton, 2221 Mary Street, Philadelphia, Pennsylvania. He was 68 years of age. Burial will be in the Crypt of St. Joseph's Cemetery, Philadelphia, Pennsylvania, on Thursday morning of Feb. 12, 1970, at 10 o'clock in the Church of the Epiphany of 10 o'clock. Visitation 12 noon until 10 p. m.

Lot No. 54
 Grave No. 56
 Section No. 40
 Block No. _____
 Owner _____

Misc. _____

| Complete Funeral (except outlays) | | \$ |
|---|------------------------------------|---------|
| Casket <u>2</u> <u>Samuel</u> | | 1350.00 |
| Burial Vault or Box | (State Kind) | 235.00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | (State Kind and Color) | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | (State Number and District) | |
| <u>5</u> 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 <u>Cadbury Churchman</u> | | 195.00 |
| Cremation | | |
| Flowers, \$ <u>4</u> Palms, \$ | Matting, \$ | 63.60 |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | 20.00 |
| Organist, \$ | | |
| Railroad { Tickets, \$ | Aero- or Motor { plane Service, \$ | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| MAVOY FUNERAL HOME | | |
| (Name of Newspaper) | | |
| Sales Tax | | |
| Total Footing of Bill | | 1805.60 |
| Less | | 65.60 |
| PER Balance <u>of Mrs.</u> | | 1750.00 |
| 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 _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. 92 Yearly No. 7 Date of Entry Feb 14 1970

Name of Deceased Bela L. Southard
 Married Single Widowed Divorced
Residence 429 Channah Dr Youngton Ohio Husband Wife Widow Divorced of John Southard (What Race) W
or Age of Husband or Wife (if living) _____ Years

Charge to Est. of
Address Channah St. Youngton
Order given by 704 Union Bank Bldg Youngton Ohio
(or informant)
How secured 4.4.515

If Veteran, Name of War 22-2295
Occupation Housewife 171-12-1744
(Social Security Number)

Employer and Address _____
Date of Death Feb 14, 1970
(Mo.) (Day) (Yr.) (Hour)
Date of Birth Oct 29, 1884 Age 85-3-15
(Mo.) (Day) (Yr.) (Mos.) (Days)
Name of Father Edw. J. Southard

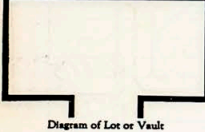
His Birthplace _____
Maiden Name of Mother Sella Brown
Her Birthplace _____
Date of Funeral Feb 17, 1970 M.
(Date) (Day of Week) (Hour)

Services at Chapel
Clergyman St. Myron
Religion of the Deceased Protestant
Birthplace West Virginia
Resided in the State _____ (or U.S. or City or County) (Years) (Months)

Place of Death Protestant Church Youngton Ohio
Cause of Death Cardiac Arrest
Contributory Causes Coronary Arteriosclerosis
Generalized Arteriosclerosis

Certifying Physician Nelson P. McMyer
(or Coroner)
His Address 11629 Mohr St. 7. Young Ohio
Motor { Remains to _____
Ship }
Size of Casket _____ (State Color and Number)

Manufactured by Bureau
Cemetery { Bureau Falls Mason Em
Crematory }



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

Misc. Billed 3/31/70

| Complete Funeral (except outlays) | \$ | |
|--|------|-------|
| Casket | 1245 | 00 |
| Burial Vault or Box | 235 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | 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 | | |
| 5 Certif. Copies of Death Certificates No. _____ | | 5 00 |
| (State Physician's or Coroner's) Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cemetery Charges</u> | 135 | 00 |
| Cremation | | |
| Flowers, \$ | | |
| Palms, \$ | | |
| Matting, \$ | | 31 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 { Tickets, \$ | | |
| or Motor { 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 | 1746 | 80 |
| Less | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |

Misc. _____

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------------|------------------|-------------|---------|------|--------------------|-------------|---------|
| <u>Feb 21, 1970</u> | To Above Balance | 1000 00 | 746 80 | | To Balance Forward | | |
| <u>Mar 19, 1970</u> | By Payment | 500 00 | 246 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 _____ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum. Signed _____ Address _____

RECORD OF FUNERAL

93

Total No. 93 Yearly No. 8 Date of Entry Feb 26 1970
 Name of Deceased Frank A. Hays
 Married Single Widowed Divorced
 Residence 66 Van Broom St 19
 Husband Wife Widow or of Elizabeth H. Hays (What Race)
 Age of Husband or Wife (if living) _____ Years

Charge to Mrs Elizabeth Hays
 Address 66 Van Broom St 19
 Order given by _____ (or Informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Radical Vendor 189-10-7237
 (Social Security Number)

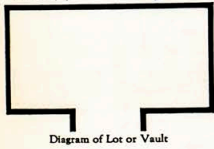
Employer and Address _____
 Date of Death Feb 26, 1970
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth Sept 18, 1911 Age 58-5-8
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father Andrew Hays
 His Birthplace _____
 Maiden Name of Mother Elizabeth Ann John
 Her Birthplace _____

Date of Funeral Mar 2, 1970 M.
 (Date) (Day of Week) (Hour)
 Services at Epiphany Church
 Clergyman Dr. Bryan Morgan
 (Address)

Religion of the Deceased Catholic
 Birthplace M^cHenry Pa
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Mary Hospital
 Cause of Death Heart Myocardial Infarct
 Contributory Causes _____

Certifying Physician Dr. Andrew D. Hays
 (or Coroner)
 His Address Mary Hospital
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)

Manufactured by Carro
 Cemetery } M^cHenry Pa
 Crematory }



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

| Complete Funeral (except outlays) | | |
|--|------|----|
| Casket <u>Meridian</u> | 1865 | 00 |
| Burial Vault or Box _____ (State Kind) | 235 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ (State Kind and Color) | | |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| <u>6</u> 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 <u>Cemetery Change</u> | 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, \$ <u>✓</u> 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 <u>McHenry FUNERAL HOME</u> | 32 | 00 |
| (Names of Newspapers) _____ | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | 1783 | 00 |
| Less _____ | | |
| Balance <u>1783</u> | | |
| Entered into Ledger, page <u>1783</u> 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 _____

RECORD OF FUNERAL

Total No. 94 Yearly No. 9 Date of Entry Mar 4 1970

Name of Deceased Michael Liebman
 Married Single Widowed Divorced

Husband Wife Widow of Wife (What Race) _____
or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 208 Seneca St 19

Charge to Mrs. Melvin Liebman
Address 208 Seneca St 19

Order given by _____ (or informant) _____
How secured _____

If Veteran, Name of War _____

Occupation Boiler 192-10-6182
(Social Security Number)

Employer and Address _____

Date of Death Mar 4 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 9 1899 Age 70
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Michael Liebman

His Birthplace Russia

Maiden Name of Mother Nelson

Her Birthplace Russia

Date of Funeral Mar 7 1970 M.
(Day) (Day of Week) (Hour)

Services at Mt. Zion R.O. Church

Clergyman _____ (Address) _____

Religion of the Deceased Roman Catholic

Birthplace Russia

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

Place of Death Manassas, Virginia

Cause of Death Heart failure - depression in brain

Contributory Causes Dr. Cyril Weill

Certifying Physician _____ (or Coroner)

His Address _____

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

Manufactured by _____
Cemetery } Mt. Zion R.O. Church
Crematory } Pa.

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

Misc. _____

Diagram of Lot or Vault

| | | |
|---|----|---------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket..... | | 1000 00 |
| Burial Vault or Box..... | | 235 00 |
| Embalming Body..... | | |
| Barber, \$..... Hair Dressing, \$..... | | |
| Dressing Body, \$..... Underwear, \$..... | | |
| Suit or Dress..... | | |
| Slippers, \$..... Hose, \$..... | | |
| Folding Chairs, \$..... Tarpaulin, \$..... | | |
| Candelabrum, \$..... Candles, \$..... | | |
| Door Spray, \$..... Gloves, \$..... | | |
| Funeral Car, \$..... Ambulance, \$..... | | |
| Limousines to Cemetery @ \$..... | | |
| Extra Limousines @ \$..... | | |
| Autos to R. 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. | | 3 00 |
| Pall Bearer Service, \$..... Use of Chapel, \$..... | | |
| Gross Total for Sales Tax..... | \$ | |
| Outlay for Lot..... | | 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, \$..... | | |
| Railroad } Tickets, \$..... Aero- plane Service, \$..... | | |
| or Motor } 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..... | | |
| Total Footing of Bill..... | \$ | 1388 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____
Witness _____ Address _____

RECORD OF FUNERAL

95

Total No. 95 Yearly No. 10

Date of Entry March 24 1970

Name of Deceased Michael Marjpas
 Married Single Widowed Divorced

Husband Wife Widow (What Race)
Lena Marjpas (Age of Husband or Wife if living) _____ Years

Residence 2093 Luomek Ave 26
 Charge to Rev Thomas Marjpas

Address _____

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Janitor 174-22-5604
 (Social Security Number)

Employer and Address _____

Date of Death Mar 24 1970
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 12 1892 Age 78
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Henry Marjpas

His Birthplace D

Maiden Name of Mother Eva Adisey

Her Birthplace _____

Date of Funeral March 28 1970 M.
 (Date) (Day of Week) (Hour)

Services at St Louis & Church

Clergyman Dirk Mc Danell
 (Address)

Religion of the Deceased Catholic

Birthplace Republic of Lebanon

Resided in the State _____ (Years) (Months)

Place of Death 2093 Luomek Ave
 (or U.S. or City or Country)

Cause of Death Pneumonia

Contributory Causes Arteriosclerotic Cardiovascular Disease

Certifying Physician James D. Slaven
 (or Coroner)

His Address 519 Euclidean Blvd 26

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by Amara (Special Special Metal)

Cemetery } Calvary Cemetery

Lot No. _____

Grave No. _____

Section No. 40

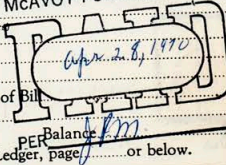
Block No. _____

Owner _____



Misc. _____

| Complete Funeral (except outlays) | | \$ |
|--|----------------------------------|------------------------|
| Casket <u>& Services</u> | | 1545 00 |
| Burial <u>Vault</u> or Box | (State Kind) | 235 00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress <u>& Shirt</u> | (State Kind and Color) | 51 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) | 5 00 |
| 5 Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cemetery Charges</u> | | 215 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 | | |
| <u>700 Marjpas Circle</u> | | 34 00 |
| line Death Notice <u>HOME</u> | | 76 43 |
| (Names of Newspapers) | | |
| Sales Tax | | 792 93 |
| Total Footing of Bill | | 151 93 |
| Less | | 2070 00 |
| PE Balance <u>100</u> | | |
| Entered into Ledger, page <u>100</u> or below. | | |
| Misc. | | |



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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to _____ (Firm Name of Funeral Directors) _____ days from date. Interest to accrue from _____

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ Signed _____ maturity at the rate of _____ % per annum. Address _____ Witness _____

RECORD OF FUNERAL

Total No. 96 Yearly No. 11 Date of Entry March 24 1970

Name of Deceased Thomas McLaughlin (Sr. of Alberta)
 Married Single Widowed Divorced (What Race)

Residence 3333 Fifth Ave 13 Husband Wife Widow
or 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 Sw Legion 202-10-2799
(Social Security Number)

Employer and Address _____

Date of Death March 24 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth June 12 1900 Age 69
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas McLaughlin

His Birthplace D

Maiden Name of Mother Agnes Owens

Her Birthplace D

Date of Funeral March 29 1970 M.
(Date) (Day of Week) (Hour)

Services at St. James Hospital

Clergyman _____

Religion of the Deceased Catholic
(Address)

Birthplace McKeesport, Pa.

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

Place of Death St. James Hospital

Cause of Death A. & H. B.

Contributory Causes Myocardial Infarction

Certifying Physician W. L. Barbery
(or Coroner)

His Address 1501 Locust St.

Motor Remains to _____
Ship

Size of Casket _____
(State Color and Number)

Manufactured by _____

Cemetery St. Xavier Spartanburg, S.C.

Crematory _____

Diagram of Lot or Vault

Misc. Billed
5/18/70

| | | |
|---|------------------------|------------------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>9</u> <u>Stearns</u> | | <u>315 00</u> |
| Burial Vault or Box | | <u>70 00</u> |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. 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. | | <u>1 00</u> |
| 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 | | |
| (Name of Newspaper) <u>Register-Courier</u> | McAVOY FUNERAL HOME | <u>2 00</u> |
| Sales Tax | | |
| Total Footing of Bill | | <u>388 00</u> |
| Less | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |
| PER _____ | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Signed _____

Witness _____ Address _____

RECORD OF FUNERAL

Total No. 97 Yearly No. 12 Date of Entry March 25, 1970 19

Name of Deceased William J. Brennan
 Married Single Widowed Divorced Husband Wife Widow } (What Race)

Residence 1314 Fifth Ave. of 381-8685 Age of Husband or Wife (if living) _____ Years

Charge to Miss Clara M. Phillips

Address 1122 Casswell St.

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Offshore Spawman 311-14-8452 (Social Security Number)

Employer and Address _____

Date of Death March 25, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 19, 1907 Age 62 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father James Brennan

His Birthplace D

Maiden Name of Mother Brigit Swift

Her Birthplace D

Date of Funeral March 28, 1970 M. (Date) (Day of Week) (Hour)

Services at St. Agnes Church

Clergyman Fr. Basil Lynch (Name)

Religion of the Deceased Catholic

Birthplace Pittsburgh, Pa.

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

Place of Death Emergency Hospital

Cause of Death Myocardial Infarction

Contributory Causes Repair of ruptured aneurysm (Post-operative status)

Certifying Physician April A. Wecht (or Coroner)

His Address 570 4th Ave.

Motor Ship } Remains to _____

Size of Casket American 8490-37 Black Copper (State Color and Number)

Manufactured by _____

Cemetery } Casswell Cemetery

Crematory } _____

Lot No. 582

Grave No. 4 X.D.

Section No. I

Block No. _____

Owner Ms. Phillips

Misc. _____

| | |
|---|------------|
| Complete Funeral (except outlays) | \$ 1100 00 |
| Casket <u>Top Seal</u> | 195 00 |
| Burial Vault or Box | |
| Embalming Body (State Kind) | |
| 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) | |
| 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 <u>Casswell Church</u> | 195 00 |
| Cremation | |
| Flowers, \$ Palms, \$ Matting, \$ | |
| Rental of Tent, \$ of Temporary Vault, \$ | |
| Opening of Grave or Tomb | |
| Lining Grave, \$ Lowering Device, \$ | |
| Outlay for Shipping Charges | |
| Clergymen, \$ Singers, \$ Organist, \$ | 20 00 |
| Railroad 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 <u>Papers</u> | 10 41 |
| McAVOY FUNERAL HOME | |
| Sales Tax <u>Apr 14, 1970</u> | 1529 41 |
| Total Footing of Bill | 50 00 |
| Less Balance | 1479 00 |
| Entered into Ledger page _____ of below. | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

RECORD OF FUNERAL

99

Total No. 99 Yearly No. 14 Date of Entry Apr. 17 19 70

Name of Deceased Joseph Mearke
 Married Single Widowed Divorced

Residence 1234 S. Hubbard Ave 34

Charge to Mrs. Anne Mearke

Address 1234 S. Hubbard Ave

Order given by _____
(or informant)

How secured _____

If Veteran, Name of War _____

Occupation None (Social Security Number) _____

Employer and Address _____

Date of Death Apr. 13, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr. 13, 1920 Age 50 M W
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Conville Mearke

His Birthplace Pittsburgh Pa.

Maiden Name of Mother Anne Mearke

Her Birthplace Pittsburgh Pa.

Date of Funeral Apr. 20, 1970 M.
(Date) (Day of Week) (Hour)

Services at _____

Clergyman _____
(Address)

Religion of the Deceased _____

Birthplace Pittsburgh Pa.

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

Place of Death Magnolia, Tennessee

Cause of Death Arteriosclerosis

Contributory Causes _____

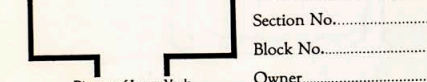
Certifying Physician H. A. Rouse
(or Coroner)

His Address Magnolia, Tennessee

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

Manufactured by Carroll

Cemetery } Hollywood Memorial Park
Crematory }



Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| | | |
|--|-------|--|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>2 Prince</u> | 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 <u>Auto, Casket</u> | 15.00 | |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | | |
| Rental of Tent, \$ of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ Lowering Device, \$ | | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ Singers, \$ Organist, \$ | | |
| Railroad { Tickets, \$ Aero- plane Service, \$ | | |
| or Motor { Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| | | |
| (Name of Newspaper) | | |
| Sales Tax | \$ | |
| Total footing of Bill | 50.00 | |
| Less | \$ | |
| PER <u>John</u> 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 _____

Hollywood Memorial Park, Inc.

3500 CLEARFIELD STREET • PITTSBURGH 4, PA.
WALNUT 1-6111

NAME BABY MISENKO

BURIED APRIL 20, 1970

LOT

SECTION BABY

GRAVE 5

PAID

PAID
GRAVE, INTERMENT, & RECORDING FEE...\$15

RECORD OF FUNERAL

Total No. 100 Yearly No. 15 Date of Entry Apr. 18 1920

Name of Deceased Stanley J. Soble
 Married Single Widowed Divorced (What Race) 21

Residence 415 Paul Pitt Blvd 19
 Husband Wife Widow of } Age of Husband or Wife (if living) _____ Years

Charge to Auto
Address Ernest A. Krumm Jr.

Order given by _____ (or informant)
How secured _____

If Veteran, Name of War _____

Occupation Retired R.R. 210-01-0433
(Social Security Number)

Employer and Address _____
Date of Death Apr. 18, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 11, 1887 Age 73
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father _____
His Birthplace _____

Maiden Name of Mother _____
Her Birthplace _____

Date of Funeral Apr. 23, 1970 M.
(Date) (Day of Week) (Hour)

Services at St. Joseph's Church
Clergyman Rev. P. Shand (Address)

Religion of the Deceased Catholic
Birthplace Roma

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

Place of Death Mary Hospital
Cause of Death Pneumonia

Contributory Causes _____
Certifying Physician Stanley R. Hill (or Coroner)

His Address Mary Hospital
Motor Ship } Remains to _____
Size of Casket _____ (State Color and Number)

Manufactured by _____
Cemetery } St. Bernard Way 624
Crematory }

Lot No. Row 10
Grave No. 57
Section No. 16
Block No. _____
Owner _____

Diagram of Lot or Vault _____
Misc. _____

| | | |
|--|----|----------------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket <u>1</u> <u>1200</u> | | <u>1200 00</u> |
| Burial Vault or Box _____ (State Kind) | | <u>175 00</u> |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Corduroy</u> _____ (State Kind and Color) | | <u>35 00</u> |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| <u>5</u> Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | <u>5 00</u> |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax _____ | \$ | |
| Outlay for Lot <u>Cemetery</u> _____ | | <u>2 00 00</u> |
| Cremation _____ | | |
| Flowers, \$ <u>4</u> Palms, \$ _____ Matting, \$ _____ | | <u>26 50</u> |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | |
| Opening of Grave or Tomb _____ | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | |
| Outlay for Shipping Charges _____ | | |
| Clergymen, \$ <u>6</u> Singers, \$ _____ Organist, \$ _____ | | <u>40 00</u> |
| 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 Newspaper) MEAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ | <u>1306 50</u> |
| 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

CALVARY CEMETERY

April 23 1970

SINGLE GRAVE INTERMENT

—NAME OF DECEASED—

Stanley Sackle

Section 16 Row 10 Grave 53

☐ Paid \$ 205- C. L. O'Keefe Supt.

☐ Charge

(over)

RECORD OF FUNERAL

Total No. 101 Yearly No. 16 Date of Entry Apr 21 1970

Name of Deceased John C. Tombarillo
 Married Single Widowed Divorced

Residence 64 Van Buren Street 19 Husband Wife Widow }
 or _____ of } (What Race) _____
 Age of Husband or Wife (if living) _____ Years

Charge to Mrs. Marie L. Hayes

Address 122 Lillanne Drive - Fayette Ave 44505

Order given by John (or Informant)

How secured 1 Newby Way 12

If Veteran, Name of War _____

Occupation Channele 210-01-0433
 (Social Security Number)

Employer and Address _____

Date of Death Apr 21 1970
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 11 1892 Age 67-6-10
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father John Mastan

His Birthplace Poland

Maiden Name of Mother Mary Zlobk

Her Birthplace Poland

Date of Funeral Apr 25 1970 M.
 (Date) (Day of Week) (Hour)

Services at St. Ignace Church

Clergyman Fr. Pat (Address)

Religion of the Deceased Catholic

Birthplace Poland, Pa.

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

Place of Death St. Ignace Church

Cause of Death Coronary of Liver

Contributory Causes _____

Certifying Physician Richard A. Logan (or Coroner)

His Address Highland Park

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

Manufactured by _____

Cemetery } Lawson
 Crematory }

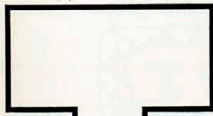
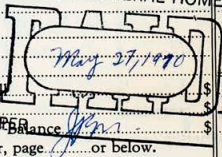


Diagram of Lot or Vault

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

| Complete Funeral (except outlays) | | |
|--|------|----|
| Casket | 1265 | 00 |
| Burial Vault or Box | 235 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <u>Wool</u> | 95 | 00 |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. 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. _____ | 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 } Tickets, \$ Aero- plane Service, \$ | | |
| or Motor } Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| _____ line Death Notice <u>McAVOY FUNERAL HOME</u> | 32 | 00 |
| (Name of Newspaper) | | |
| Sales Tax | | |
| Total Footing of Bill | 1615 | 00 |
| Less _____ | | |
| Entered into Ledger, page <u>Balance</u> _____ 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. 102 Yearly No. 17 Date of Entry May 7 1970

Name of Deceased Beatrice Berg (Ch. M. Calamba) 26
 Married Single Widowed Divorced (What Race)

Residence 3333 Jipah Ave Husband Wife Widow of } Age of Husband or Wife (if living) _____ Years

Charge to Wife of May

Address 3333 Jipah Ave

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Business 202-40-1397
(Social Security Number)

Employer and Address _____

Date of Death May 4, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth May 19, 1910 Age 58-11-24
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Antonio Berg

His Birthplace Ireland

Maiden Name of Mother Catherine McQueen

Her Birthplace Ireland

Date of Funeral May 7, 1970 M.
(Date) (Day of Week) (Hour)

Services at St. Marys Church

Clergyman _____ (Address)

Religion of the Deceased Catholic

Birthplace Galway, Ireland

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

Place of Death Marion Hospital

Cause of Death Coronary of the artery &

Contributory Causes arteriosclerosis to the heart &
obstruction, liver & gallbladder inflammation

Certifying Physician J. G. James
(or Coroner)

His Address May 14, 1970

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery } St. Marys Cemetery

Crematory } _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

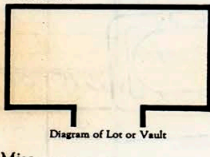
Misc. _____

Misc. _____

Misc. _____

| | | |
|--|----|---------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket..... | | 3.15 00 |
| Burial Vault or Box..... | | 7.00 00 |
| Embalming Body..... | | |
| Barber, \$..... Hair Dressing, \$..... | | |
| Dressing Body, \$..... Underwear, \$..... | | |
| Suit or Dress..... | | |
| Slippers, \$..... Hose, \$..... | | |
| Folding Chairs, \$..... Tarpaulin, \$..... | | |
| Candelabrum, \$..... Candles, \$..... | | |
| Door Spray, \$..... Gloves, \$..... | | |
| Funeral Car, \$..... Ambulance, \$..... | | |
| Limousines to Cemetery @ \$..... | | |
| Extra Limousines @ \$..... | | |
| Autos to R. R. Station @ \$..... | | |
| Getting Remains from..... | | |
| Taking Remains to..... | | |
| Trip to Coroner's Inquest..... | | |
| Delivering Box to..... | | |
| Deliver Flowers to..... | | |
| Removal Charges..... | | |
| Procuring Burial Permit..... | | |
| Certif. Copies of Death Certificates No..... | | |
| Pall Bearer Service, \$..... Use of Chapel, \$..... | | |
| 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 { 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) <u>McAVOY FUNERAL HOME</u> | | 2 00 |
| Sales Tax..... | | |
| Total Footing of Bill..... | | 3.87 00 |
| Less..... | | |
| Entered into Ledger, page..... of below..... | | |

Lot No. 544
Grave No. 5
Section No. 30
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 the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ (Firm Name of Funeral Directors) days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed..... Address.....

Witness.....

RECORD OF FUNERAL

103

Total No. 103 Yearly No. 18 Date of Entry May 11 1970

Name of Deceased Noberto Calabrese
 Married Single Widowed Divorced

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

Residence 436 Main St 14
 Charge to Walter Andrew J. Rosito

Complete Funeral (except outlays) \$ _____
 Casket Professional Service \$ 14.50 00

Address 1706 5 Ave. Arnold Pa. 15068

Burial Vault or Box \$ 2.35 00

Order given by Noberto Calabrese - 167 Main St 30
 How secured 271-2621 (or Informant)

Embalming Body (State Kind) _____
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress 2nd \$ 1 50

If Veteran, Name of War _____
 Occupation Tailor (R.C.) 168-03-6081
 (Social Security Number)

Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____

Employer and Address _____
 Date of Death May 11 1970

Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Extra Limousines @ \$ _____
 Autos to R. R. Station @ \$ _____

Date of Birth Aug 11 1913 Age 76 9-5
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Getting Remains from _____
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____

Name of Father Antonio Calabrese
 His Birthplace Italy

Delivery Flowers to _____
 Removal Charges _____
 Procuring Burial Permit _____
 (State Number and District)

Maiden Name of Mother Addolina Ortolano Calabrese
 Her Birthplace Italy

4 Certif. Copies of Death Certificates No. _____ \$ 4 00
 (State Physician's or Coroner's)

Date of Funeral May 12 1970 M.
 (Date) (Day of Week) (Hour)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____
 Gross Total for Sales Tax \$ _____
 Outlay for Lot Cemetery Chicago \$ 130 00

Services at St. Joseph's Church
 Clergyman Fr. Joseph (Address) _____

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

Religion of the Deceased Catholic
 Birthplace Italy

Clergymen, \$ _____ Singers, \$ _____ Organist, \$ 30 00
 Railroad Tickets, \$ _____ Aero plane Service, \$ _____
 or Motor () _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____
 Out of town Funeral Director's Charges _____
 Personal Service _____

Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Manly, New York

line Death MCANDY FUNERAL HOME \$ 31 20
 (Names of Newspapers)

Cause of Death Cancer of the Prostate
 Contributory Causes Diabetes & High Blood Pressure

Sales Tax _____
 Total Footing of Bill \$ 1900 70

Certifying Physician E. J. DeLo (or Coroner)
 His Address Manly, New York

Less _____
 PER Balance 1869 70

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

Entered into Ledger, page _____ or below.

Manufactured by _____
 Cemetery Calvary Cemetery
 Crematory _____

Misc. _____

Misc. _____



Lot No. 289
 Grave No. 5
 Section No. 30
 Block No. _____
 Owner _____

Sales Tax _____
 Total Footing of Bill \$ 1900 70
 Less _____
 PER Balance 1869 70

Billed 6/25/70

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors)
 for the payment of aforesaid sum, and I hereby covenant 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. 104 Yearly No. 19 Date of Entry May 27 1970
 Name of Deceased William J. Tolman
 Married Single Widowed Divorced Husband Wife Widow of Norma Jean Tolman (What Race) White

Residence 7 Highland Lane 09 or Age of Husband or Wife (if living) Years

Charge to Robert L. Spurr
 Address 603 Mt Royal Blvd 23

Order given by _____ (or informant) _____
 How secured _____

If Veteran, Name of War _____
 Occupation Tramster 211-05-9289 (Social Security Number)

Employer and Address _____
 Date of Death May 22, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 19, 1912 Age 56-8-8 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Wm. H. Tolman
 His Birthplace _____

Maiden Name of Mother May E. Murray
 Her Birthplace _____

Date of Funeral June 4, 1970 M. _____
 (Date) (Day of Week) (Hour)

Services at Epiphany Church
 Clergyman Fr. Hand (Address)

Religion of the Deceased Catholic
 Birthplace Pittsburgh Pa.

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

Place of Death Montgomery Hospital
 Cause of Death Carcinoma of Lung & Metastases

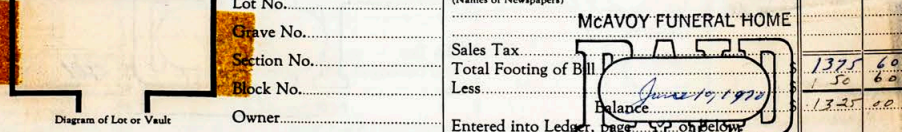
Contributory Causes _____

Certifying Physician Dr. Rafferty (or Coroner)
 His Address Montgomery Hospital

Motor Ship { Remains to _____
 Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery { Calvary Cemetery (54010101)

Misc. _____



Misc. VA sent in 1/25/70

| Complete Funeral (except outlays) | | \$ |
|--|------------------------------|----------------|
| Casket | <u>McAvoy Funeral Home</u> | <u>1075 00</u> |
| Burial Vault or Box | (State Kind) _____ | <u>235 00</u> |
| Embalming Body | (Name of Embalmer) _____ | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | (State Kind and Color) _____ | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. 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) | <u>12 00</u> |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Vol. Home</u> | | |
| 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 | | <u>33 60</u> |
| (Names of Newspapers) _____ | | |
| McAVOY FUNERAL HOME | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | <u>1375 60</u> |
| Less _____ | | <u>150 60</u> |
| Balance _____ | | <u>1225 00</u> |
| Entered into Ledger, page <u>17</u> of <u>Book</u> | | |
| 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. Signed _____
 Witness _____ Address _____

RECORD OF FUNERAL

19 70

Total No. 105 Yearly No. 20 Date of Entry May 28 19 70

Name of Deceased April M Swenson
 Married Single Widowed Divorced

Husband Wife Widow of Marjorie G. Swenson (Wife's Race)
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 137 Fremont Street 10

Charge to Ma Marjorie Swenson

Address 137 Fremont St 10

Order given by Jung Sun

How secured 450 Hwy 6-10 (or Informant)

If Veteran, Name of War _____

Occupation Plumber 184-14-5678 (Social Security Number)

Employer and Address _____

Date of Death May 28, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 2, 1922 Age 67-6-9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Augusta Swenson

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Date of Funeral June 1, 1970 M. (Date) (Day of Week) (Hour)

Services at Episcopal Church

Clergyman Fr. Deak (Address)

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 Cancer of Quary Adenocarcinoma

Contributory Causes 5 months to tumor & lung

Certifying Physician _____ (or Coroner)

His Address _____

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

Manufactured by _____

Cemetery Calvary Cemetery
 Crematory _____

Lot No. _____

Grave No. _____

Section No. _____

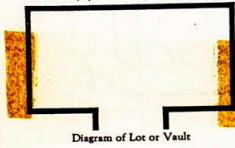
Block No. _____

Owner _____

Misc. _____

Misc. _____

| Complete Funeral (except outlays) | \$ |
|---|---------|
| Casket | 1075 00 |
| Burial Vault or Box (State Kind) | 335 00 |
| Embalming Body (Name of Embalmer) | |
| Barber, \$ Hair Dressing, \$ | |
| Dressing Body, \$ Underwear, \$ | |
| Suit or Dress (State Kind and Color) | |
| Slippers, \$ Hose, \$ | |
| Folding Chairs, \$ Tarpaulin, \$ | |
| Candelabrum, \$ Candles, \$ | |
| Door Spray, \$ Gloves, \$ | |
| Funeral Car, \$ Ambulance, \$ | |
| Limousines to Cemetery @ \$ | |
| Extra Limousines @ \$ | |
| Autos to R. R. Station @ \$ | |
| Getting Remains 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, \$ 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 | 33 60 |
| (Names of Newspapers) | |
| Sales Tax | |
| Total Footing of Bill | 1367 60 |
| Less _____ | |
| Balance _____ | |
| Entered into Ledger, Page _____ of _____ | |
| Misc. _____ | |



McAVOY FUNERAL HOME

JUN 23 1970

Balance

PER J. P. 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) 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. 106 Yearly No. 21 Date of Entry June 2 1970

Name of Deceased Henry H. Lutz Married Single Widowed Divorced (What Race) W

Residence 229 Beach St 13 Husband Wife Widow of } Age of Husband or Wife (if living) _____ Years

Charge to Widow Complete Funeral (except outlays) \$ _____

Address 229 Beach St 13 Mo. 2-3482 Casket a. Lutz \$ 1275 00

Order given by Henry Lutz - 761-8624 (or informant) Burial Vault or Box _____ (State Kind)

How secured _____ Embalming Body _____ (Name of Embalmer)

If Veteran, Name of War _____ Barber, \$ _____ Hair Dressing, \$ _____

Occupation Teamster 160-12-0021 (Social Security Number) Dressing Body, \$ _____ Underwear, \$ _____

Employer and Address _____ Suit or Dress _____ (State Kind and Color)

Date of Death June 2 1970 (Mo.) (Day) (Yr.) (Hour) Slippers, \$ _____ Hose, \$ _____

Date of Birth _____ (Mo.) (Day) (Yr.) (Mo.) (Days) Folding Chairs, \$ _____ Tarpaulin, \$ _____

Name of Father Henry H. Lutz Candelabrum, \$ _____ Candles, \$ _____

His Birthplace _____ Door Spray, \$ _____ Gloves, \$ _____

Maiden Name of Mother Mabel Damsback Funeral Car, \$ _____ Ambulance, \$ _____

Her Birthplace _____ Limousines to Cemetery @ \$ _____

Date of Funeral June 5 1970 (Date) (Day of Week) (Hour) M. Extra Limousines @ \$ _____

Services at Epiphany Church Autos to R. R. Station @ \$ _____

Clergyman Fr. Ruck (Address) Getting Remains from _____

Religion of the Deceased Catholic Taking Remains to _____

Birthplace Pittsburgh Pa Trip to Coroner's Inquest _____

Resided in the State _____ Delivering Box to _____

Place of Death 229 Beach St 13 (or U.S. or City or County) (Years) (Months) Delivered Flowers to _____

Cause of Death Myocardial Infarction Removal Charges _____

Contributory Causes E. Metastasis Procuring Burial Permit _____ (State Number and District)

Certifying Physician Dr. R. G. Hancock (or Coroner) 12 Certif. Copies of Death Certificates No. _____ 12 00

His Address Pitt Pa (State Physician's or Coroner's) Gross Total for Sales Tax _____

Motor Ship } Remains to _____ Outlay for Lot County \$ 75 00

Size of Casket _____ (State Color and Number) Cremation _____

Manufactured by _____ Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Cemetery Allegheny County Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Crematory _____ Opening of Grave or Tomb _____

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

Grave No. _____ Outlay for Shipping Charges _____

Section No. _____ Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____

Block No. _____ Railroad Tickets, \$ _____ Aero-plane Service, \$ _____

Owner _____ Telegr., Phone, Cable or Radio Charges _____

Entered into Ledger, page _____ or below. Cash Advanced _____

Misc. _____

Personal Service McAVOY FUNERAL HOME

_____ line Death Notices in _____ (Names of Newspapers)

Total Footing of Bill PER \$ 1382 00

Less _____ Balance \$ 1700 00

LUTZ
Suddenly on Tuesday, June 2, 1970, husband of Agnes M. Lutz, son of _____ and _____, died at his home, 229 Beach St., Pittsburgh, Pa. He was 61 years of age. He was a member of the _____ Funeral Home, Pittsburgh, Pa. Burial will be in the _____ Cemetery, Pittsburgh, Pa. The funeral will be held on _____ at _____ o'clock in the _____ Church of _____, Pittsburgh, Pa. Friends are invited to visit from 2 to 4 and 7 to 10 p. m.

July 5, 1970

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Witness _____ Address _____

RECORD OF FUNERAL

1970

Total No. 107 Yearly No. 22 Date of Entry June 9 1970

Name of Deceased Catherine Daley (L. M. Prather)
 Married Single Widowed Divorced (What Race)

Residence 3333 72nd Ave
 Husband Wife Widow
 or of } Age of Husband or Wife (if living) _____ Years

Charge to Letter of Mary

Address 3333 72nd Ave

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Religion 202-40-4635
 (Social Security Number)

Employer and Address _____

Date of Death June 9, 1970
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 31, 1880 Age 90
 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Michael Daley

His Birthplace Ireland

Maiden Name of Mother Brigid Cassidy

Her Birthplace Ireland

Date of Funeral June 14, 1970 M.
 (Date) (Day of Week) (Hour)

Services at St. Thomas Sunday

Clergyman _____ (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death St. Thomas Sunday

Cause of Death H. I. Bleeding 2%

Contributory Causes Stentoritis U.S.H.D.

Certifying Physician John C. Shaver
 (or Coroner)

His Address Mont. Prather

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

Manufactured by U.S.

Cemetery } St. Thomas Cemetery
 Crematory }

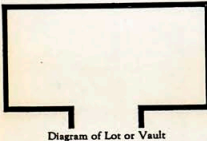


Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. Billed 6-22-70

| Complete Funeral (except outlays) | | |
|---|-----|--------|
| Casket | 315 | 00 |
| Burial Vault or Box | 70 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpsaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. _____ <small>(State Physician's or Coroner's)</small> | | |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| 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 { Tickets, \$ Aero- or Motor { 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) <u>Register Book</u> | | 2 00 |
| Sales Tax <u>McAVOY FUNERAL HOME</u> | | |
| Total Footing of Bill | | |
| Less _____ | | |
| Balance <u>626.70</u> | | 387 00 |
| Entered into Ledger, Page _____ or below. | | |
| Misc. <u>PER J. P. McAvoy</u> | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 108 Yearly No. 23 Date of Entry June 17 1970

Name of Deceased Herry J. McCullough
 Married Single Widowed Divorced (What Race) W

Residence 3617 Lurina Street 13
Charge to Herry J. McCullough
Address 3617 Lurina St. 13
Order given by _____ (or informant)
How secured _____
If Veteran, Name of War _____
Occupation Unemployed (Social Security Number) _____
Employer and Address _____

Date of Death June 12, 1970 (Mo.) (Day) (Yr.) (Hour)
Date of Birth Nov 3, 1942 Age 27-7-15 (Mo.) (Day) (Yr.) (Mos.) (Days)
Name of Father Herry J. McCullough
His Birthplace Pottsville Pa
Maiden Name of Mother Agnes Anna
Her Birthplace Pottsville Pa

Date of Funeral June 23, 1970 (Date) (Day of Week) (Hour) M.
Services at St. Ignace Church
Clergyman Fr. Szymanski (Address) _____
Religion of the Deceased Catholic

Birthplace Pottsville Pa
Resided in the State _____ (or U.S. or City or County) (Years) (Months)
Place of Death 3617 Lurina St
Cause of Death Acute Myocardial Infarction
Contributory Causes St. Ignace Church, Cancer

Certifying Physician _____ (or Coroner)
His Address _____
Motor } Remains to _____
Ship }
Size of Casket _____ (State Color and Number)

Manufactured by _____
Cemetery } Calvary Cemetery
Crematory }
Lot No. _____
Grave No. _____
Section No. _____
Block No. _____
Owner _____

Misc. _____
Street 10/10/70
1.19.71

| Complete Funeral (except outlays) | \$ | |
|---|------|-------|
| Casket <u>Simple</u> | 1075 | 00 |
| Burial Vault or Box | 235 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 1 Certif. Copies of Death Certificates No. _____ | | 1 00 |
| Use of Chapel, \$ | | |
| Pall Bearer Service, \$ | | |
| 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 } Tickets, \$ _____ Aero- } plane Service, \$ _____ or Motor } 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) | | |
| Sales Tax | | |
| Total Footing of Bill | 1366 | 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |

Diagram of Lot or Vault

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

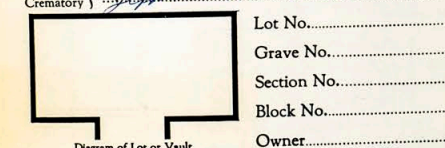
RECORD OF FUNERAL

111

Total No. 111 Yearly No. 26 Date of Entry Aug 2 1970
 Name of Deceased Thaddeus R. Todd
 Married Single Widowed Divorced
 Residence 2714 Middleton Rd 15205 Husband Wife Widow of Anna E. Todd (What Race) N
 Charge to Mrs. Anna E. Todd Age of Husband or Wife (if living) _____ Years

Address 2714 Middleton Rd
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War 2nd Lt 162-16-8276
 Occupation _____ (Social Security Number) _____
 Employer and Address Allegheny County Health Dept
 Date of Death Aug 2 1970 (Mo.) (Day) (Year) (Hour)
 Date of Birth Oct 2 1906 (Mo.) (Day) (Year) (Month) (Days) Age 63-10-0
 Name of Father _____
 His Birthplace _____
 Maiden Name of Mother Bellevue L. Parsons
 Her Birthplace _____
 Date of Funeral Aug 6 1970 (Date) (Day of Week) (Hour) M.
 Services at Church
 Clergyman Fr. Campbell St. Mary Church (Address)
 Religion of the Deceased Protestant
 Birthplace N. Va.
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Mary Hospital
 Cause of Death Ventricular Hypertension
 Contributory Causes Heart + old myocardial infarction

Certifying Physician E. D. Jones (or Coroner)
 His Address Mary Hospital
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by St. Johns
 Cemetery } Jefferson Mem Park
 Crematory }



Misc. Bill 11-70
VA papers sent in 1/25/71

| | | |
|---|----------------------------------|---------|
| Complete Funeral (except outlays)..... | \$ | |
| Casket <u>o. service</u> | | 1175 00 |
| Burial Vault or Box..... | | 235 00 |
| Embalming Body..... | (State Kind) | |
| Barber, \$..... | (Name of Embalmer) | |
| Hair Dressing, \$..... | | |
| Dressing Body, \$..... | Underwear, \$..... | |
| Suit or Dress..... | (State Kind and Color) | |
| Slippers, \$..... | Hose, \$..... | |
| Folding Chairs, \$..... | Tarpaulin, \$..... | |
| Candelabrum, \$..... | Candles, \$..... | |
| Door Spray, \$..... | Gloves, \$..... | |
| Funeral Car, \$..... | Ambulance, \$..... | |
| Limousines to Cemetery..... | @ \$..... | |
| Extra Limousines..... | @ \$..... | |
| Autos to R. R. Station..... | @ \$..... | |
| Getting Remains from..... | | |
| Taking Remains to..... | | |
| Trip to Coroner's Inquest..... | | |
| Delivering Box to..... | | |
| Deliver Flowers to..... | | |
| Removal Charges..... | | |
| Procuring Burial Permit..... | (State Number and District) | |
| 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 <u>County, Virginia</u> | | 145 00 |
| Cremation..... | | |
| Flowers, \$..... | Palms, \$..... | 74 20 |
| 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..... | MCVOY FUNERAL HOME | 34 80 |
| (Names of Newspapers) | | |
| Sales Tax..... | | |
| Total Footing of Bill..... | | 1674 00 |
| Less..... | | |
| Entered into Ledger, page..... | or below..... | |
| Misc..... | | |

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|------|-----------------------|---------|------|-------------------------|---------|
| | To Above Balance..... | 285 90 | | To Balance Forward..... | \$ |
| | By Payment..... | \$ | | By Payment..... | \$ |
| | " "..... | \$ | | " "..... | \$ |
| | " "..... | \$ | | " "..... | \$ |
| | " "..... | \$ | | " "..... | \$ |
| | " "..... | \$ | | " "..... | \$ |

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

RECORD OF FUNERAL

261-2568

Total No. 112 Yearly No. 27 Date of Entry Aug 5 19 20

Name of Deceased Barbara E. Mc Donough (P.O. # 261-2568) (What Race)

Residence 1609 Park of the Allies 14 Husband Wife or Widow or Age of Husband or Wife (if living) Years

Charge to Estate of Barbara E. Mc Donough

Address 1609 Park of the Allies

Order given by 1609 Park of the Allies

How secured 261-2568 (or informant)

If Veteran, Name of War

Occupation Carpenter 168-07-3024 (Social Security Number)

Employer and Address

Date of Death Aug 5 1971 (Mo. Day Yr. Hour)

Date of Birth Feb 14 1884 Age 76 5 21 (Mo. Day Yr. Mos. Days)

Name of Father Matthew Mc Donough

His Birthplace Ireland

Maiden Name of Mother Mary Maherty

Her Birthplace Ireland

Date of Funeral Aug 8 1971 (Date Day of Week Hour) M.

Services at St. Ignace Church

Clergyman Fr. Lippin (Address)

Religion of the Deceased Catholic

Birthplace Ireland

Resided in the State

Place of Death San Francisco (or U.S. or City or Country) (Years) (Months)

Cause of Death A.S.H.D.

Contributory Causes Fracture of Rt. Femur

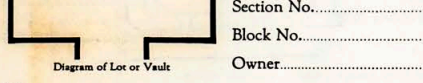
Certifying Physician Dr. Guil McKeel (or Coroner)

His Address 542 - 4th Ave

Motor Ship Size of Casket

Manufactured by

Cemetery Crematory



Misc. Dilled July 4, 70

Complete Funeral (except outlays) \$

Casket \$ 1450 00

Burial Vault or Box \$ 235 00 (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress \$ 55 00 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$ 28 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)

10 Certif. Copies of Death Certificates No. 18 00 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$ 190 00 (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, \$ 20 00

Railroad 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

Sales Tax \$

Total Footing of Bill \$ 2106 62

Less \$

Balance \$

Entered in Ledger, page or below.

Table with columns: Date, Amount Paid, Balance, Date, Amount Paid, Balance. Rows include To Above Balance, By Payment, and multiple empty rows.

Insurance \$ Names of Lodges Insurance Companies

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

Witness Signature Address

RECORD OF FUNERAL

113

Total No. 113 Yearly No. 28 Date of Entry Aug. 21 1970
 Name of Deceased Domenic DiLambardo (Domenig DiLambardo)
 Married Single Widowed Divorced (What Race)
 Residence 1206 Fifth Ave, Apt 19 Pt Husband Wife Widow }
 Charge to Veto, N.Y., SS. or _____ of _____ Age of Husband or Wife (if living) _____ Years

Address _____
 Order given by Virginia Bionca (or informant)
 How secured 1821 Tenth St 261-3161
 If Veteran, Name of War W.W. II
 Occupation Leaver 159-16-3971 (Social Security Number)
 Employer and Address _____
 Date of Death Aug 20, 1970 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth _____ Age 46 84 (Mo.) (Day) (Yr.) (Mos.) (Days)
 Name of Father Namascio DiLambardo
 His Birthplace Italy
 Maiden Name of Mother Jeanie
 Her Birthplace Italy
 Date of Funeral Aug 26, 1970 (Date) (Day of Week) (Hour) M.
 Services at Grady Church
 Clergyman Fr. M. Sypien (Address)
 Religion of the Deceased Catholic
 Birthplace Italy
 Resided in the State _____ (or U.S. or City or Country) (Years) (Months)
 Place of Death 1206 Fifth Ave
 Cause of Death Pulmonary Edema
 Contributory Causes A.S.H.D.
 Certifying Physician Eril M. M.D. (or Coroner)
 His Address _____
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by Rignotti
 Cemetery } Grady Church
 Crematory }
 Diagram of Lot or Vault
 Row 5
 Lot No. 5
 Grave No. 33
 Section No. 61
 Block No. Soldano
 Owner _____
 Misc. 2/20/71

| Complete Funeral (except outlays) | | \$ | |
|--|----------------------------------|-----|----|
| Casket <u>Service</u> | | 489 | 58 |
| Burial Vault or Box | (State Kind) | 66 | 00 |
| Embalming Body | (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress <u>clothing</u> | | 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) | | |
| 5 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 <u>Soldano</u> | | | |
| 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 Tickets, \$ | Aero-plane Service, \$ | | |
| Motor or | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | | | |
| <u>18</u> line Death Notices in _____ Papers | | 4 | 42 |
| (Names of Newspapers) | | | |
| Sales Tax | | | |
| Total Footing of Bill | | 580 | 00 |
| Less _____ | | | |
| Balance | | | |
| Entered into Ledger, page _____ or below | | | |
| Misc. _____ | | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------|----------------------------|-------------|---------|------|--------------------|-------------|---------|
| <u>4/2/71</u> | To Above Balance <u>VA</u> | 250 00 | 330 00 | | To Balance Forward | | |
| <u>5/8/71</u> | By Payment <u>COUNTY</u> | 15 00 | 255 00 | | By Payment | | |
| " | " | | | " | " | | |
| " | " | | | " | " | | |
| " | " | | | " | " | | |
| " | " | | | " | " | | |
| " | " | | | " | " | | |
| " | " | | | " | " | | |

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

RECORD OF FUNERAL

Total No. 114 Yearly No. 29 Date of Entry Aug 26 1970

Name of Deceased William Fleming Married Single Widowed Divorced Complete Funeral (except outlays) \$

Residence 56 Duncan Ave. Charge to Mrs. Vera Fleming Address 56 Duncan Ave. Order given by How secured If Veteran, Name of War W.W.#1 Occupation R.R. Shopman A.856739 Employer and Address Date of Death Aug 26, 1970 Date of Birth May 21, 1891 Age 79 Name of Father John D. Fleming His Birthplace Ireland Maiden Name of Mother Ellen Fleming Her Birthplace Ireland Date of Funeral Aug 31, 1970 Services at St. Philip Church Clergyman Mons. Herbold Religion of the Deceased Catholic Birthplace Ireland Resided in the State Cause of Death Ursemia Contributory Causes C.A. of prostate gland Certifying Physician Dr. Bant His Address Motor Ship Size of Casket Manufactured by Plymouth Cemetery Crematory Fleming

Table with columns for item description and amount. Includes items like Casket, Burial Vault or Box, Embalming Body, Barber, Dressing Body, Suit or Dress, Slippers, Folding Chairs, Candelabrum, Door Spray, 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, Pall Bearer Service, Gross Total for Sales Tax, Outlay for Lot, Cremation, Flowers, Rental of Tent, Opening of Grave or Tomb, Lining Grave, Outlay for Shipping Charges, Clergymen, Railroad or Motor Tickets, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Funeral Director's Charges, Personal Service, 17 line Death Notices in papers, Sales Tax, Total Footing of Bill, Less PER, Entered into Ledger.

Complete Funeral (except outlays) \$ 1025 00
Casket \$ 235 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) 5 00
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$ 195 00
Outlay for Lot Cemetery Chicago
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
17 line Death Notices in 7 papers 34 26
Sales Tax
Total Footing of Bill \$ 1514 26
Less PER \$
Balance \$
Entered into Ledger, page or below.

Table with columns: Date, Amount Paid, Balance, Date, Amount Paid, Balance. Rows include To Above Balance, By Payment, To Balance Forward, By Payment.

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

RECORD OF FUNERAL

Total No. 115 Yearly No. 30 Date of Entry Aug 28 19 70

Name of Deceased Mary PIERINI
 Married Single Widowed Divorced

Husband Wife Widow (What Race)
 or _____ of } Basilio (Age of Husband or Wife (if living) _____ Years

Residence 2015 Caldwell Street 19

Charge to Basilio PIERINI 471-2339

Address 2015 Caldwell St.

Order given by _____ (or Informant)

How secured _____

If Veteran, Name of War _____

Occupation Homemaker 184-14-1002 (Social Security Number)

Employer and Address _____

Date of Death Aug 28 1970

Date of Birth Dec 18 1903 Age 76-8-10

Name of Father Walter PIERINI

His Birthplace Germany

Maiden Name of Mother Laura PIERINI

Her Birthplace Germany

Date of Funeral Sept 1 1970 M.

Services at Good Shepherd (Day of Week) (Hour)

Clergyman Fr. M. Sposato (Address)

Religion of the Deceased Catholic

Birthplace Germany

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

Place of Death Wm. W. Winkler

Cause of Death Cancer of Uterus

Contributory Causes _____

Certifying Physician Anthony Pajepic (or Coroner)

His Address Wm. Winkler

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery } St. Joseph

Crematory } Lot No. 73

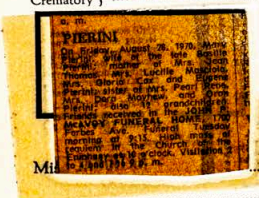
Grave No. 2

Section No. 14

Block No. _____

Owner _____

| Complete Funeral (except outlays) | | |
|--|------------------------|---------|
| Casket | | 1405 00 |
| Burial Vault or Box | | 235 00 |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | | 55 00 |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | | 57 24 |
| Extra Limousines | | |
| Autos to R. 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. | | 5 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot | | 100 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 100 70 |
| Matting, \$ | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | Singers, \$ | 20 00 |
| Organist, \$ | | |
| Railroad 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 | | 35 75 |
| (Names of Newspapers) McAVOY FUNERAL HOME | | |
| Sales Tax | | |
| Total Footing of Bill | | 2011 69 |
| Less | | 51 69 |
| Balance | | 1960 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) days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 116 Yearly No. 31 Date of Entry SEPT 18 1970
 Name of Deceased WALTER DEASY - 33745767 W (What Race)
 Married Single Widowed Divorced
 Residence MERCHANTS HOTEL Husband Wife Widow }
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to Jerry Deasy F Home
 Address 238 Chicago Ave - 6th Fl. Ill.
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War WW#
 Occupation TRAFFIC CLERK 708-10-3410 (Social Security Number)
 Employer and Address _____

Date of Death SEPT 8, 1970
 Date of Birth Aug 24, 1917 Age 53-0-14
 (Mo) (Day) (Yr) (Hour) (Mo) (Day) (Yr) (Mos) (Days)
 Name of Father George Deasy
 His Birthplace Mary G. Shannon
 Maiden Name of Mother _____
 Her Birthplace _____

Date of Funeral Sept 13, 1970 M.
 (Date) (Day of Week) (Hour)
 Services at Chicago
 Clergyman _____ (Address)

Religion of the Deceased Catholic
 Birthplace Chicago
 Resided in the State _____ (or U.S. or City or County) (Years) (Months)
 Place of Death Merchant Hotel
 Cause of Death _____
 Contributory Causes _____

Certifying Physician Abn. Epie Weald
 His Address Conner (or Coroner)
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery }
 Crematory }

Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____
 Misc. _____

| Complete Funeral (except outlays) | \$ | |
|--|-----|--------|
| Casket | | |
| Burial Vault or Box | | |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ | | |
| Hose, \$ | | |
| Folding Chairs, \$ | | |
| Tarpaulin, \$ | | |
| Candelabrum, \$ | | |
| Candles, \$ | | |
| Door Spray, \$ | | |
| Gloves, \$ | | |
| Funeral Car, \$ | | |
| Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to <u>Funeral Home</u> | 250 | 00 |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to <u>Embalming, Clothing</u> | 30 | 00 |
| Removal Charges <u>+ delivery to</u> | | |
| Procuring Burial Permit <u>Account</u> | 115 | 00 |
| Certif. Copies of Death Certificates No. _____ (State Number and District) | | |
| 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-Service, \$ _____ | | |
| plane | | |
| 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) <u>McAVOY FUNERAL HOME</u> | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | 365.00 |
| Less _____ | \$ | 30.00 |
| Balance | \$ | 395.00 |
| Entered into Ledger, page _____ of _____ | | |
| 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 _____

RECORD OF FUNERAL

117

Total No. 117 Yearly No. 32 Date of Entry SEPT 29 19 70
 Name of Deceased MALCOLM L. FRANKERT W
(What Race)
 Married Single Widowed Divorced (What Race)
 Residence 122 KIRKPATRICK ST. 14 Husband Wife Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to MRS ANN FRANKERT
 Address 122 KIRKPATRICK ST.

Order given by
 How secured (or Informant)
 If Veteran, Name of War WORLD WAR II
 Occupation TRUCK DRIVER 21-01-5724
 Employer and Address

Date of Death SEPT 19 1970
 Date of Birth DEC 26 1914 Age 52 25
 Name of Father ARONAH FRANKERT
 His Birthplace
 Maiden Name of Mother ROSE WHEAPLER
 Her Birthplace

Date of Funeral SEPT 23 1970 M.
 Services at (Date) (Day of Week) (Hour)
 Clergyman
 Religion of the Deceased CATHOLIC
 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 } Remains to
 Ship }
 Size of Casket (State Color and Number)
 Manufactured by
 Cemetery }
 Crematory }



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

| Complete Funeral (except outlays) | \$ | 00 |
|--|--------|----|
| Casket | 9.00 | 00 |
| Burial Vault or Box | 23.50 | 00 |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ <u>Clanking</u> | 4.00 | 00 |
| Suit or Dress | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to 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. <u>5.00</u> | 5.00 | 00 |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>VETS. GRAVE</u> | | |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | | |
| Rental of Tent, \$ of Temporary Vault, \$ | | |
| Opening of Grave or Tomb <u>VETS.</u> | | |
| Lining Grave, \$ Lowering Device, \$ | | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ Singers, \$ Organist, \$ | 20.00 | 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 | 18.20 | 00 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | 119.80 | 20 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

Misc.

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|-------------------|---------------------------|-------------|---------|------|--------------------|-------------|---------|
| <u>Oct 13</u> '70 | To Above Balance | 7.00 | 488.20 | | To Balance Forward | | |
| <u>Mar 2</u> '71 | By Payment <u>Soc Sec</u> | 250.00 | 238.20 | | By Payment | | |
| <u>5/8/</u> '71 | " " <u>COUNTY</u> | 75.00 | 173.20 | | " " | | |
| " " | " " | | | | " " | | |
| " " | " " | | | | " " | | |
| " " | " " | | | | " " | | |

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

RECORD OF FUNERAL

Total No. 118 Yearly No. 33 Date of Entry SEPT 22 19 70
 Name of Deceased ANDREW J. NORMAN
 Married Single Widowed Divorced Husband Wife Widow Divorced
 Residence 16 VINE ST 19 or _____ of _____ (What Race) W
 Charge to Mrs. Corinne Norman Age of Husband or Wife (if living) _____ Years _____

Address _____
 Order given by CHAS. N. FORD - 2164544-095
 How secured 1629 GARRFIELD AVE CANTON OHIO
 If Veteran, Name of War No
 Occupation ORNAAMENTAL IRON WORKER 410-65-2290
 Employer and Address _____
 Date of Death SEPT 22 1970
 Date of Birth SEPT 12 1917 Age _____
 Name of Father J. S. NORMAN
 His Birthplace _____
 Maiden Name of Mother HELEN SMITH
 Her Birthplace _____
 Date of Funeral SEPT 26 1970 M. _____
 Services at E.P.P.H.A.D.S. (Date) (Day of Week) (Hour)
 Clergyman _____

| Complete Funeral (except outlays) | | \$ | |
|---|-----------------------------|-------|----|
| Casket <u>2</u> | | 11.25 | 00 |
| Burial Vault or Box | (State Kind) | 235 | 00 |
| Embalming Body | (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress <u>Ceconomy</u> | (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 | | | |
| <u>4</u> Certif. Copies of Death Certificates No. _____ | (State Number and District) | 4 | 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | | 270 | 00 |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | 21 | 20 |
| Matting, \$ | | | |
| Rental of Tent, \$ | of Temporary Vault, \$ | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, \$ | Lowering Device, \$ | | |
| Outlay for Shipping Charges | | | |
| Clergymen, \$ | Singers, \$ | 20 | 00 |
| 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 | | | |

Religion of the Deceased CATHOLIC (Address)
 Birthplace NASHVILLE TENN
 Resided in the State PENNA
 (or U.S. or City or County) (Years) (Months)
 Place of Death MERER, H.O.S.P.
 Cause of Death MULTIPLE PULMONARY EMBOLI
 Contributory Causes _____
 Certifying Physician N. STAFFORD MID
 (or Coroner)
 His Address MERER
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery }
 Crematory }

| Line Death Notices in _____ Papers | | \$ | |
|------------------------------------|--|------|----|
| MCAVOY FUNERAL | | 27 | 00 |
| Sales Tax | | | |
| Total Footing of Bill | | 1742 | 20 |
| Less _____ | | 1700 | 00 |
| Balance F.P.R. | | | |

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

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

RECORD OF FUNERAL

119

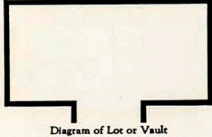
Total No. 119 Yearly No. 34 Date of Entry SEPT 29 19 1970
 Name of Deceased JOHN M. KE
 Married Single Widowed Divorced (What Race)
 Residence 417 LOCKHART ST. Husband Wife Widow }
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to James Abraham
 Address 1632 Bedford Ave 19
 Order given by 240 BLOEMENT DR W. McFEIN
 (or informant)
 How secured _____
 If Veteran, Name of War W.W. 1
 Occupation PEDDLER 172-14-1637
 (Social Security Number)
 Employer and Address _____
 Date of Death SEPT 25 1970
 (Mo.) (Day) (Yr.) (Hour)
 Date of Birth _____ Age 84 YRS
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
 Name of Father MICHAEL MICHAEL
 His Birthplace _____
 Maiden Name of Mother _____

Her Birthplace _____
 Date of Funeral SEPT 29 1970 M.
 (Date) (Day of Week) (Hour)
 Services at FUNERAL 11:00 AM
 Clergyman _____
 (Address)
 Religion of the Deceased _____
 Birthplace TURKEY
 Resided in the State PENNA
 (or U.S. or City or County) (Years) (Months)
 Place of Death _____
 Cause of Death CRANIC CEREBRAL
INJURIES
 Contributory Causes _____

Certifying Physician CYRIL WIECHT
 (or Coroner)
 His Address _____
 Motor } Remains to _____
 Ship }
 Size of Casket _____
 (State Color and Number)
 Manufactured by _____
 Cemetery }
 Crematory }

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



Misc. Billed 10/25/70
initeda sheet 12/14/70

| Complete Funeral (except outlays) | | \$ | |
|--|-----------------------------|------|----|
| Casket | | 980 | 00 |
| Burial Vault or Box | | 175 | 00 |
| Embalming Body | (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | 4 | 00 |
| Suit or Dress | Clothing | 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 | | | |
| 4 Certif. Copies of Death Certificates No. | (State Number and District) | 4 | 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | | |
| Outlay for Lot | <u>VETS</u> | | |
| Cremation | | | |
| Flowers, \$ | Palms, \$ | | |
| 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 | | 1135 | 00 |
| Less | <u>VA + COUNTY</u> | 735 | 00 |
| Balance | | 400 | 00 |
| Entered into Ledger, page _____ or below _____ | | | |
| Misc. | | | |

McAVOY FUNERAL HOME
 Jan 14, 1971

| Date | Amount Paid | Balance | Date | PER MAC. | Amount Paid | Balance |
|----------|-------------------------------|---------|------|----------|-------------|---------|
| Dec 4 70 | 300 SECURITY To Above Balance | 195 00 | | | | 613 00 |
| 1/14 71 | By Payment | 613 | | | | |
| " " | " " | \$ | | | \$ | \$ |
| " " | " " | \$ | | | \$ | \$ |
| " " | " " | \$ | | | \$ | \$ |
| " " | " " | \$ | | | \$ | \$ |
| " " | " " | \$ | | | \$ | \$ |

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

RECORD OF FUNERAL

531-2282

Total No. 120 Yearly No. 35 Date of Entry SEPT 29 19 70
Name of Deceased RICHARD A. PATTON, JR. W
Residence 3066 GLENMAUR AVE
Charge to DARLENE PATTON

Address 3066 GLENMAUR AVE
Order given by
How secured
If Veteran, Name of War No
Occupation IRON WORKER
Employer and Address
Date of Death SEPT 26 1970
Date of Birth JULY 14 1942 Age 27-2-12
Name of Father RICHARD A. PATTON
His Birthplace PGH PA
Maiden Name of Mother CATHERINE RYAN
Her Birthplace PGH PA
Date of Funeral SEPT 30 1970 M.

Services at
Clergyman
Religion of the Deceased CATH.
Birthplace PGH PA.
Resided in the State
Place of Death PGH PA
Cause of Death ASPHYXIATION DUE TO DROWNING
Contributory Causes

Certifying Physician CYRIL WRIGHT
His Address 542 - 4th AVE
Motor Ship Remains to
Size of Casket

Manufactured by Aurora Copper
Cemetery
Lot No.
Grave No.
Section No.
Block No.
Owner

Misc. 10/27/70

Table with columns for funeral services and costs. Includes items like Casket (\$23.50), Burial Vault (\$2.25), Embalming Body, Barber, Dressing Body, Suit or Dress, Slippers, Folding Chairs, Candelabrum, Door Spray, 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, Certif. Copies of Death Certificates No., Pall Bearer Service, Use of Chapel, Gross Total for Sales Tax, Outlay for Lot, Cremation, Flowers, Palms, Matting, Rental of Tent, 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. Total: 278.80, Less: 81.90, Balance: 270.90.

Table with columns: Date, Amount Paid, Balance, Date, Amount Paid, Balance. Rows include To Above Balance, By Payment, and To Balance Forward.

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

RECORD OF FUNERAL

121

Total No. 121 Yearly No. 36 Date of Entry October 2 19 70
 Name of Deceased David L. Adamson
 Married Single Widowed Divorced (What Race) W.
 Residence 2030 Forbes Ave Pgh 10219 Husband Wife Widow Spouse of (What Race)
 Charge to Mrs. Sarah Adamson or of Age of Husband or Wife (if living) Years

Address 2030 Forbes Ave 19
 Order given by (or informant)
 How secured
 If Veteran, Name of War
 Occupation Pepper Shuman 168-01-0943
 Employer and Address
 Date of Death Oct 2, 1970
 Date of Birth Nov 5, 1896 Age 74
 Name of Father David Adamson
 His Birthplace
 Maiden Name of Mother Elizabeth Crighton
 Her Birthplace

Date of Funeral Oct 6, 1970 M.
 Services at Chapel (Date) (Day of Week) (Hour)
 Clergyman Rev. Arnie Currie (Address)
 Religion of the Deceased Presbyterian
 Birthplace Pittsburgh Pa
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death Mary Hospital
 Cause of Death
 Contributory Causes

Certifying Physician (or Coroner)
 His Address Mary Hospital
 Motor Ship } Remains to
 Size of Casket (State Color and Number)
 Manufactured by
 Cemetery } Allegheny & Mon Park
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Misc. Billed 11/5/70

| Complete Funeral (except outlays) | | \$ |
|---|------------------------|---------|
| Casket <u>Prof. Services</u> | | 1225 00 |
| Burial Vault or Box | | 235 00 |
| Embalming Body (State Kind) (Name of Embalmer) | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress <u>Clothing</u> | | 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 | | |
| <u>7</u> Certif. Copies of Death Certificates No. <u> </u> (State Number and District) | | 8 00 |
| (State Physician's or Coroner's) | | 14 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Cemetery Charges</u> | | 130 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | 10 10 |
| 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 <u>Papers</u> | | 24 75 |
| (Names of Newspapers) | | |
| Nov 25, 1970 | | |
| Sales Tax | | |
| Total Footing of Bill | | 1672 75 |
| Less PER <u> </u> | | |
| Balance | | 1768 85 |
| Entered into Ledger, page <u> </u> or below <u>68</u> | | 1704 00 |
| Misc. <u> </u> | | |

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

Insurance \$ Names of Lodges 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

RECORD OF FUNERAL

Total No. 122 Yearly No. 37 Date of Entry Oct 11, 1970 19 70

Name of Deceased Samuel J. Hacco
 Married Single Widowed Divorced

Husband Wife Widow } Resigned (What Race) Wbaly
or of } Age of Husband or Wife (if living) _____ Years

Residence 2009 J. Baker Ave. 19

Charge to Mrs. Elizabeth Thomas

Address 20 Dg. Delwood

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Dep. Station Quarter 206-95-5330 (Social Security Number)

Employer and Address Self

Date of Death Oct 11, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13, 1914 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Hacco

His Birthplace _____

Maiden Name of Mother Bernice Hacco

Her Birthplace _____

Date of Funeral Oct 16, 1970 (Date) (Day of Week) (Hour) M.

Services at Grace Episcopal Church

Clergyman Fr. Zappino (Address)

Religion of the Deceased Catholic

Birthplace Pittsburg, Pa.

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

Place of Death Maryland Hospital

Cause of Death Ch. of Coronary & abdominal

Contributory Causes Arteriosclerosis

Certifying Physician Dr. Zappino (or Coroner)

His Address Mary Hospital

Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery } City Cemetery

Crematory } _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Misc. _____

Complete Funeral (except outlays) \$ _____

Casket \$ 1565 00

Burial Vault or Box (State Kind) \$ 235 00

Embalming Body (Name of Embalmer) _____

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress (State Kind and Color) _____

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Taraulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Extra Limousines @ \$ _____

Autos to R. 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)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Gross Total for Sales Tax \$ _____

Outlay for Lot Cemetery Charges \$ 275 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 \$ 38 00

(Names of Newspapers) McAVOY FUNERAL HOME

Sales Tax _____

Total Footing of Bill Nov 16, 1970 \$ 2150 00

Less _____ \$ 45 00

Balance \$ 2095 00

Entered into Ledger, page _____ below.

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 123 Yearly No. 38 Date of Entry Oct 9 1970

Name of Deceased Magdalena E. Pankel
 Married Single Widowed Divorced 2 (What Race)
 Residence 83 Hedge Ave., Pittsburgh Pa 15222 Husband Wife Widow W. H. J. Pankel of } Age of Husband or Wife (if living) _____ Years

Charge to Miss Margaret Pankel
 Address 83 Hedge Ave Pittsburgh Pa 15222

Order given by _____ (or Informant)
 How secured _____
 If Veteran, Name of War _____

Occupation Housewife (Social Security Number) _____
 Employer and Address _____

Date of Death Oct 9 1970
 Date of Birth Aug 11 1888 Age 82-1-28
 Name of Father Indraco Longobardi

His Birthplace _____
 Maiden Name of Mother Mary P. Kravetske

Her Birthplace _____
 Date of Funeral Oct 13 1970 M.
 Services at Chapel (Date) (Day of Week) (Hour)

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 Pittsburgh Pa
 Cause of Death Cardiac Thrombosis

Contributory Causes _____
 Certifying Physician Dorcas Palmer (or Coroner)

His Address Pittsburgh Pa
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery } Home Cemetery
 Crematory }



Lot No. 227 B.

Grave No. _____

Section No. 11

Block No. 2

Owner _____

| Complete Funeral (except outlays) | \$ | ¢ |
|--|-----|----|
| Casket | | |
| Burial Vault or Box | 250 | 00 |
| Embalming Body | | |
| Barber, \$ | | |
| Hair Dressing, \$ | | |
| Dressing Body, \$ | | |
| Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ | | |
| Hose, \$ | | |
| Folding Chairs, \$ | | |
| Tarpaulin, \$ | | |
| Candelabrum, \$ | | |
| Candles, \$ | | |
| Door Spray, \$ | | |
| Gloves, \$ | | |
| Funeral Car, \$ | 35 | 00 |
| Wheeled Ambulance, \$ | 30 | 00 |
| Limousines to Cemetery, 1 @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from <u>airport</u> | 25 | 00 |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ | | |
| Certif. Copies of Death Certificates No. _____ | | |
| (State Physician's or Coroner's) Use of Chapel, \$ | | |
| Pall Bearer Service, \$ | | |
| Gross Total for Sales Tax | 175 | 00 |
| Outlay for Lot <u>Cemetery Chapel</u> | | |
| Cremation _____ | | |
| Flowers, \$ | | |
| Palms, \$ | | |
| Matting, \$ | | |
| Rental of Tent, \$ | | |
| 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 _____ | | |
| Memoranda CARDS + Photo Pack | 5 | 50 |
| line Death Notices in <u>Papers of area</u> | 14 | 20 |
| (Names of Newspapers) <u>Press - W. Pa</u> | | |
| <u>Chapel - Pittsburgh</u> | 125 | 00 |
| Sales Tax <u>Professional Bureau</u> | | |
| Total Footing of Bill | 784 | 70 |
| Less _____ | | |
| Balance <u>McAVOY FUNERAL HOME</u> | | |
| Entered into Ledger, page _____ or below. | | |
| Misc. _____ | | |

12/20/70

PER J. P. McAvoy mac

| Date | | Amount Paid | Balance | Date | Amount Paid | Balance |
|----------|------------------|-------------|---------|--------------------|-------------|---------|
| 12/22 70 | To Above Balance | | \$ | To Balance Forward | | \$ |
| | By Payment | \$ | \$ | By Payment | \$ | \$ |
| | " " | \$ | \$ | " " | \$ | \$ |
| | " " | \$ | \$ | " " | \$ | \$ |
| | " " | \$ | \$ | " " | \$ | \$ |
| | " " | \$ | \$ | " " | \$ | \$ |

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

RECORD OF FUNERAL

Total No. 124 Yearly No. 39 Date of Entry Oct 13, 1970

Name of Deceased Joseph P. Daly (What Race) W

Residence 54 Juncation Trail Husband Wife Widowed Divorced

Charge to Mrs. Richard Daly Age of Husband or Wife (if living) 78

Address 27 Hallsford Lane, Luthers Pa 19055

Order given by How secured (or informant)

If Veteran, Name of War.

Occupation Clerk - 187-01-2057 (Social Security Number)

Employer and Address

Date of Death John J. Howe Hospital (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Thomas J. Daly

His Birthplace

Maiden Name of Mother Ellen Lee

Her Birthplace

Date of Funeral Oct 17, 1970 (Date) (Day of Week) (Hour) M.

Services at St. Joseph Church

Clergyman Fr. James (Address)

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. Howe Hospital

Cause of Death Respiratory Center Infection

Contributory Causes Anemia

Certifying Physician J. H. Conlon (or Coroner)

His Address John J. Howe Hospital

Motor Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Jefferson Memorial Park

Crematory

Misc

Misc

Misc

Billed 10/28/70 + Credit 11/27/70

1/9/71

Table with columns: Date, Amount Paid, Balance, Date, Amount Paid, Balance. Includes entries for Oct 21, Nov 14, Nov 26, and 3/5/1971.

Insurance \$ Names of Lodges Insurance Companies

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

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

Witness Address

RECORD OF FUNERAL

125

Total No. 125 Yearly No. 40 Date of Entry Oct 21 1970

Name of Deceased O. Oliver J. Pissman 362-7496

Married Single Widowed Divorced

Husband Wife Widow (What Race)
or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 217 Emerson St. #6

Charge to Mrs. Florence Levin

Address 217 Emerson St. #6

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Machine 210-01-1234
(Social Security Number)

Employer and Address _____

Date of Death Oct 21, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 5, 1895 Age 74-10-16
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father John J. Pissman

His Birthplace _____

Maiden Name of Mother Carlynn Marie

Her Birthplace _____

Date of Funeral Oct 23, 1970 M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Dr. Jack Meyer
(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 217 Emerson St.

Cause of Death Chronic Myocarditis

Contributory Causes A. I. H. D.

Certifying Physician L. J. Bennett
(or Coroner)

His Address Midvale City Pa.

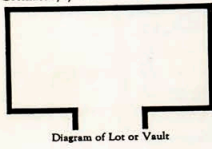
Motor Ship } Remains to _____

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery } Chapel Country

Crematory } _____



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

Misc. _____

| Complete Funeral (except outlays) | \$ | ¢ |
|---|------|----|
| Casket | 925 | 00 |
| Burial Vault or Box | 750 | 00 |
| Embalming Body (Name of Embalmer) | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | 24 | 00 |
| Suit or Dress (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) | 4 | 00 |
| 2 Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | 130 | 00 |
| Outlay for Lot _____ | | |
| Cremation _____ | | |
| Flowers, \$ & Palms, \$ Matting, \$ | 47 | 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 | 10 | 00 |
| (Names of Newspapers) | | |
| Sales Tax _____ | | |
| Total Footing of Bill | 1266 | 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |
| Misc. _____ | | |

| Date | | Amount Paid | | Balance | | Date | Amount Paid | | Balance | |
|-------------------|----------------------|-------------|----|---------|----|------|--------------------|----|---------|--|
| | | | | | | | | | | |
| <u>Nov 12, 70</u> | To Above Balance | 918 | 58 | 348 | 12 | | To Balance Forward | | \$ | |
| <u>1/5 71</u> | By Payment <u>55</u> | 199 | 20 | 148 | 92 | | By Payment | \$ | \$ | |
| <u>7/21</u> | " " | 20 | 00 | 128 | 92 | | " " | \$ | \$ | |
| | " " | \$ | \$ | \$ | \$ | | " " | \$ | \$ | |
| | " " | \$ | \$ | \$ | \$ | | " " | \$ | \$ | |
| | " " | \$ | \$ | \$ | \$ | | " " | \$ | \$ | |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 126 Yearly No. 41 Date of Entry October 24, 1970

Name of Deceased Stillborn Boni W
 Married Single Widowed Divorced (What Race)

Residence 328 2-8 Oakville Rd #20 Husband Wife Widow of }
or of } Age of Husband or Wife (if living) Years

Charge to William R. Boni, M.D.

Address

Order given by (or informant)

How secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death October 24 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 27, 1920 (Mo.) (Day) (Yr.) Age 49 Stillborn (Mos.) (Days)

Name of Father Wm. R. Boni

His Birthplace PA

Maiden Name of Mother Frances J. Bradford

Her Birthplace W. Va.

Date of Funeral Oct. 27 1970 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Pittsburgh Pa.

Resided in the State

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

Cause of Death

Contributory Causes

Certifying Physician Cyril H. Wacht (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Hollywood Memorial Park

Lot No. Row 1
Grave No. 35
Section No. Baby
Block No.
Owner

Misc. Billed 11/2/70

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

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

Insurance \$ Names of Lodges Insurance Companies

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

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

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

RECORD OF FUNERAL

127

Total No. 127 Yearly No. 41 Date of Entry November 2 19 70

Name of Deceased Joseph A. Nolan
 Married Single Widowed Divorced

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

Residence 1904 Piper Ave Dp 19

Charge to S. M. G. Nolan

Address St. N. Nolan living, State Pa.

Order given by (or Informant)

If Veteran, Name of War

Occupation Steamer 192-18-0948
 (Social Security Number)

Employer and Address

Date of Death November 2, 1970
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Apr 17, 1924 Age 46-6-15
 (Mo.) (Day) (Yr.) (Mn.) (Days)

Name of Father William S. Nolan

His Birthplace

Maiden Name of Mother Mary Ann Platt

Her Birthplace

Date of Funeral November 5, 1970 M.
 (Date) (Day of Week) (Hour)

Services at Eganhang

Clergyman (Address)

Religion of the Deceased Roman Catholic

Birthplace Albany, Pa.

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

Place of Death

Cause of Death

Contributory Causes

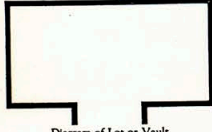
Certifying Physician (or Coroner)

His Address

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

Manufactured by

Cemetery } St. Joseph Cem, Albany, Pa.
 Crematory }



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

| Complete Funeral (except outlays) | | \$ |
|--|---------------------------------------|--------------|
| Casket <u>4 services</u> | | 1205 00 |
| Burial Vault or Box | (State Kind) | 75 00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | <u>cleaning</u> | 45 00 |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ <u>total</u> | 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) | |
| 4 Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | 8 00 |
| Full Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | \$ |
| Outlay for Lot <u>Cemetery Charges</u> | | 65 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | Matting, \$ |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ | ✓ Singers, \$ | Organist, \$ |
| Railroad { Tickets, \$ | Aero plane Service, \$ | |
| or Motor { | 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) | | |
| Sales Tax | | |
| Total Footing of Bill | | 1593 00 |
| Less | | |
| Balance | | \$ |
| Entered into Ledger, page | or below. | |

Misc. Billed + Credited 12/11/70
Billed March 5, 1971

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|------------------|-----------------------|-----------|------|--------------------|---------|
| <u>Nov. 6 70</u> | To Above Balance | 600 00 | | To Balance Forward | \$ |
| <u>Jan 4 71</u> | By Payment <u>JEM</u> | \$ 138 - | | By Payment | \$ |
| <u>Feb 24 71</u> | " " <u>Mac</u> | \$ 192 00 | | " " " | \$ |
| <u>MAR 15 71</u> | " " " | \$ 273 00 | | " " " | \$ |
| " " | " " " | \$ | | " " " | \$ |
| " " | " " " | \$ | | " " " | \$ |

Insurance \$ Names of Lodges Insurance Companies

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

Signed Address

Witness

RECORD OF FUNERAL

Total No. 128 Yearly No. 42 Date of Entry November 6 1970

Name of Deceased Anna M. O'Donnell (A. M. Angeline)
 Married Single Widowed Divorced (What Race)

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

Charge to Sister of Mercy

Address 3333 Piper Ave.

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Religious 302-40-2965
(Social Security Number)

Employer and Address _____

Date of Death November 6, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 21, 1876 Age 94
(Mo.) (Day) (Yr.) (Moa.) (Days)

Name of Father John O'Donnell

His Birthplace _____

Maiden Name of Mother Mary Costello

Her Birthplace _____

Date of Funeral November 9, 1970 M.
(Date) (Day of Week) (Hour)

Services at St. James Academy

Clergyman _____ (Address)

Religion of the Deceased Roman Catholic

Birthplace Slatington, Pa.

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

Place of Death Mary Hospital

Cause of Death C.S.H.D.

Contributory Causes _____

Certifying Physician John C. Stroner
(or Coroner)

His Address Mercy Hospital

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

Manufactured by _____

Cemetery } St. Xavier's Cemetery
Crematory }



Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

OWNER _____

Misc. _____

Billed 11/22/70

Complete Funeral (except outlays) \$ _____

Casket 315 00

Burial Vault or Box 70 00
(State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Extra Limousines @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains from _____

Taking Remains to _____

Trip to Coroner's Inquest _____

Delivering Box to _____

Deliver Flowers to _____

Removal Charges _____

Procuring Burial Permit _____ (State Number and District)

_____ Certif. Copies 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. 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 _____

RECORD OF FUNERAL

129

Total No. 129 Yearly No. 43 Date of Entry November 7 1970

Name of Deceased Maria Kalfopoulos W
 Married Single Widowed Divorced (What Race)

Residence 204 S. Coconut Lane Miami 330139 Husband Wife Widow
 Charge to Persephone Kalfopoulos Age of Husband or Wife (if living) _____ Years

Address 204 S. Coconut Lane Miami Fla
 Order given by _____
 How secured _____
 If Veteran, Name of War _____

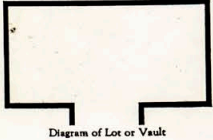
Occupation None (Social Security Number) _____
 Employer and Address _____
 Date of Death November 7 1970
 Date of Birth June 20 1917 Age 52
 Name of Father Anthony Kalfopoulos
 His Birthplace _____
 Maiden Name of Mother Persephone Cocciarella
 Her Birthplace _____

Date of Funeral Nov 17 M.
 Services at _____
 Clergyman _____
 Religion of the Deceased _____
 Birthplace Pittsburgh, Pa.
 Resided in the State _____
 Place of Death 1722 Jones Ave
 Cause of Death Cerebral Thrombocytosis
 Contributory Causes A. I. H. D.

Certifying Physician Dr. Gerald W. Seidich (or Coroner)
 His Address 592 2nd Ave S.W. Ft. Lauderdale
 Motor Ship Remains to _____
 Size of Casket _____
 Manufactured by _____
 Cemetery Woodlawn Cem Miami Fla.
 Crematory _____

| Complete Funeral (except outlays) | \$ | ¢ |
|--|-----|----|
| Casket | 500 | 00 |
| Burial Vault or Box <u>C. M. G. S. Case</u> <small>(State Kind)</small> | | |
| Embalming Body <small>(Name of Embalmer)</small> | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <small>(State Kind and Color)</small> | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit <small>(State Number and District)</small> | | |
| Certif. Copies of Death Certificates No. <small>(State Physician's or Coroner's)</small> | | |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| 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, \$ <small>(Aero)</small> Service, \$ <u>78.21</u> | 78 | 21 |
| Telegr. Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | 24 | 00 |
| _____ line Death Notices in _____ Papers | | |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less _____ | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | 602 | 21 |

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



Misc. Death Bill 1/14/71 - 602.21

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------|------------------|-------------|-----------------|------|--------------------|-------------|---------|
| 3/11/71 | To Above Balance | 444.13 | \$ 158.08 | | To Balance Forward | | \$ |
| 6/14/71 | By Payment | \$ | \$ P.D. in full | | By Payment | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

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

RECORD OF FUNERAL

Total No. 130 Yearly No. 44 Date of Entry November 9 1970

Name of Deceased Alta Panni (What Race) W
 Married Single Widowed Divorced

Residence 3107 Niagara St. Apt 13 Husband Wife Widow or Vincent Panni (Age of Husband or Wife (if living)) Years

Charge to Vincent Panni
Address 3107 Niagara St 13

Order given by _____ (or informant)
How secured _____

If Veteran, Name of War _____

Occupation _____ 200-20-9968 (Social Security Number)

Employer and Address _____

Date of Death November 9, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 30, 1898 Age 72-5-9 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father John Amburgay

His Birthplace _____

Maiden Name of Mother Elba Stridam

Her Birthplace _____

Date of Funeral November 13, 1970 M. (Date) (Day of Week) (Hour)

Services at _____

Clergyman Dr. Mungay (Address) _____

Religion of the Deceased _____

Birthplace W. Virginia

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

Place of Death 3107 Niagara St 13

Cause of Death Angiatic Heart Failure

Contributory Causes Advanced Pulmonary Disease

Certifying Physician Dr. Costello (or Coroner)

His Address S. Side Highway

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

Manufactured by _____
Cemetery } South Side Cemetery
Crematory }

Diagram of Lot or Vault _____

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

Misc. _____

| | | |
|---|---------------------------|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket | | 705 00 |
| Burial Vault or Box | | 100 00 |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress, \$ | Slippers, \$ | 51 55 |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery, @ \$ | Extra Limousines, @ \$ | |
| Autos to R. 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. | | 4 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | \$ |
| Outlay for Lot | | 150 00 |
| Cremation | | |
| Flowers, \$ | Palms, \$ | |
| Matting, \$ | Rental of Tent, \$ | |
| of Temporary Vault, \$ | Opening of Grave or Tomb | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | Clergymen, \$ | 20 00 |
| ✓ Singers, \$ | Organist, \$ | |
| Railroad Tickets, \$ | Aero plane Service, \$ | |
| Motor or Telegr., Phone, Cable or Radio Charges | Cash Advanced | |
| Out of town Funeral Director's Charges | Personal Service | |
| 2 line Death Notices in 2 Papers | | 15 00 |
| (Names of Newspapers) | | |
| Sales Tax | Total Footing of Bill | \$ |
| Less | | 1045 55 |
| Balance | | \$ |
| Entered into Ledger, page _____ or below. | | |

McAVOY FUNERAL HOME
J. P. McAvoy

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|------|------------------|---------|-------------------------|-------------|---------|
| | To Above Balance | \$ | PER <u>Nov 20, 1970</u> | | |
| | By Payment | \$ | To Balance Forward | \$ | |
| | " " | \$ | By Payment | \$ | |
| | " " | \$ | " " | \$ | |
| | " " | \$ | " " | \$ | |
| | " " | \$ | " " | \$ | |
| | " " | \$ | " " | \$ | |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____
Witness _____

RECORD OF FUNERAL

131

Total No. 131 Yearly No. 45 Date of Entry Nov 19 1970

Name of Deceased Paul J. Kelly
 Married Single Widowed Divorced (What Race) W

Residence 135 N. 16th St. Phila. Pa. 19102
 Husband Wife Widow of } Milfred (Age of Husband or Wife (if living)..... Years

Charge to Mrs. Margaret Young 684-3891

Address 2045 Grand Blvd. Merriam

Order given by 15062
 (or Informant)

How secured

If Veteran, Name of War

Occupation Retired Naval Yard 206-14-0525
 (Social Security Number)

Employer and Address U. S. Navy

Date of Death Nov 19, 1970

Date of Birth Apr 6, 1923 Age 47
 (Mo.) (Day) (Yr.) (Hour)

Name of Father John Kelly

His Birthplace

Maiden Name of Mother Ann Dolan

Her Birthplace

Date of Funeral Nov 27, 1970 M.
 (Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman J. J. Sweeney

Religion of the Deceased Catholic

Birthplace Pittsburgh Pa.

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

Place of Death 214 N. 16th St.

Cause of Death Pneumonia by Natural Causes

Contributory Causes None

PREPARED: 11-19-70 - 6 P.M.E.S.T.

Certifying Physician Dr. H. E. Jellinger, M.D.
 (or Coroner)

His Address 1304 N. 16th St. Philadelphia 19107

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by Royal

Cemetery Columbia Cemetery

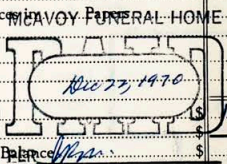
Diagram of Lot or Vault

Misc. Car Funeral Home

Chester Pa.

215-874-3655

| Complete Funeral (except outlays) | \$ |
|--|---------|
| Casket | 900 00 |
| Burial Vault or Box | 150 00 |
| Embalming Body | |
| Barber, \$ Hair Dressing, \$ | |
| Dressing Body, \$ Underwear, \$ | |
| Suit or Dress | 40 00 |
| Slippers, \$ Hose, \$ | |
| Folding Chairs, \$ Tarpsaulin, \$ | |
| Candelabrum, \$ Candles, \$ | |
| Door Spray, \$ Gloves, \$ | |
| Funeral Car, \$ Ambulance, \$ | |
| Limousines to Cemetery @ \$ | |
| Extra Limousines @ \$ | |
| Autos to R. 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) | 10 00 |
| (State Physician's or Coroner's) | |
| Pall Bearer Service, \$ Use of Chapel, \$ | |
| Gross Total for Sales Tax | \$ |
| Outlay for Lot <u>Cemetery Charge</u> | 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, \$ | 20 00 |
| Railroad } Tickets, \$ Aero- plane Service, \$ | 250 40 |
| or Motor } | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Funeral Director's Charges | 125 00 |
| Personal Service | |
| line Death Notice | |
| (Names of Newspapers) | |
| Sales Tax | |
| Total Footing of Bill | 1679 40 |
| Less | |
| Balance <u>Wagon</u> | \$ |
| Entered into Ledger, page or below. | |



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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. 132 Yearly No. 46 Date of Entry Nov 20 1970

Name of Deceased Edw. T. Kibbey
 Married Single Widowed Divorced Husband Wife Widow } 471-1437 (What Race) W
or of } Age of Husband or Wife (if living) _____ Years

Residence 114 Van Arman St 11

Charge to Mrs. Karen Kibbey
Address 1800 Watson Street 19

Order given by _____ (or informant)
How secured _____

If Veteran, Name of War A. T. #2

Occupation Jewelry Installer 184-14-6595
(Social Security Number)

Employer and Address _____

Date of Death Nov 20 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth _____ Age 47
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father John H. Kibbey

His Birthplace _____

Maiden Name of Mother Vera Harmon

Her Birthplace _____

Date of Funeral Nov 24 1970 M.
(Date) (Day of Week) (Hour)

Services at Epiphany Church

Clergyman Fr. Superior
(Address)

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.A. Medical C. West

Cause of Death Murder - Struck intentional

Contributory Causes Hemorrhage
Captured Employee Vandal

Certifying Physician Franklin D. Bluff
(or Coroner)

His Address V. G. Giddet

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

Manufactured by _____
Cemetery } Calvary Cemetery
Crematory }

Lot No. _____
Section No. _____
Block No. _____
Owner _____

Misc. _____
+ Credited 11/9/71

| | | |
|---|------------------------|------------------------|
| Complete Funeral (except outlays) | \$ | |
| Casket | | 1245 00 |
| Burial Vault or Box | (State Kind) | 235 00 |
| Embalming Body | (Name of Embalmer) | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | <u>Coaching</u> | 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 | | |
| <u>4</u> 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, \$ |
| 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 | | 26 20 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | 1539 20 |
| Entered into Ledger, page _____ or below. | | |
| Misc. | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------------|------------------|-------------|---------|------|--------------------|-------------|---------|
| <u>Dec. 3, 1970</u> | To Above Balance | 998 38 | 540 82 | | To Balance Forward | | |
| | By Payment | \$ | \$ | | By Payment | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |
| | " " | \$ | \$ | | " " | \$ | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to _____ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant 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. 134 Yearly No. 48 Date of Entry Nov 24 1970

Name of Deceased Joseph J. Duffy
 Married Single Widowed Divorced

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

Residence 1932 Joyce Ave 19
Charge to D.P.A.

Address

Order given by Marck Duffy
(or informant)

How secured 215 - Lincoln St. Bloomington

If Veteran, Name of War

Occupation Painter 175-12-6693
(Social Security Number)

Employer and Address

Date of Death Nov 24 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13 1913 Age 56
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Duffy

His Birthplace

Maiden Name of Mother Marie Marck

Her Birthplace

Date of Funeral M.

Services at St. Agnes Church

Clergyman

Religion of the Deceased Catholic
(Address)

Birthplace Pittsburgh Pa

Resided in the State (Years) (Months)

Place of Death Markey Hospital
(or U.S. or City or County)

Cause of Death Hypertension Syndrome

Contributory Causes Arteriosclerosis of liver

Certifying Physician John P. Jernard
(or Coroner)

His Address Markey Hospital

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery }

Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

paid Received 250.00 3/8/71
from D.P.A.

| | | |
|---|----|--|
| 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. | | |

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

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

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

Signed..... Address.....

RECORD OF FUNERAL

135

Total No. 135 Yearly No. 49 Date of Entry Nov 24 1970

Name of Deceased Josephine Paulakis

Married Single Widowed Divorced

Residence 2130 21st Ave 19 Husband Wife Widow of Albama (What Race)

Charge to Albert Paulakis Age of Husband or Wife (if living) _____ Years

Address 116 7th St. N. 19

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Homemaker 184-36-4179 (Social Security Number)

Employer and Address _____

Date of Death Nov 24 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 25 1895 Age 75-10-3 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Johann Zuhaw

His Birthplace Albama

Maiden Name of Mother Unknown

Her Birthplace Albama

Date of Funeral Nov 28 1970 M. (Date) (Day of Week) (Hour)

Services at H. Community Church

Clergyman Dr. Walter (Address)

Religion of the Deceased Catholic

Birthplace Albama

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

Place of Death Marion General Hospital

Cause of Death Cerebral Anoxia

Contributory Causes General Hospital

Bypass (Cardiac Center Station)

Certifying Physician Carl H. Thrall (or Coroner)

His Address 542 2nd Ave

Motor } Remains to _____
Ship }

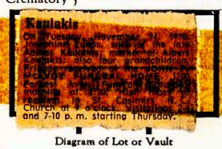
Size of Casket 23-0-15 (State Color and Number)

Manufactured by Epine (Parsippany)

Cemetery } _____
Crematory }

Misc. _____

| Complete Funeral (except outlays) | \$ |
|--|------------------------|
| Casket | 1675 00 |
| Burial Vault or Box | 235 00 |
| Embalming Body | (State Kind) |
| Barber, \$ | Hair Dressing, \$ |
| Dressing Body, \$ | Underwear, \$ |
| Suit or Dress | 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 | |
| 16 Certif. Copies of Death Certificates No. | 32 00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ |
| Gross Total for Sales Tax | \$ |
| Outlay for Lot | |
| Cremation | |
| Flowers, \$ | Palms, \$ |
| Rental of Tent, \$ | of Temporary Vault, \$ |
| Opening of Grave or Tomb | |
| Lining Grave, \$ | Lowering Device, \$ |
| Outlay for Shipping Charges | |
| Clergymen, \$ | Singers, \$ |
| Railroad or Motor | Aero-plane Service, \$ |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Funeral Director's Charges | |
| Personal Service | |
| _____ line Death Notices in _____ Papers | 17 26 |
| (Names of Newspapers) McAVOY FUNERAL HOME | |
| Sales Tax | |
| Total Footing of Bill | 2019 26 |
| Less | Balance 1999 26 |
| Entered into Ledger page _____ of below. | |
| Misc. | |



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 _____

136

RECORD OF FUNERAL

Total No. 136 Yearly No. 50 Date of Entry Dec 17 19 70

Name of Deceased Georgina Benilla
 Married Single Widowed Divorced W
(What Race)
Residence 166 Merimac St. 15210 Husband Wife Widow or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to DPA

Address _____

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation home home
(Social Security Number)

Employer and Address _____

Date of Death Dec 17, 1970
(Mo.) (Day) (Yr.) (Hour)

Date of Birth _____ Age 76 yrs 40 mo
(Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father James Benilla

His Birthplace US

Maiden Name of Mother Mary E. Galuzza

Her Birthplace US

Date of Funeral Dec 18, 1970 M.
(Date) (Day of Week) (Hour)

Services at _____

Clergyman _____ (Address)

Religion of the Deceased Roman Catholic

Birthplace Pgh, Pa.

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 Remains to _____
Ship

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery Calvary Cemetery

Crematory _____

Lot No. _____

Grave No. _____

Section No. _____

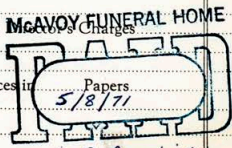
Block No. _____

Owner _____

Misc. Papers sent to DPA 1/71

Pd. 5/8/71

| | | |
|---|----|---------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>Professional Services</u> | | <u>75 00</u> |
| 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 <u>Funeral Home</u> | | <u>20 00</u> |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ (State Number and District) | | |
| Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax _____ | \$ | |
| Outlay for Lot _____ | | <u>50 00</u> |
| 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 { Tickets, \$ _____ Acro- plane Service, \$ _____ | | |
| or Motor { 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 _____ PER <u>M. A. Corchillo</u> | | |
| Total Footing of Bill _____ | \$ | |
| Less _____ | \$ | |
| Balance _____ | \$ | <u>105 00</u> |
| 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 _____ (Fire Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum. Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

137

Total No. 137 Yearly No. 51 Date of Entry December 18 1970
 Name of Deceased Estelita E. Cook
 Married Single Widowed Divorced Husband Wife Widow of Thomas (What Race) W
 Residence 2209 Harbor Way 15203 or _____ Age of Husband or Wife (if living) _____ Years

Charge to _____
 Address _____
 Order given by _____ (or informant)
 How secured _____
 If Veteran, Name of War _____
 Occupation Cook 205-01-2322 (Social Security Number)
 Employer and Address _____
 Date of Death Dec 18 1970
 Date of Birth Dec 31 1887 Age 82
 Name of Father Charles Banks
 His Birthplace _____
 Maiden Name of Mother Mary Helms
 Her Birthplace _____
 Date of Funeral Dec 21 1970 M.
 Services at _____
 Clergyman _____ (Address)
 Religion of the Deceased Protestant
 Birthplace W. Va.
 Resided in the State _____ (or U.S. or City or Country) (Years) (Months)
 Place of Death Allegheny General Hosp
 Cause of Death Pulmonary Embolism Lung
 Contributory Causes Lymphatic Leukemia
 Certifying Physician Dr. Clatner (or Coroner)
 His Address _____
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery Helem Cemetery Newburg, W. Va.
 Crematory _____
 Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____
 Diagram of Lot or Vault 
 Misc. _____

| Complete Funeral (except outlays) | | \$ | \$ |
|---|--|------------|---------|
| Casket <u>1. Surman</u> | | 950.00 | 1155.00 |
| Burial Vault or Box _____ (State Kind) | | 70.00 | |
| Embalming Body _____ (Name of Embalmer) | | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | | |
| Suit or Dress _____ (State Kind and Color) | | | |
| Slippers, \$ _____ Hose, \$ _____ | | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | | |
| Limousines to Cemetery @ \$ _____ | | 49.20 | |
| Extra Limousines @ \$ _____ | | | |
| Autos to R. R. Station @ \$ _____ | | | |
| Getting Remains 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 | |
| <u>2</u> Certif. Copies 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 } Tickets, \$ _____ Aero-Service, \$ _____ or Motor } plane Telegr., Phone, Cable or Radio Charges _____ | | | |
| Cash Advanced _____ | | | |
| Out of town Funeral Director's Charges _____ | | | |
| Personal Service _____ | | | |
| <u>12</u> -line Death Notices in _____ Papers _____ | | 14.79 | |
| (Names of Newspapers) _____ | | | |
| Sales Tax _____ | | | |
| Total Footing of Bill _____ | | \$ 1292.99 | |
| Less _____ | | | |
| Balance _____ | | | |
| Entered into Ledger, page _____ or below. | | | |
| Misc. _____ | | | |
| Misc. <u>Profess. Services</u> | | 75.00 | |
| Misc. <u>Part in full 3/19/71</u> | | | |

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|--------------------|------------------|------------------|------|--------------------|---------------|
| <u>Dec 20 1970</u> | | <u>140.00</u> | | | <u>522.99</u> |
| <u>1/11/71</u> | To Above Balance | <u>560.00</u> | | To Balance Forward | \$ _____ |
| <u>3/15/71</u> | By Payment | <u>\$ 255.00</u> | | By Payment | \$ _____ |
| <u>3/19/71</u> | " " | <u>\$ 77.99</u> | | " " | \$ _____ |
| | " " | \$ _____ | | " " | \$ _____ |
| | " " | \$ _____ | | " " | \$ _____ |
| | " " | \$ _____ | | " " | \$ _____ |

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

RECORD OF FUNERAL

Total No. 138 Yearly No. 52 Date of Entry December 19 19 70

Name of Deceased Mary E. Kustion

Married Single Widowed Divorced

Husband Wife Widow of } Joseph (What Race) W
or... of } Joseph (Age of Husband or Wife (if living)) _____ Years

Residence 1728 Fifth Ave. 15219

Charge to Joseph J. Kustion

Address Same

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Housewife _____ (Social Security Number)

Employer and Address _____

Date of Death Dec 19, 1970

Date of Birth Jan 20, 1907 Age 63

Name of Father Joseph Pellag

His Birthplace _____

Maiden Name of Mother Mary Swinal

Her Birthplace _____

Date of Funeral Dec 23, 1970 M.

Services at St. Hyacinth

Clergyman _____

Religion of the Deceased Roman Catholic (Address)

Birthplace Monaca, Pa

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

Place of Death _____

Cause of Death Cardiac Arrest Clinical

Contributory Causes Pulmonary Embolus -
mult fractures - Auto accident

Certifying Physician Cyril H. Wecht (or Coroner)

His Address _____

Motor } Remains to _____
Ship }

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery } Calvary Cemetery
Crematory }



Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| Complete Funeral (except outlays) | \$ | |
|---|-------------|-----------|
| Casket + <u>Professional Services</u> | <u>1385</u> | <u>00</u> |
| Burial Vault or Box _____ (State Kind) | <u>275</u> | <u>00</u> |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress <u>Clothing</u> | <u>35</u> | <u>00</u> |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpsaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | <u>65</u> |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains 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) | <u>10</u> | <u>00</u> |
| Pall Bearer Service, \$ _____ Use of Chapel, \$ _____ | | |
| Gross Total for Sales Tax _____ | | |
| Outlay for Lot <u>Crematory Charges</u> | <u>130</u> | <u>00</u> |
| 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 { Tickets, \$ _____ Aero- plane Service, \$ _____ or Motor } | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| 12 line Death Notices in <u>2</u> Papers _____ | <u>28</u> | <u>05</u> |
| (Names of Newspapers) _____ | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | <u>1849</u> | <u>55</u> |
| Less _____ | | |
| Balance _____ | <u>1693</u> | <u>05</u> |
| Entered into Ledger, page _____ or below. | | |

Misc. _____

Pd March 4, 1971
check for 1,693.05 m.m.a.

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|------------|------------------|-------------------|---------|------|--------------------|-------------|---------|
| <u>3/4</u> | To Above Balance | <u>Pd in Full</u> | \$ | | To Balance Forward | \$ | \$ |
| | By Payment | | \$ | | By Payment | \$ | \$ |
| | " " | | \$ | | " " | \$ | \$ |
| | " " | | \$ | | " " | \$ | \$ |
| | " " | | \$ | | " " | \$ | \$ |
| | " " | | \$ | | " " | \$ | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Witness _____

RECORD OF FUNERAL

139

Total No. 139 Yearly No. 53 Date of Entry December 26 19 70

Name of Deceased John P McAvoy
 Married Single Widowed Divorced

Residence 497 Calvert Ave Pk 15227 or Madeline S McAvoy (What Race) W
 Husband Wife Widow of Age of Husband or Wife (if living) _____ Years

Charge to Madeline S McAvoy
 Address _____

Order given by _____ (or informant)
 How secured _____

If Veteran, Name of War WW II #13155872

Occupation Funeral Director 206-03-1011 (Social Security Number)

Employer and Address _____
 Date of Death December 26, 1970 (Mo.) (Day) (Yr.) (Hour)

Date of Birth _____ Age _____ (Mo.) (Day) (Yr.) (Mo.) (Days)
 Name of Father Edward J McAvoy

His Birthplace _____
 Maiden Name of Mother Catherine J Steele

Her Birthplace _____
 Date of Funeral December 30, 1970 (Date) (Day of Week) (Hour) M.

Services at Epiphany
 Clergyman _____ (Address)

Religion of the Deceased Roman Catholic
 Birthplace _____

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

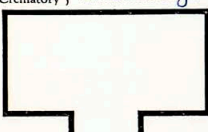
Place of Death South Side Hospital
 Cause of Death Arteriosclerotic

Contributory Causes Cardiovascular Disease

Certifying Physician Cyril H. Beach (or Coroner)

His Address _____
 Motor Ship } Remains to _____
 Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery } Calvary
 Crematory }



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

Misc. _____

| | | |
|---|--|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket * <u>Professional Service</u> | 4.50 | - |
| 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 | 2 @ \$ | 83.00 |
| Autos to R. R. Station | @ \$ | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to <u>Flowers 2 Delivery</u> | | 1.00 00 |
| Removal Charges | | 30 00 |
| Procuring Burial Permit | | |
| (State Number and District) | | |
| 15 Certif. Copies of Death Certificates No. | | 30 - |
| (State Physician's or Coroner's) | | |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Crematory Charges</u> | | 1.95 - |
| Cremation | | |
| Flowers, \$ <input checked="" type="checkbox"/> Palms, \$ | Matting, \$ | |
| Rental of Tent, \$ | of Temporary Vault, \$ | |
| Opening of Grave or Tomb | | |
| Lining Grave, \$ | Lowering Device, \$ | |
| Outlay for Shipping Charges | | |
| Clergymen, \$ <input checked="" type="checkbox"/> Singers, \$ | Organist, \$ <input checked="" type="checkbox"/> | 50 - |
| Railroad or Motor Tickets, \$ | Aero-plane Service, \$ | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| 66 line Death Notices in 2 Papers | | 35.02 |
| (Names of Newspapers) | | |
| <u>Flower removal Service etc.</u> | | 18.22 |
| Sales Tax | | |
| Total Footing | | 997.24 |
| Less | | |
| Balance | | |
| Entered into Ledger, page _____ or below. | | |
| Misc. | | |
| PER <u>JHL</u> | | |

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

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ Signed _____

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

Witness _____

RECORD OF FUNERAL

Total No. 140 Yearly No. 54 Date of Entry January 3 19 71

Name of Deceased Coleman P. Plabuty Married Single Widowed Divorced Husband Wife Widow or of (What Race) W

Residence 2509 Hopkins Way, 15203 Age of Husband or Wife (if living) _____ Years

Charge to _____
Address _____

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War WW II

Employer and Address _____

Occupation Asst. Pres. (RET.) 172-16-8105 (Social Security Number)

Date of Death January 3, 1971
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/9/21 Age _____
(Mo.) (Day) (Yr.) (Sex.) (Mos.) (Days)

Name of Father Michael Plabuty

His Birthplace _____

Maiden Name of Mother Nora Conley

Her Birthplace _____

Date of Funeral January 7, 1971 M.
(Date) (Day of Week) (Hour)

Services at _____

Clergyman _____ (Address)

Religion of the Deceased _____

Birthplace Pittsburgh

Resided in the State _____ (Years) (Months)

Place of Death 2509 Hopkins Way (or U.S. or City or County)

Cause of Death Arteriosclerotic Cardio-

Contributory Causes vascular disease

Certifying Physician Cyril Necht (or Coroner)

His Address _____

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

Manufactured by _____

Cemetery } Calvary Cemetery
Crematory }

Lot No. 57

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| | | |
|--|-----------------------------|------------------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>Professional Services</u> | \$ | 1550 00 |
| Burial Vault or Box | \$ | 235 00 |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | |
| Dressing Body, \$ | Underwear, \$ | |
| Suit or Dress | | |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. 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) | 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, \$ |
| 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 | \$ | 1817 00 |
| Balance | \$ | |
| Entered into Ledger, page _____ or below. | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|------|----|------------------|---------|------|--|--------------------|---------|
| 3/3 | 71 | To Above Balance | 250 00 | | | To Balance Forward | \$ |
| 5/8 | 71 | By Payment | 75 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 _____ (Fire Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant 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

141

Total No. 141 Yearly No. 55 Date of Entry January 4 19 71

Name of Deceased Jane C. Rinley
 Married Single Widowed Divorced

Residence 1706 Fifth Ave Bk 19 Husband Wife Widow Orphan
 or _____ of } Age of Husband or Wife (if living) _____ Years

Charge to _____
 Address _____

Order given by Clarence P. Conway
 (or informant)

How secured _____
 If Veteran, Name of War _____

Occupation Beautician
 (Social Security Number) _____

Employer and Address _____
 Date of Death January 4, 1971
 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4/3/95 Age 75
 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Ernie Engelhart
 His Birthplace _____

Maiden Name of Mother Jane Gallagher
 Her Birthplace _____

Date of Funeral January 7, 1971 M.
 (Date) (Day of Week) (Hour)

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 Montefiore Hospital

Cause of Death Arteriosclerotic Cardio-
 Contributory Causes vascular disease

Certifying Physician Cyril Reekt
 (or Coroner)

His Address _____
 Motor } Remains to
 Ship } _____

Size of Casket _____ (State Color and Number)

Manufactured by _____
 Cemetery } Calvary Cemetery
 Crematory }



Diagram of Lot or Vault

Misc. Billed Feb 5, 1971

| Complete Funeral (except outlays) | \$ | |
|--|------|----|
| Casket & <u>Professional Services</u> | 1350 | 00 |
| Burial Vault of Box _____ (State Kind) | 255 | 00 |
| 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 _____ (State Number and District) | | |
| <u>3</u> 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 _____ | 130 | 00 |
| Outlay for Lot <u>Funerary Charges</u> | | |
| 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 } Tickets, \$ _____ Aero- or Motor } plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| _____ line Death Notices in _____ Papers _____ (Name of Newspapers) | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | 1741 | 00 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |
| Misc. _____ | | |

| Date | | Amount Paid | Balance | Date | | Amount Paid | Balance |
|---------------|------------------|-------------|---------|------|--------------------|-------------|---------|
| <u>3/2</u> 71 | To Above Balance | 1486 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) _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. 142 Yearly No. 56 Date of Entry January 3 1971

Name of Deceased Mary O'Connor W
(What Race)

Residence 1715 Fifth Ave. 15219 Husband Wife Widow Divorced
or of of Age of Husband or Wife (if living) _____ Years

Charge to _____

Address _____

Order given by _____ (or informant)

How secured _____

If Veteran, Name of War _____

Occupation Telephone Oper (Social Security Number) _____

Employer and Address _____

Date of Death January 3, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4/25/1880 Age 90 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father _____

His Birthplace _____

Maiden Name of Mother _____

Her Birthplace _____

Date of Funeral January 5, 1971 M. (Date) (Day of Week) (Hour)

Services at _____

Clergyman _____ (Address) _____

Religion of the Deceased _____

Birthplace Ireland

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 } St. Mary's

Diagram of Lot or Vault _____

Misc. _____

Complete Funeral (except outlays)

Casket Tray Service \$ 750.00

Burial Vault or Box Tray top \$ 195.00 (State Kind)

Embalming Body _____ (Name of Embalmer)

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress Clothing \$ 35.00 (State Kind and Color)

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Taraulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Extra Limousines @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains 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. _____ \$ 4.00 (State Physician's or Coroner's)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Gross Total for Sales Tax _____ \$

Outlay for Lot Amending 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, \$ 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 \$ 1134.00

Less _____

Balance \$ Pa

Entered into Ledger, page _____ or below.

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|---------------|------------------|---------|------|--------------------|---------|
| <u>3/3/71</u> | To Above Balance | \$ | | To Balance Forward | \$ |
| | By Payment | \$ | | By Payment | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

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

Witness _____ Signed _____ Address _____

RECORD OF FUNERAL

Total No. _____ Yearly No. _____ Date of Entry _____ 19____

Name of Deceased _____
 Married Single Widowed Divorced Husband Wife Widow } (What Race)
 or _____ of _____ } Age of Husband or Wife (if living) _____ Years

Residence _____ Charge to _____

Address _____ Complete Funeral (except outlays) \$ _____

Order given by _____ (or informant) Casket _____

How secured _____ Burial Vault or Box _____ (State Kind)

If Veteran, Name of War _____ Embalming Body _____ (Name of Embalmer)

Occupation _____ (Social Security Number) Barber, \$ _____ Hair Dressing, \$ _____

Employer and Address _____ Dressing Body, \$ _____ Underwear, \$ _____

Date of Death _____ Slippers, \$ _____ Hose, \$ _____

Date of Birth _____ (Mo.) (Day) (Yr.) (Hour) Age _____ (Mo.) (Day) (Yr.) (Month) (Days) Folding Chairs, \$ _____ Tarpaulin, \$ _____

Name of Father _____ Candelabrum, \$ _____ Candles, \$ _____

His Birthplace _____ Door Spray, \$ _____ Gloves, \$ _____

Maiden Name of Mother _____ Funeral Car, \$ _____ Ambulance, \$ _____

Her Birthplace _____ Limousines to Cemetery @ \$ _____

Date of Funeral _____ (Date) (Day of Week) (Hour) M. Extra Limousines @ \$ _____

Services at _____ Autos to R. R. Station @ \$ _____

Clergyman _____ (Address) Getting Remains from _____

Religion of the Deceased _____ Taking Remains to _____

Birthplace _____ (State Number and District) Trip to Coroner's Inquest _____

Resided in the State _____ (or U.S. or City or Country) (Years) (Months) Delivering Box to _____

Place of Death _____ (State Physician's or Coroner's) Deliver Flowers to _____

Cause of Death _____ Removal Charges _____

Contributory Causes _____ Procuring Burial Permit _____

Certifying Physician _____ (or Coroner) Certif. Copies of Death Certificates No. _____

His Address _____ Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Motor } Remains to _____ Gross Total for Sales Tax _____

Ship } Size of Casket _____ (State Color and Number) Outlay for Lot _____

Manufactured by _____ Cremation _____

Cemetery } _____ Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

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

_____ Opening of Grave or Tomb _____

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

_____ Outlay for Shipping Charges _____

_____ Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____

_____ Railroad } 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 \$ _____

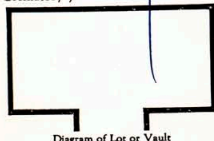
_____ Less _____

_____ Balance \$ _____

_____ Entered into Ledger, page _____ or below.

Misc. _____

Misc. _____



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) _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____ Address _____

Total No. Yearly No. Date of Entry 19

Name of Deceased
 Married Single Widowed Divorced Husband Wife Widow } (What Race)
 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 (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father (Mo.) (Day) (Yr.) (Mos.) (Days)

His Birthplace

Maiden Name of Mother

Her Birthplace

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

Services at (Address)

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 } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by (State Color and Number)

Cemetery }
 Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

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

Remove Flowers to

Procuring Burial Permit

Certif. Copies of Death Certificates No. (State Number and District)

Gross Total for Sales Tax (State Physician's or Coroner's)

Use of Chapel, \$ \$

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 } Tickets, \$ Aero-
 or Motor } 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

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

Witness Signed Address

RECORD OF FUNERAL

145

Total No. _____ Yearly No. 7 Date of Entry MAY 9 1983
 Name of Deceased ANNA V ASSAD
 Married Single Widowed Divorced (What Race)
 Husband Wife Widow or _____ of _____ Age of Husband or Wife (if living) _____ Years

Residence 2000 PARBES AVE 19819

Charge to H. C. L. H. ASSAD

Address Same

Order given by Same (or informant)

How secured _____

If Veteran, Name of War N.A.

Occupation Retired

Employer and Address Same (Social Security Number)

Date of Death MAY 9 1983

Date of Birth AUG 13-12 AGE 70
 (Mo.) (Day) (Yr.) (Yr.) (Mos.) (Days)

Name of Father GEORGE ASSAD

His Birthplace _____

Maiden Name of Mother NORA HAGEN

Her Birthplace _____

Date of Funeral MAY 13 1983 10AM
 (Date) (Day of Week) (Hour)

Services at St. P. A. B. M. Y.

Clergyman H. O. P. P. L.

Religion of the Deceased C. A. T. H. O. L. I. C.

Birthplace PA

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

Place of Death PA Mercy Hosp.

Cause of Death CARDIAC ARREST

Contributory Causes CONG. HEART

FAILURE

Certifying Physician J. H. O. S. C. VALENZA

His Address MERCY HOSP.

Motor } Remains to CALVARY
 Ship }

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery }
 Crematory }

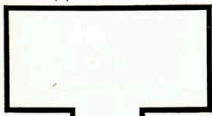


Diagram of Lot or Vault

Lot No. 40-210

Grave No. W. S. H. N. O. R. A.

Section No. 70

Block No. _____

Owner _____

| Complete Funeral (except outlays) | | \$ |
|---|--|---------|
| Casket <u>PROFESSIONAL SERVICE</u> | | 2145 00 |
| Burial Vault or Box | | 380 00 |
| Embalming Body (State Kind) | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress <u>CHAIRING</u> | | 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 | | |
| <u>4</u> 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, \$ | | 201 40 |
| 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 } Tickets, \$ Aero- plane Service, \$ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 15 line Death Notice FUNERAL HOME MCAVOY PAPERS MAY 23 1983 PER Balance </div> | | |
| Sales Tax | | |
| Total Footing of Bill | | 2899 38 |
| Less | | 2117 38 |
| Entered into Ledger, page _____ or below. | | |

Misc. Paid INVOICE 32257 6/10/83

| 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) _____ days from date. Interest to accrue from

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

Witness _____ Address _____

RECORD OF FUNERAL

Total No. _____ Yearly No. 8 Date of Entry JUNE 6, 1983

Name of Deceased MARGARET STROTT

Married Single Widowed Divorced

Husband Wife Widow }
or _____ of }

(What Race)

Residence 609 PENN AVE PH 22

Age of Husband or Wife (if living) _____ Years

Charge to NM J STROTT

Address Surat

Order given by Same (or informant)

How secured _____

If Veteran, Name of War _____

Occupation FILM INSPECTOR WILKINS (Social Security Number)

Employer and Address FILM CO.

Date of Death JUNE 6 1983 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JUNE 21 1902 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JAMES HOWARD

His Birthplace _____

Maiden Name of Mother NELLIE SULLIVAN

Her Birthplace _____

Date of Funeral JUNE 9 1983 (Date) (Day of Week) (Hour) 10:00 M.

Services at Chapel

Clergyman F.R. HAPPEL (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA

Place of Death at home (or U.S. or City or County) (Years) (Months)

Cause of Death Accid

Contributory Causes _____

Certifying Physician JOSHUA PERRER M.D. (or Coroner)

His Address 542 4th Ave PH 15219

Motor } Remains to _____
Ship }

Size of Casket NO. 18 H. WHITE SAND - PVC (State Color and Number)

Manufactured by AURORA
Cemetery } F.R.O. DONATELLI
Crematory }

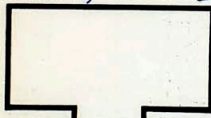


Diagram of Lot or Vault

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Misc. _____

| | | |
|---|----------------------------------|----------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>Impound Service</u> | | <u>247.00</u> |
| 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) | |
| 12 Certif. Copies of Death Certificates No. | (State Physician's or Coroner's) | <u>36.00</u> |
| 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 Notice in Newspaper | | <u>118.08</u> |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | <u>2594.00</u> |
| Less | \$ | |
| Entered into Ledger, page _____ or below. | | |

Misc. INV 35301299A

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

Insurance \$ _____ Names of Lodges _____

Insurance Companies _____

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

Witness _____

Signed _____

Address _____

RECORD OF FUNERAL

147

Total No. _____ Yearly No. 9 Date of Entry JUNE 8 1983

Name of Deceased JAMES VARLEY

Married Single Widowed Divorced

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

Residence 1427 RUTHERFORD ST P9216

Charge to ANDREW P. RODNEY

Address 2476 ROSE GARDEN ROAD P9220

Order given by PHONE 563-6289
(or informant)

How secured _____

If Veteran, Name of War NO

Occupation PLUMBERS HELPER RET

Employer and Address LOCAL UNION
(Social Security Number)

Date of Death MAY 31 1983

Date of Birth 111 1900 (Day) (Mo.) (Yr.) (Hour)

Name of Father WIND (Mo.) (Day) (Yr.) (Mo.) (Days)

His Birthplace _____

Maiden Name of Mother WIND

Her Birthplace _____

Date of Funeral JUNE 9 1983 M.

Services at DONATE R L L (Hour)

Clergyman _____

Religion of the Deceased C.A.T.H.O.L.I.C. (Address)

Birthplace PA

Resided in the State PA

Place of Death S. S. D. S. HOBT (or U.S. or City or Country) (Years) (Months)

Cause of Death ASCVD

Contributory Causes _____

Certifying Physician DR. PERA CORNETT (or Coroner)

His Address 542-4TH AVE B94

Motor Ship } Remains to DONATE R L L

Size of Casket _____ (State Color and Number)

Manufactured by _____

Cemetery } _____

Crematory } _____

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Diagram of Lot or Vault

Misc. _____

| Complete Funeral (except outlays) | | \$ | 00 |
|---|----------------------------------|------|----|
| Casket <u>Cremation Service</u> | | 38.0 | 00 |
| Burial Vault or Box | | | |
| Embalming Body | (State Kind) | | |
| Barber, \$ | Hair Dressing, \$ | | |
| Dressing Body, \$ | Underwear, \$ | | |
| Suit or Dress | (State Kind and Color) | | |
| Slippers, \$ | Hose, \$ | | |
| Folding Chairs, \$ | Tarpaulin, \$ | | |
| Candelabrum, \$ | Candles, \$ | | |
| Door Spray, \$ | Gloves, \$ | | |
| Funeral Car, \$ | Ambulance, \$ | | |
| Limousines to Cemetery | @ \$ | | |
| Extra Limousines | @ \$ | | |
| Autos to R. R. Station | @ \$ | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit | (State Number and District) | | |
| <u>2</u> 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 or Motor | Tickets, \$ | | |
| Aero-plane Service, \$ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Funeral Director's Charges | | | |
| Personal Service | | | |
| line DEBANY FUNERAL HOME Paper. | | | |
| (Names of New Papers) | | | |
| Sales Tax | | | |
| Total Footing on Bill | | 38.6 | 00 |
| Less | | | |
| PER <u>Balance</u> | | | |
| 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 _____

RECORD OF FUNERAL

Total No. _____ Yearly No. 10 Date of Entry JUNE 10 1983

MAY check

Name of Deceased L. CATHERINE HANEY
 Married Single Widowed Divorced

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

Residence 2920 FORBES AVE BOSTON MA 02114

Charge to LOW N. ADNEY JR

Address 11 DELMAR COURT DELMONT PA

Order given by 460 6250 JENN 15626
(or informant)

How secured HARRY - FORBES AVE 2814 701

If Veteran, Name of War HO (WIDOW OF VETERAN)

Occupation HOUSE WIVES
(Social Security Number)

Employer and Address at home

Date of Death JUNE 10, 1983

Date of Birth SEP 21, 1907 Age 75
(Mo.) (Day) (Yr.) (Hour)

Name of Father SEBASTIAN SMITH
(Mo.) (Day) (Yr.) (Mos.) (Days)

His Birthplace _____

Maiden Name of Mother MARGARET MACKAY

Her Birthplace _____

Date of Funeral JUNE 13, 1983 M.

Services at ST ANNES
(Date) (Day of Week) (Hour)

Clergyman _____

Religion of the Deceased CATHOLIC
(Address)

Birthplace PA

Resided in the State PA

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

Cause of Death CARDIAC ARREST

Contributory Causes ACUTE MYOCARDIAL
INFARCTION

Certifying Physician ROBIN DIETLY M.D.
(or Coroner)

His Address 1400 LACROIX ST PHILA

Motor Ship } Remains to _____

Size of Casket 293HL GOLD BLEND GRAY
(Style Color and Number)

Manufactured by 301-348-320

Cemetery Crematory } ST MARYS PENN 445 TA

Lot No. 128

Grave No. 6

Section No. L

Block No. _____

Owner _____

Misc. _____

| | | |
|---|----|----------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>E.F. ROSS TONDA SERVICE</u> | | <u>2445.00</u> |
| Burial Vault or Box <u>Sealed Vault</u> | | <u>380.00</u> |
| Embalming Body | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ | | <u>McANAY</u> |
| 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 _____ | | |
| \$ Certif. Copies of Death Certificates No. _____ (State Number and District) | | <u>261.00</u> |
| 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, \$ _____ | | <u>25.00</u> |
| 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 Notice in <u>HOME PAPERS</u> | | <u>110.00</u> |
| (Names of Newspapers) <u>McANAY FUNERAL</u> | | |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ | <u>2985.00</u> |
| Less _____ | \$ | |
| Balance _____ | \$ | |
| Entered <u>110</u> Ledger, page _____ or below. | | |

Misc. 1400 LACROIX ST PHILA

Misc. _____

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 _____

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

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

1983

Total No. _____ Yearly No. 11 Date of Entry July 5 1983

Name of Deceased HELEN DEEHFSON
 Married Single Widowed Divorced (What Race) _____
 Husband Wife Widow }
 or _____ of } Age of Husband or Wife (if living) _____ Years

Residence 209 GIST ST. P.O. 19

Charge to DANIEL STANHOFF

Address 112 HILLCREST DR. LEBANON, PA

Order given by _____ (or informant) 150.44

How secured _____

If Veteran, Name of War _____

Occupation DRUG STORE CLERK

Employer and Address _____ (Social Security Number) 162147638

Date of Death July 5 1983

Date of Birth Feb 5 1917 Age 66

Name of Father STANHOFF, R. HART

His Birthplace RUSSIA

Maiden Name of Mother _____

Her Birthplace _____

Date of Funeral July 8 1983 10.00 M.

Services at Mt. Lebanon Chapel

Clergyman _____

Religion of the Deceased Orthodox

Birthplace PA

Resided in the State PA

Place of Death 209 GIST

Cause of Death ASCID

Contributory Causes _____

Certifying Physician Joseph P. Papp (or Coroner)

His Address 542 4th Ave. P.O. 219

Motor Ship } Remains to _____

Size of Casket 1223 9042101Z (State Color and Number)

Manufactured by ALPHEA

Crematory } _____

Crematory } _____

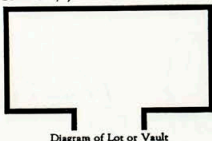
Misc. _____

Misc. _____

Misc. _____

Misc. _____

| Complete Funeral (except outlays) | | \$ |
|--|---------------------|------------------------|
| Casket & Professional Serv. | | 2035.00 |
| Burial Vault or Box | | 385.00 |
| Embalming Body | | |
| Barber, \$ | Hair Dressing, \$ | 20.00 |
| Dressing Body, \$ | Underwear, \$ | 15.00 |
| Suit or Dress | | 75.00 |
| Slippers, \$ | Hose, \$ | |
| Folding Chairs, \$ | Tarpaulin, \$ | |
| Candelabrum, \$ | Candles, \$ | |
| Door Spray, \$ | Gloves, \$ | |
| Funeral Car, \$ | Ambulance, \$ | |
| Limousines to Cemetery | @ \$ | |
| Extra Limousines | @ \$ | |
| Autos to R. 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. | | 36.00 |
| Pall Bearer Service, \$ | Use of Chapel, \$ | |
| Gross Total for Sales Tax | | |
| Outlay for Lot | | |
| Cremation | | |
| Flowers, \$ | Palms, \$ | Matting, \$ |
| Rental of Tent, \$ | 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 _____ | | 459.2 |
| (Names of Newspapers) _____ | | |
| Sales Tax | | |
| Total Footing of Bill | | 2666.92 |
| Less _____ | | |
| Balance _____ | | 275.00 |
| Entered into Ledger, page _____ or below. | | |
| Misc. | | TOTAL 2666.92 |
| | | 3.41 |



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) _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.
 Signed _____ Address _____
 Witness _____

RECORD OF FUNERAL

Total No. _____ Yearly No. 12 Date of Entry Jan 1 1983
 Name of Deceased HELEN CERMINARA 83-5131-RITA CRM
 Married Single Widowed Divorced (What Race)
 Residence 1711 EDNA ST P.O. PA 15209 or _____ of _____
 Charge to CASH CERMINARA or _____ of _____
 Address 1010 DEFFERSON AVE PA 15209 Age of Husband or Wife (if living) _____ Years

Order given by Alone (or informant)
 How secured _____
 If Veteran, Name of War NO
 Occupation HUSBAND WIFE (Social Security Number) _____
 Employer and Address at home
 Date of Death 9/1/83
 Date of Birth 9/20/01 (Mo.) (Day) (Yr.) (Hour) Age 81
 Name of Father W.D.W. ANDERSON (Mo.) (Day) (Yr.) (Mos.) (Days)
 His Birthplace _____
 Maiden Name of Mother MINNIE KLINX
 Her Birthplace _____
 Date of Funeral 9/3/83 (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman hopped (Address)
 Religion of the Deceased Catholic
 Birthplace SCOTTDALE PA
 Resided in the State PA
 Place of Death FORBES HOSPICE (or U.S. or City or County) (Years) (Months)
 Cause of Death PANCREATIC CA.
 Contributory Causes LIVER MET.

Certifying Physician Ronald A. Stalker (of Coroner)
 His Address 3741 5th AVE.
 Motor } Remains to _____
 Ship }
 Size of Casket _____ (State Color and Number)
 Manufactured by _____
 Cemetery } CALVARY
 Crematory }
 Lot No. 15
 Grave No. 5
 Section No. 40
 Block No. 17
 Owner _____



Misc. _____

| | | |
|---|----|---------------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>Professional Service</u> | \$ | 1250 00 |
| Burial Vault or Box | \$ | 380 00 |
| Embalming Body | | |
| Barber, \$ _____ Hair Dressing, \$ <u>2.5</u> | | <u>25 00</u> |
| Dressing Body, \$ _____ Underwear, \$ _____ | | <u>275 00</u> |
| Suit or Dress | | |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | | |
| Extra Limousines @ \$ _____ | | |
| Autos to R. R. Station @ \$ _____ | | |
| Getting Remains from _____ | | |
| Taking Remains to _____ | | |
| Trip to Coroner's Inquest _____ | | |
| Delivering Box to _____ | | |
| Deliver Flowers to _____ | | |
| Removal Charges _____ | | |
| Procuring Burial Permit _____ | | |
| <u>2</u> Certif. Copies of Death Certificates No. _____ (State Number and District) | | <u>6 00</u> |
| 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 <u>Flowers</u> | | |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | |
| Outlay for Shipping Charges _____ | | |
| Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____ | | <u>35 00</u> |
| 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 <u>1</u> Papers | | <u>25 48</u> |
| (Names of Newspapers) _____ | | |
| Sales Tax _____ | | |
| Total Footing of Bill | \$ | 1796 48 |
| Less _____ | \$ | |
| Balance <u>28-1983</u> | \$ | 1786 00 |
| Entered into Ledger, page <u>1</u> of below | | |

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

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

RECORD OF FUNERAL

19 83

Total No. _____ Yearly No. 13 Date of Entry SEPT 18 19 83

Name of Deceased BERNARDO LOPEZ
 Married Single Widowed Divorced (What Race)

Residence 115 VAN BRAAM Pk. 19
 Husband Wife Widow }
 or _____ of } Age of Husband or Wife (if living) _____ Years

Charge to CARMEN LOPEZ

Address S.A.M.E.

Order given by S.A.M.E. (or informant)

How secured _____

If Veteran, Name of War NO

Occupation LABORER 209030454
(Social Security Number)

Employer and Address _____

Date of Death SEPT 18 1983
(Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 20 1901 Age 82
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Wm

His Birthplace _____

Maiden Name of Mother Wm

Her Birthplace _____

Date of Funeral SEPT 21 - Wed 10 A.M.
(Date) (Day of Week) (Hour)

Services at EPIC HALL

Clergyman _____
(Address)

Religion of the Deceased CATHOLIC

Birthplace MEXICO (VANISCO)

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

Place of Death MERSEY HOSPITAL

Cause of Death CONGESTIVE HT. FAILURE

Contributory Causes GASTROINTESTINAL

Block 109 - Renal Failure

Certifying Physician DR JAMES P ZACCARDI
(or Coroner)

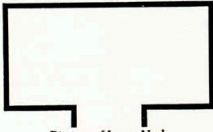
His Address MURRAY HOSP 1400 LOCUST

Motor Ship } Remains to _____

Size of Casket 11 Tall 54 Wd Vg. 2
(State Color and Number)

Manufactured by AUBURN

Cemetery } CALVARY CEM.
 Crematory }



Lot No. 31
 Grave No. 11712
 Section No. 60
 Block No. _____
 Owner _____

Misc. _____

| | | |
|---|---------|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket & PROFESSIONAL SERVICE | 1500.00 | |
| Burial Vault or Box <u>5x6x12</u> | 750.00 | |
| Embalming Body | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | 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 | | |
| 6 Certif. Copies of Death Certificates No. _____ | | 18.00 |
| Pall Bearer Service, \$ Use of Chapel, \$ | | |
| Gross Total for Sales Tax | | |
| Outlay for Lot <u>Family</u> | | |
| Cremation | | |
| Flowers, \$ Palms, \$ Matting, \$ | | |
| Rental of Tent, \$ of Temporary Vault, \$ | | |
| Opening of Grave or Tomb <u>Family</u> | | |
| 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 <u>2</u> Papers | | 54.50 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | 2027.50 |
| 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 _____ (Print Name of Funeral Directors)

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

Signed _____ Address _____

Witness _____

RECORD OF FUNERAL

Total No. _____ Yearly No. 14 Date of Entry Sept 23 83 1983

Name of Deceased TONY DAVID
 Married Single Widowed Divorced (What Race)
 Residence 59 VAN BRAAM ST Husband Wife Widow }
 or _____ of _____ Age of Husband or Wife (if living) _____ Years

Charge to MARCOON DAVID
 Address 5547 AVONDALE PLACE P. 1166A
 Order given by Alma (or informant)
 How secured _____
 If Veteran, Name of War W.O.

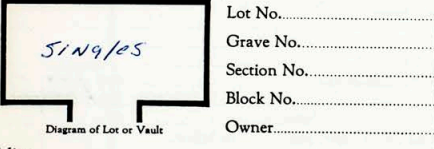
Occupation Salesman 177180797 (Social Security Number)
 Employer and Address Delf
 Date of Death Sept 23 83 (Mo.) (Day) (Yr.) (Hour) 10:40 am
 Date of Birth 1-15-1892 (Mo.) (Day) (Yr.) Age 91 (Yrs.) (Mos.) (Days)

Name of Father Wendell
 His Birthplace SYRIA
 Maiden Name of Mother Wendell
 Her Birthplace SYRIA
 Date of Funeral 9/26/83 (Date) (Day of Week) (Hour) M.
 Services at EPHRAIM

Clergyman _____ (Address)
 Religion of the Deceased CATHOLIC
 Birthplace SYRIA
 Resided in the State PA (or U.S. or City or County) (Years) (Months)
 Place of Death Agency Hosp. Pa.
 Cause of Death DEHYDRATION
 Contributory Causes MALNUTRITION

Certifying Physician ANTHONY FIORI M.D. (or Coroner)
 His Address 1400 LOCUST ST PHA 5219

Motor Ship } Remains to _____
 Size of Casket 1170 SILVER VANG (State Color and Number)
 Manufactured by AUROPA
 Cemetery Crematory } CALVARY



| Complete Funeral (except outlays) | | \$ |
|--|--|---------|
| Casket <u>Professional Service</u> | | 1495.00 |
| Burial Vault or Box _____ (State Kind) | | 380.00 |
| 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) | | |
| <u>5</u> 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 <u>F. Family</u> | | |
| 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 Tickets, \$ _____ Aero plane Service, \$ _____ | | |
| Telegr., Phone, Cable or Radio Charges _____ | | |
| Cash Advanced _____ | | |
| Out of town Funeral Director's Charges _____ | | |
| Personal Service _____ | | |
| <u>14</u> line Death Notices in <u>2</u> Papers _____ (Names of Newspapers) | | 60.00 |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | | 2045.62 |
| Less _____ | | |
| Balance _____ | | |
| Entered into Ledger, page _____ or below. | | |

Misc. _____

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|------------------|-------------|-----------|--------------------|-------------|---------|
| <u>9/23 83</u> | | | | | |
| To Above Balance | 2000.00 | \$ 451.62 | To Balance Forward | | \$ |
| By Payment | \$ | \$ | By Payment | \$ | \$ |
| " " | \$ | \$ | " " | \$ | \$ |
| " " | \$ | \$ | " " | \$ | \$ |
| " " | \$ | \$ | " " | \$ | \$ |
| " " | \$ | \$ | " " | \$ | \$ |

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

on Monday at 10 a.m.

COLTELLARO

On Friday, Sept. 23, 1983; Catherine Pantano; wife of the late Paul Coltellaro; mother of Paul Jr., Angela (Dolly) Kallams & Raymond Jaquay; sister of Mary Demetriadis & Domenic Pantano. Friends received 2-4 & 7-9 p.m. at REX T. SMITH FUNERAL HOME, 2860 Perysville Ave. at Marshall. Mass of Christian Burial, St. Peter Church, Mon., 10 a.m.

DAVID

Sept. 23, 1983, Tony; beloved father of Maroon, Albert, Anthony, Jackie and Raymond David and the late Mildred; survived by 14 grandchildren. Friends received at J.M. McAVOY F.H., Forbes at Van Braam (2 blocks east Mercy Hosp.), Sat. & Sun. 2-4 & 7-9. Funeral Mass, Epiphany Church, Monday at 10 a.m.

DRAKULIC

On Thursday, Sept. 22, 1983, Peter G. of Wall; beloved husband of Nancy Lukehart Drakulic; father of PJ, Tony, Timmy, & Lisa; son of Peter & Louise Deltorre Drakulic; grandson of Martina Deltorre; brother of James & Joseph. Friends received at JAMES J. ALFIERI FUNERAL HOME, 201 Marguerite Ave., Wilmerding. Mass of Christian Burial St. Aloysius Church Mon., 10 a.m.

ELLWOOD

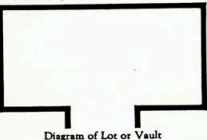
On Thursday, September 22, 1983; Paul W. of Oakwood; beloved husband of Dorothy B.; father of Thomas P. Ell-

RECORD OF FUNERAL

153

Total No. _____ Yearly No. 15 Date of Entry OCT 14 1983
 Name of Deceased MICHAEL ANDRICK
 Married Single Widowed Divorced Husband Wife Widow of (What Race)
 Residence 1422 SANDUSKY ST. Pgh 15212
 Charge to MARY ANDRICK NEAR
 Address Above
 Order given by _____ (or informant) _____
 How secured PHONE (or informant) 322-6559
 If Veteran, Name of War NO
 Occupation DAIRY MAN 208-09-9397A (Social Security Number)
 Employer and Address PA.
 Date of Death OCT 14-83
 Date of Birth 7-06-03 (Mo.) (Day) (Yr.) Age 80 (Yr.) (Mo.) (Day) (Hour) (Min.) (Sec.)
 Name of Father Wm
 His Birthplace _____
 Maiden Name of Mother Wm
 Her Birthplace _____
 Date of Funeral OCT 17 1983 Mon (Date) (Day of Week) (Hour) M.
 Services at Chapel
 Clergyman _____ (Address)
 Religion of the Deceased PROTESTANT
 Birthplace CHARLESTON PA
 Resided in the State PA (of U.S. or City or County) (Years) (Months)
 Place of Death Allegheny County Hosp
 Cause of Death PROB. VASCULAR COLLAPSE
 Contributory Causes PROB. MYO. INFARCT
A.S.H.D.
 Certifying Physician PAUL J. KAHL (or Coroner)
 His Address 320 E. NORTH AVE Pgh 12
 Motor Remains to _____
 Ship _____
 Size of Casket 771 HA GEN. METAL (State Color and Number)
 Manufactured by _____
 Cemetery HOLLYWOOD Pgh 15205
 Crematory _____

| Complete Funeral (except outlays) | | |
|---|------------|----|
| Casket <u>& PROFESSIONAL SERVICE</u> | 275.00 | 00 |
| Burial Vault or Box _____ (State Kind) | 380.00 | 00 |
| Embalming Body _____ (Name of Embalmer) | | |
| Barber, \$ _____ Hair Dressing, \$ _____ | | |
| Dressing Body, \$ _____ Underwear, \$ _____ | | |
| Suit or Dress _____ <u>FURRY BLOUSE</u> (State Kind and Color) | | |
| Slippers, \$ _____ Hose, \$ _____ | | |
| Folding Chairs, \$ _____ Tarpaulin, \$ _____ | | |
| Candelabrum, \$ _____ Candles, \$ _____ | | |
| Door Spray, \$ _____ Gloves, \$ _____ | | |
| Funeral Car, \$ _____ Ambulance, \$ _____ | | |
| Limousines to Cemetery @ \$ _____ | 75.00 | 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) | | |
| 5 Certif. Copies of Death Certificates No. _____ (State Physician's or Coroner's) Use of Chapel, \$ _____ | 15.00 | 00 |
| Pall Bearer Service, \$ _____ | | |
| Gross Total for Sales Tax _____ | \$ | 00 |
| Outlay for Lot _____ | | |
| Cremation _____ | | |
| Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____ | | |
| Rental of Tent, \$ _____ of Temporary Vault, \$ _____ | | |
| Opening of Grave or Tomb _____ <u>Family PD</u> | - | - |
| Lining Grave, \$ _____ Lowering Device, \$ _____ | | |
| Outlay for Shipping Charges _____ | | |
| Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____ | | |
| Railroad or Motor _____ 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 _____ (Pg. & Place Sec. Paper Fun.) (Name of Newspaper) | 98.00 | 00 |
| Sales Tax _____ | | |
| Total Footing of Bill _____ | \$ 7923.00 | 00 |
| Less _____ | | |
| Balance _____ | \$ | 00 |
| Entered into Ledger, page _____ or below. | | |



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

RECORD OF FUNERAL

Total No. _____ Yearly No. 16 Date of Entry Nov 9 19 83

Name of Deceased JOHN ALLEN
 Married Single Widowed Divorced

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

Residence 1715 LUGUSTA ST. P.A. 19

Charge to by C. E. BARTO, H.L.O. (E.S.A.L.)
 Address 1513 BRUNN SWIRK ROAD P.A. 10

Complete Funeral (except outlays) \$ _____
 Casket by Prof. DeWitt \$ 1500.00
 Burial Vault or Box \$ 380.00

Order given by above
 How secured _____

Embalming Body _____
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____

If Veteran, Name of War N.A.

Occupation SECURITY GUARD
 Employer and Address _____

Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____

Date of Death Nov 9, 1983
 Date of Birth 10-19-45

Name of Father GRANT A ALLEN
 His Birthplace P.A. PA

Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Extra Limousines @ \$ _____
 Autos to R. R. Station @ \$ _____

Maiden Name of Mother CARRIE BARRY
 Her Birthplace P.A.

Date of Funeral Nov 12 83 M.
 Services at FUNERAL HOME

Getting Remains from _____
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____
 Deliver Flowers to _____

Clergyman Rev ALLEN
 Religion of the Deceased PROTESTANT

Removal Charges _____
 Procuring Burial Permit _____
 Certif. Copies of Death Certificates No. _____
 Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Birthplace PA
 Resided in the State PA

Place of Death PA
 Cause of Death _____

Gross Total for Sales Tax \$ _____
 Outlay for Lot _____
 Cremation _____
 Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Contributory Causes _____
 Certifying Physician _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____
 Opening of Grave or Tomb _____
 Lining Grave, \$ _____ Lowering Device, \$ _____
 Outlay for Shipping Charges _____

His Address _____
 Motor } Remains to _____
 Ship } _____

Clergymen, \$ _____ Singers, \$ _____ Organist, \$ _____
 Railroad or Motor Tickets, \$ _____ plane Service, \$ _____
 Telegr., Phone, Cable or Radio Charges _____
 Cash Advanced _____

Size of Casket 1170 HL
 Manufactured by AURO

Out of town Funeral Director's Charges \$ 450.00
 Personal Service _____
 _____ line Death Notices in 2 Papers \$ 54.50

Cemetery _____
 Crematory _____

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

Sales Tax _____
 Total Footing of Bill \$ 2525.26
 Less _____ \$ 450.00
 Balance \$ 2075.26

Misc. _____

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

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|-----------------|--------------------------------------|-------------------|-----------------|----------------------------|------------------|
| <u>11-15-83</u> | <u>By DeWitt</u> To Above Balance | \$ <u>1934.50</u> | | To Balance Forward | \$ _____ |
| | By Payment | \$ _____ | | By Payment | \$ _____ |
| <u>11-15-83</u> | <u>SMITH</u> | \$ <u>140.76</u> | <u>11-15-83</u> | <u>To Bc Paid by Allen</u> | \$ <u>450.00</u> |
| | " " | \$ _____ | | " " | \$ _____ |
| | " " | \$ _____ | | " " | \$ _____ |
| | " " | \$ _____ | | " " | \$ _____ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____
 for the payment of aforesaid sum, and I 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 _____

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

PLEASE PRINT OR TYPE

To avoid delay please complete all items.

| | | | | | |
|---|----------------------------------|---------------------------------------|-----------------------------------|----------------------|----------|
| INDICATE NUMBER OF COPIES | <input type="checkbox"/> | <input checked="" type="checkbox"/> 5 | DO NOT WRITE IN THIS SPACE | | |
| | BIRTH \$4.00 | DEATH \$3.00 | | | |
| Date of Birth/ Or Date of Death | Place of Birth Or Place of Death | | County | Twp. or Borough | |
| | NOV 9-1986 | | ALLEGHENY | | |
| Name at Birth Or Name at Death | JOHN ALLEN | | | SEX | File No. |
| Father's Name | First | Middle | Last | Index By Search By | |
| | GRANT A ALLEN | | | Certified No. | |
| Mother's Maiden Name | First | Middle | Last | Refund Ck. No. | |
| | CARRIE BARRY | | | Date - Amount | |
| Hospital | Funeral Director | | | | |
| Reason for Request (Check One): | | | | | |
| <input type="checkbox"/> School <input type="checkbox"/> Marriage <input type="checkbox"/> Passport <input type="checkbox"/> Other (Specify) | | | | | |

How Are You Related to This Person?

Applicant's Signature _____

Applicant's No. _____ Street _____

Address City _____ State _____ Zip Code _____

Applicant's Phone No. _____ Area Code _____ Number _____

Postage: \$ _____

Prev. Amend. Adopt Affidavit
 Usage Court Order Issue Affidavit

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

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 |
| Street |
| City, State, Zip Code |

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

RECORD OF FUNERAL

38,408 73

Total No. 17 Yearly No. 1 Date of Entry Nov 22 1983

Name of Deceased MICHAEL J MULLEN
 Married Single Widowed Divorced

Residence 974 NW Penn Place 9422
 or Husband Wife Widow } (What Race)
 or Husband Wife Widow } Age of Husband or Wife (if living) _____ Years

Charge to MARY ANN BOBER (Sister)
 Address 135 FENNICK DR 9435

Order given by Alma
 How secured Phone (or Informant) 751 8499

If Veteran, Name of War WWII
 Occupation LABORER (Social Security Number) _____

Employer and Address _____
 Date of Death Nov 22 83

Date of Birth Jan 05 27 (Mo.) (Day) (Yr.) Age 61 (Hour) (Days) (Yrs.) (Mos.) (Days)

Name of Father BARTLEY MULLEN
 His Birthplace _____

Maiden Name of Mother BRIDGET CONNELLY
 Her Birthplace _____

Date of Funeral Nov 25 83 (Date) (Day of Week) (Hour) M.

Services at St. Patrick
 Clergyman R. R. 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 Alma
 Cause of Death Grand

Contributory Causes _____

Certifying Physician JOSEPH A. PERER (or Coroner)

His Address _____
 Motor { Remains to Ship }
 Size of Casket 37x18x11 (State Color and Number)

Manufactured by St. Martin's 4834 St. Martin
 Cemetery { Crematory {

Diagram of Lot or Vault

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

Misc. _____

| | | |
|--|------|---------|
| Complete Funeral (except outlays) | \$ | |
| Casket <u>Professional Service</u> | 8.85 | o.o. |
| Burial Vault or Box | 3.80 | o.o. |
| Embalming Body (Name of Embalmer) | | |
| Barber, \$ Hair Dressing, \$ | | |
| Dressing Body, \$ Underwear, \$ | | |
| Suit or Dress (State Kind and Color) | | |
| Slippers, \$ Hose, \$ | | |
| Folding Chairs, \$ Tarpaulin, \$ | | |
| Candelabrum, \$ Candles, \$ | | |
| Door Spray, \$ Gloves, \$ | | |
| Funeral Car, \$ Ambulance, \$ | | |
| Limousines to Cemetery @ \$ | | |
| Extra Limousines @ \$ | | |
| Autos to R. R. Station @ \$ | | |
| Getting Remains 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. <u>Ver</u> (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 o.o. |
| Railroad or Motor { Tickets, \$ Aero- plane Service, \$ | | |
| Telegr. Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Funeral Director's Charges | | |
| Personal Service | | |
| <u>13</u> line Death Notices in <u>1</u> Papers | | 17.52 |
| (Names of Newspapers) | | |
| Sales Tax | | |
| Total Footing of Bill | \$ | 1307.52 |
| Less | \$ | |
| Balance | \$ | |
| Entered into Ledger, page _____ or below. | | |
| Misc. _____ | | |

| Date | Amount Paid | Balance | Date | Amount Paid | Balance |
|----------|------------------|---------|------|--------------------|---------|
| 12/20/83 | To Above Balance | 10.82 | | To Balance Forward | \$ |
| | By Payment | \$ | | By Payment | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |
| | " " | \$ | | " " | \$ |

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

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

Signed _____ Address _____

Witness _____

81-32

May 1914

Page 17 - Box 11