Jan. 71 To
Dec. 1981

McAVOY FUNERAL HOME

VOLUME 14

ALPHABETICAL INDEX OF DECEASED
RECORDS OF FUNERALS
1971 – 1980

FUNERAL ETHICS

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

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

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

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

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

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

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

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

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

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

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

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

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

Paint or stain the Outside Box or Shipping Case.

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

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

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

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

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

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

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

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

THE PUBLISHER

No Index For:

Q's

U's

X's

Y's

Appleton, Anthony	2
Alberti, Joseph	11
ASSAD, NORA	69
ARCHER, CECILIA P	78
ARNOLD, LORRAINE D	110
ALBERTI ROSE	135
ANDRICIK MICHAEL JR	155
ANDRICIK MARY	252
APOSTAL JAMES	270

Briggs, Robert W. 5
Bell, Carey Boyd 7
Black Rita 17

Jim Berbey (call 6pm)
Room 202 G city County
Bh 15209 (281-3500
3R 327-328 (APRIL 1 8:30 am)
Dal Calutta

BeCBOUT, CHAS. A 49
BENNETT, VIRGINIA. M 58
BARRE, CARRIE 68
BARRY CATHERINE 76
~~BRETLER GEORGE~~ ~~78~~
BOWMAN, LEWIS 99
BROSKY - JOSEPH N 105
BLANEY - M G T. 113
BOGAILIS, JOHN 114
BAGH, JAMES-A 126
BALOG-EMMA 137
BUTKIEWICZ-MICHAEL 145
BROWN - SALLY BELLE 151
BROWN JAMES P 162
BROPHY MAT M 173
BARTO ANTHONY J - 174
BIRKHIMER SAMUEL W 184
BEACOCK ROBT M 186
BUTERA ANTONIA 196
BOZIC ANN 202
BAKER LUBA 204
BUCCI FRANK 206
BATTAGLIA GIUSEPPE 244
BENNETT HAROLD 251
BARTELLO JAMES 261
BACHA ANNA B 263
BONACCI PETER G. 265
BACHA STEPHEN J 269
BIONDO IGNAZIO J. 273
BOLTON MARY A 295
BUNTING HUBERT 296

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

C
D

Campolo, Joseph P.	3
Contas Maria	15
Cawley Mary	19
Calistri Edmond	22
Coleman Clarence	36
Coates, George H	85
Cottrill-Burdett	146
Cottrill Burdett (Removal)	153
Cerminaro Theresa	163
Carney Anna C.	179
Chang Juei (Infant)	190
Cousins Ross	200
Cohen Catherine	205
Cena Rosalia	211
Counts Harvey	216
Crews Burl	219
Chapman, Walter	231
Corcoran Della	235
Costa Angelo	259
Cottrill Lily M.	264
Cummins Jos. F.-Sr.	274
Carr, Annie	288

D'ALESSIO, JOSEPHINE	42
Di Pofi, Bernalda	50
DE CORT JOHN J	70
DESMOND THOMAS S	91
DiDONATO JOHN	97
Damis, PHOEBE	108
DoBSON MICHAEL	136
DEDES - JAMES J - JR	149
DOUGHERTY - BERNARD H	172
D'ALESSIO ALBERT J	194
DEVLIN HILDA	195
DAVID MABEL Z	197
DECHESON MICHAEL	217
DACY EDW. J.	222
DAVIS HELEN	230
DUNN CATHERINE	247
DAWSON INFANT	253
DOWDS THOMAS	280

C

E
F

EVANS NICK	32
EBERT, CAROLINE	166
ECKERT MGT. R	185
ELIAS SADIE	229
EGAN PAT. J. JR.	254

Partwiangler, Catherine	1
FITZGERALD, FRANCIS	9
FORBES MILDRED	74
FLAHERTY JOHN F	102
FLORIAN, ROSE	106
FRANKERT, RAYMOND A	128
FARINA Thos. m	129
FAZIO INFANT	189
FORD IRENE	201
FISCHER- ROSA	207
FAVILLA HARRY J	214
FEMIA JOSEPH A	225
FAZIO INFANT A	283
FAZIO INFANT B	284
FRIES John H	294

C

E

G
H

Gangale, Joseph	10
Gallagher Lelia	23
GOLDIE BERTHA	31
GIGLIOTTI, FRANK	45
GLOVER, MARY	53
GRANTZ ALEX.	54
GAIRNS Wm. O	59
GILMAC LOUIS	152
GALLO DENISE ANN	167
GARDNER MARY B	176
GIOVANINNI CANDITA	193
GUARASCIO MARIE	246
GRATTON(INF.) CHAS & Jr.	257

Hoey, Margaret	8
Hoffman, Carl H.	12
Haney Anna Mae	14
Hickson Thos. E	18
HOFFMAN LOUIS	25
HIRENBAUGH CURTIS	56
HEMPEL, MARY (McPHILLIPS)	60
HODAK JACOB M	75
HUMAN, FRED	81
HORNYAK John	103
HEFFERNAN, LOLA	104
HARTMAN WM. L JR	123
HICKSON MADELINE	140
HICKEY RAYMOND	156
HARVEY SAM	159
HANEY, EDNA E	170
HANEY GEO. C (Removed)	171
HOLLAND EDW. T	191
HANEY JOHN H	213
HUGHES MARY	215
HODAK BARBARA	238
HILLEBRECHT INFANT	241
HANEY, HARRY L	256
HOWARD, NORMAN	285
HANEY, EUGENE M	293

C

E

G

I

J

IRWIN, ROBT. 47
IANDIORIO, LUCIA 107
ILGENFRITZ WM, E 124

JORDAN, ELIZABETH	30
JENKINS-GARNETT	148
JULIANO FRANK	188
JORDON MICHAEL J.	250

C
E
G
I
K
L

Kawalecka, Anna	20
KURILOVICH JOSEPH	33
KELLINGTON EDW. J.	71
KRAMPF - CHAS. F	77
KENNEDY - INFANT	79
KAOLAKIS, ALICE	88
KNIGHT, EDW. J.	112
KALAS, MARY: B.	125
KNIGHT, MARY-A.	127
KELLY, HARRY	138
KLIM, MARY A	142
KELLEY-CLARENCE	157
KNOWLAN Mgt. E	158
KERR FREDRICK M	178
KONTOS NICK J	212
KWANDEL PETER	226
KOPLOS DIANA	249
KURCHEK-NICK	275
KURCHEK JOS. JR.	279
KELLY RAYMOND P	352

Lydon, Martin J.	6
LIGNOS STEFANOS	35
LINGENFELSER HENRIETTA	55
LYDON CATH. J.	89
LARKIN HELEN E	101
~~KNIGHT EDW. J~~	~~112~~
LEWIS, CHAS.	115
LYDON, COLEMAN	118
LEE, MARY A	130
LEE PETER	133
LEHMAN MARY E	160
LONG INFANT	227
LYZYCKA DUSIA	232
LEVINE, HARRY	290
LYZYCKA WASYL	301

MESKILL, ANNA M 29
MALLON, ROBT. P (END 1921) 34
MORTIMER, PLUMMER 37
MORROW, ROBT. A 39
MASTERENKO, ROSE 41
MASCIA, MICHAEL 52
MIKESKA, SOPHIA 65
MONROE MARY 66
MAHER FREDRICK E 122
MARINO ANNA 132
MAYER ANNA M 164
MARRAWAY PHILIP 199
MYERS MARY E 203
MARINO ANGELINE 234
MACALUSO THOS. 260
MICHEAL VICTOR 267
MANCINI FREDA 272
MARATTA HARRY 291

Mc Mahon, Catherine	4
Mc Gowey, Ed.	24
McGRAW, EDW W	46
McCAFFREY DOROTHY	177
McCAFFREY WILBERT J	209
McGINNIS MARY	233
McGURK CHAS. R.	239
MCCAFFREY. PAUL J	242
McAVOY CATHERINE J.	300

NORMAN CARRIE M	26
NICOLLAZA CARMELLA	28
NICOLLAZO ANGELO	83
NEWELL, JOHN	119
NEWTON, CATHERINE	181
NIEMACK ADRENE G	220

C
E
G
I
K
M
N
O

O'KEEFE, JOHN R	38
OROS, MATTIE	57
ORLANDO - MARY	61
O'DONNELL CATH.	87
OSWALD, GEORGE	109
O'TOOLE, BARTLEY A	117
O'NEILL - CORNELIUS	150
~~BROWN SALLY BELLE~~	~~151~~
OSBORNE ALFRED JR	281
ORNATO, VICTORIA	286
ORNATO VINCENT	298
ORNATO JOSEPH	299

Petracco Samuel 16
PISANO, MARTIN - T 86
PETRISKO INFANT 165
POLENAVITCH ELIZABETH 182
PEDRETTI JAMES 183
PRIORE, EMIL 221
~~PISANI Rachel~~ ~~11-31-31~~
PISANO RACHEL 268
PASQUARELLI MARIE - C 276
PEGDAN BRONISLAW 297
PACINI PASQUA 302

Paul H Ritchey 13
Resnetnick Camp 64
RIDDLE, HARRY 67
ROTELLO FRANK 72
ROUTZHAN, JAMES J 73
RISTON, GEORGE 94
RUSSO, CELESTINO 96
ROBERTS - SAM 147
RIZZA RAFFAELE 180
RUSHAK JOSEPH 223
RICHARDS PAUL E 228
ROTELLO MARY 237
RICE INFANT (SB) 258
RIZZO MARY 262
RIZZARDI DOMINIC 278
ROSS, RONALD J 289
RIZZO FRANK J 292

C E G I K M N P R S

SACCO	MICHELA	27
Sesky	Anny Jo	44
Schribll	Helen A	48
Sanfilippo	Anthony	62
SABATELLI	FRANK	90
SAMSON	ANTHONY G	92
SCHOLLE,	ELIZ. R	111
STERANKA,	JOHN	116
SANFILIPPO	LOUIS	120
STANCEC	AGNES	131
SPAHMAN-	LILA	141
SOLES -	VINA	154
SALINE-	FLORENCE	168
SALINE-	LEO	169
SWENSON	MGT.	198
SEARPINO -	ANNA	210
SHIELDS	JOHN J	219
SCHUSTER	FRANK T	224
STARK	JAMES R	240
SCHUSTAR	SOPHIE	255
SPITZER	MARY A	271
STEWART	CATH	279
SCHAEFER	FRED	289

R S T U V W Y Z

Tallerico Mary	21
Thomas - Shiben P	43
Timkin Rose	82
Tirone, Estella. I	93
Tobia, Baheege E	98
Tobia Sam	121
Teresi Josephine	139
Tavano Thos. J.	243
Tallerico Louis	245
Tremel Anthony J. Jr.	248
Tavano Frank J.	266

VARI INFANT 84
VANDEVEER-DAVID 208

C
E
G
I
K
M
N
P
R
T
V
W

WERNECKE, CARL J.	40
WOODS, JOS. S. JR.	51
WAGNER, CATH. D	80
WHITEHEAD, EDNA. M	95
WENTLING LEAH P	143
WALTER - INFANT	144
WEISS - EMMA	161
WALSH CATHERINE J	175
WINBERRY WM.	187
WOOD WINFIELD S JR	192
WHITE JESSIE	236

ZAPPAVIGNO, GRACE 63
ZAIDEN, RICHARD J 100
ZIRON ERNEST 134

RECORD OF FUNERAL

Total No. 1 Yearly No. 1 Date of Entry January 31, 1971

Name of Deceased Catherine R. Fortwangler W

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

Residence Parks Rd., Gladden, RD#2, McDonald ☐Husband ☐Wife ☒Widow of { Wm. H. Fortwangler

Age of Husband or Wife (if living) Years

Charge to Agnes Smialek

Address Same

Order given by Agnes Smialek (or informant)

How secured

If Veteran, Name of War —

Occupation Housewife 168-01-4406 B (Social Security Number)

Employer and Address —

Date of Death January 31, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2/25/1884 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Peter Glasner

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral February 4, 1971 (Date) (Day of Week) (Hour) M.

Services at (Address)

Clergyman

Religion of the Deceased Roman Catholic

Birthplace Pittsburgh, Pa

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

Place of Death Presbyterian-Univ. Hosp.

Cause of Death Pneumonia

Contributory Causes Fracture of Left Hip - Advanced Arteriosclerosis - Heart disease

Certifying Physician E. A. Bantham (or Coroner)

His Address 3700 Forbes Ave, 15213

Motor / Ship { Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ { St. Augustine

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Piece Bronze	835	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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 / Aeroplane / Motor { Tickets, $ Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers	15	00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID		
Sales Tax		
Total Footing of Bill 2151	$	
Less	$	
Balance	$	1053 00

Entered into Ledger, page 6 or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

Loma Linda, California

RECORD OF FUNERAL

Total No. 2 Yearly No. 2 Date of Entry February 2 19 71

Name of Deceased Anthony Appleton W

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

Residence 2014 Forbes Ave, 15219 ☒Husband ☐Wife ☐Widow } or ☐ of } Age of Husband or Wife (if living) Years

Charge to

Address

Order given by Lucille Appleton (or informant)

How secured

If Veteran, Name of War —

Occupation Steelworker 190-09-2710 (Social Security Number)

Employer and Address

Date of Death February 2, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1/22/1901 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Boyd Appleton

His Birthplace

Maiden Name of Mother Uknown

Her Birthplace

Date of Funeral February 5, 1971 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Nashville, Penn.

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

Place of Death Magee

Cause of Death Bronchopneumonia

Contributory Causes

Fracture of Right Femur

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket

Manufactured by 4-21-1822 (State Color and Number)

Cemetery / ~~Crematory~~ } Homewood Cemetery

RANGE ~~Lot~~ No. 3

Grave No. 5

Section No. 27

DIVISION Block No. 3

Owner

APPLETON On Tuesday, February 2, 1971, Anthony Appleton, survived by his wife, three sisters, one brother, other friends received in the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral services Friday at 11 a. m.

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays) $	
Casket 1 Position Bronze	650 00
Burial Vault or Box (State Kind)	150 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 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 Cemtry Charges	230 00
Cremation	
Flowers, $ ✓ Palms, $ Matting, $	26 50
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ Singers, $ Organist, $	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 McAVOY FUNERAL HOME Papers	13 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	
Less $	
PER Balance $	1093 50

Entered into Ledger, page or below.

Misc. 9/22/71 sent 2 Bills for Assn. pamps

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

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 3 Yearly No. 3 Date of Entry February 15 19 71

Name of Deceased Joseph P. Campolo (Married ☒ Single ☐ Widowed ☐ Divorced) (What Race) W

Residence 535 Briarwood Ave Pgh 27 (Husband ☒ Wife ☐ Widow ☐ or ☐ of) Stella Walkiewicz Age of Husband or Wife (if living) Years

Charge to Stella Campolo 884-3365

Address Same

Order given by Stella Campolo (or informant)

How secured

If Veteran, Name of War —

Occupation Barber 209-07-1101 A (Social Security Number)

Employer and Address

Date of Death February 15, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12/24/1899 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph P. Campolo

His Birthplace Italy

Maiden Name of Mother Antonette DeCatropio

Her Birthplace Italy

Date of Funeral February 19 1971 M. (Date) (Day of Week) (Hour)

Services at St Wendelin

Clergyman Fr Weblinger (Address)

Religion of the Deceased Roman Catholic

Birthplace Italy

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

Place of Death St Joseph Hosp + Rehabilitation

Cause of Death Congestive Heart Failure

Contributory Causes A. S. H. D.

Certifying Physician Leslie J. Levy (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / ~~Crematory~~ St. Wendelin Cemetery

CAMPOLO
On Monday, February 15, 1971 Joseph P. Campolo, age 71, beloved husband of Stella Walkiewicz; father of Joseph, Robert, and Richard Campolo and David Walkiewicz; brother of Mrs. Ann Brundo; also 2 grandchildren. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 1700 E. Forbes Ave. funeral Friday morning at 10 o'clock. High mass of requiem in St. Wendelin Church at 11 A.M.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Funeral Services	1375 00
Burial Vault or Box	150 00
Embalming Body (State Kind)	
Barber, $ Hair Dressing, $ (Name of Embalmer)	
Dressing Body, $ Underwear, $	
Suit or Dress	
Slippers, $ Hose, $ (State Kind and Color)	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
4 Certif. Copies of Death Certificates No. (State Number and District)	8 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	(150 00)
Cremation PD BY MRS LP	
Flowers, $ Palms, $ Matting, $	37 10
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in Papers	33 40
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill 2/23/71	$ 1603 50
Less	$
Balance	$

Entered into Ledger, page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

RECORD OF FUNERAL

Total No. 4 Yearly No. 4 Date of Entry February 24 19 71

Name of Deceased Catherine J. Mc Mahon W (What Race)

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

Residence 9534 Meadow Rd Allison Pk

Charge to Coleman Mc Givern

Address Same as above

Order given by Coleman Mc Givern (or informant)

How secured

If Veteran, Name of War —

Occupation Clerk 183-32-5532A (Social Security Number)

Employer and Address —

Date of Death February 24, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1-19-91 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral February 27, 1971 (Date) (Day of Week) (Hour) M.

Services at Compostrany (Address)

Clergyman

Religion of the Deceased Roman Catholic

Birthplace

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

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cemetery

McMAHON
On Wednesday, February 24, 1971, Catherine J., formerly of 101 Blvd. Affect, sister of Ann McGroarty of Coraopolis, and other Relatives and Friends, reposing at JOSEPH M. McAVOY FUNERAL HOME, 1769 Forbes Ave., Penn. to 4 one-1 to 9 p. m. Funeral on Saturday at 9 a. m. Requiem High Mass at the Church of the Epiphany at 10 a.m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Out of town residence -
Pinelawn - Grant St -
Houston, Pa. 15342

Complete Funeral (except outlays)	$	
Casket 4 Professional Services		1250 00
Burial Vault or Box (State Kind)		250 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothing (State Kind and Color)		25 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		8 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		130 00
Cremation		
Flowers, $ ✓ Palms, $ ..... Matting, $		42 40
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ Singers, $ ..... Organist, $		20 00
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in 3X ..... Papers (Names of Newspapers)		20 25
Sales Tax JOSEPH M. McAVOY FUNERAL HOME		
Total Footing of Bill	$	1745 65
Less	$	1070
Balance	$	1571 00

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

Misc.

PER Judith McAvoy

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 5 Yearly No. 5 Date of Entry February 26 19 71

Name of Deceased Robert H. Briggs 261-0360 W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1806 Forbes Ave Pgh. 15219 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Marguerite Weiss

Address .....

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War WW II # 432 733

Occupation Painter 192 18 0844 (Social Security Number)

Employer and Address .....

Date of Death February 26, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 24, 1924 Age 46 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Dwight Moody Briggs

His Birthplace .....

Maiden Name of Mother Ella M. Chilcote

Her Birthplace .....

Date of Funeral March 1, 1971 (Date) (Day of Week) (Hour) M.

Services at .....

Clergyman Rev. Jack Munyan (Address)

Religion of the Deceased Protestant

Birthplace Mt. Union, Pa

Resided in the State .....

Place of Death VA Hospital, Univ. Drive C" (or U.S. or City or County) (Years) (Months)

Cause of Death Carcinoma of Bronchus

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / ~~Cremetory~~ } Homewood Cemetery

Diagram of Lot or Vault

Lot No. .....
Grave No. 68
Section No. 29
Block No. 11
Owner R.I.P.

Misc. .....

Complete Funeral (except outlays) ..... $	
Casket 4 Piece Service	850 00
Burial Vault or Box ..... (State Kind)	100 00
Embalming Body ..... (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Clothing (State Kind and Color)	30 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (State Number and District)	
3 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, $	15 00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
..... line Death Notices in 1 x ..... Papers	5 60
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill 7/22/71 ..... $	1006 60
Less ..... $	
Balance ..... $	

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

Misc. .....

Date			Amount Paid	Balance
2/28	71	To Above Balance	95 00	$ 911 60
3/24	71	By Payment	$ 667 99	$ 243 61
4/22	71	" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

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

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

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

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 6 Yearly No. 6 Date of Entry March 2 19 71

Name of Deceased Martin J. Lydon (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1146 Glencoe Ave Pgh. 15220

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

Charge to Martin C. Lydon

Address 166 Angora dr Pgh 15205

Order given by — (or Informant)

How secured

If Veteran, Name of War —

Occupation Press Truck driver 167-07-3500 (Social Security Number)

Employer and Address Pgh Press

Date of Death March 2 1971

Date of Birth 10/14/02 (Mo.) (Day) (Yr.) Age 68 (Hour)

Name of Father Coleman Lydon (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

His Birthplace

Maiden Name of Mother Mary O'Toole

Her Birthplace

Date of Funeral March 5, 1971 (Date) (Day of Week) M. (Hour)

Services at Chapel

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 John J. Kane Hospital

Cause of Death Arteriosclerotic Heart Disease

Contributory Causes Gen. Arteriosclerosis

Embalmer

Certifying Physician F. Conlon, M.D. (or Coroner)

His Address John J. Kane Hospital

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Calvary Cemetery

Lot No. 474

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays) $	
Casket 4 Professional Services	1415 — 212 00
Burial Vault or Box (State Kind)	195 — 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress, (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. 343	8 — 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	195 — 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ ..... Singers, $ ..... Organist, $	20 — 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in 3 X Papers E	13 — 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	1846 — 00
Less $	
PER Balance $	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 .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 7 Yearly No. 7 Date of Entry March 22 19 71

Name of Deceased Carey Boyd Bell

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 4250 66th N. St. Petersburg, Fla.

Charge to Williams F.H. 3530 49th N.

Address Fla. 33710 (as above)

Order given by Mrs. Gray Boyd (or Informant)

How secured (as above)

If Veteran, Name of War —

Occupation

Employer and Address (Social Security Number)

Date of Death March 22, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/24/1895 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral March 25, 1971 11 A.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 County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ { Allegheny Cemetery

Lot No. 230

Grave No. 5

Section No. 17

Block No.

Owner

Diagram of Lot or Vault

Misc. Williams F.H. c/o David Ramsey, Dr.

(Phone) 813 - 527 - 1177

☐ Husband ☒ Wife ☐ Widow } or of (What Race)

Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	
~~Casket~~ PROFESSIONAL SERVICES	75	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
~~Autos~~ to R. R. Station @ $ Hilliard	30	00
Getting Remains from Hampton	40	00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	150	00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad / Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers		
(Names of Newspapers)		
Pittsburgh Courier	3	65
Sales Tax		
Total Footing of Bill $	493	65
Less $		
Balance $		

Entered in McAVOY FUNERAL HOME as below.

Misc.

PAID 4/8/71

PER Joel McCoy

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 8 Yearly No. 8 Date of Entry March 28 19 71

Name of Deceased Margaret Hovey

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

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

Residence 2104 Dustin St 15219

Charge to Thomas Hovey

Address 300 Lark Lane, 15234

Order given by Thomas Hovey (or Informant)

How secured —

If Veteran, Name of War —

Occupation (Social Security Number)

Employer and Address

Date of Death March 28, 1971 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral March 31, 1971 M. (Date) (Day of Week) (Hour)

Services at St. Agnes Church

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 Montefiore Hospital

Cause of Death

Contributory Causes

Certifying Physician Reinhardt Levy (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

HOEY
On Sunday, March 28, 1971, Margaret Hoey, sister of the late James and Patrick Hoey, and the late Mrs. Rose Hummel, survived by nieces and nephews. Funeral from the JOSEPH M. MEAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday morning at 9 a. m. High mass of requiem in St. Agnes Church at 10 a. m. Visitations 2-4 and 7-9 p. m.

Diagram of Lot or Vault

Lot No. 44

Grave No.

Section No. I

Block No.

Owner

Misc.

Complete Funeral (except outlays)		635 00
Casket Poly Stone	410 00	
Burial Vault or Box Concrete LP (State Kind)	115 00	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	20 00	
Dressing Body, $ ..... Underwear, $		
Suit or Dress	20 00	
Slippers, $ ..... (State Kind and Color) Hose, $ Blanket	6 00	
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $ Hearse	48 00	
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00	
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $ Carpet	5 00	
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers	17 00	
(Names of Newspapers)		
Sales Tax MEAVOY FUNERAL HOME		
Total Footing of Bill	$ 635 00	
Less	$	
Balance	$	

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

PAID

Misc. PER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3/30 71	To Above Balance	375 00	$ 760		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$ (P.P.)	$		" "	$	$
5/11 71	"Prudential	$ 582 07	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 9 Yearly No. 9 Date of Entry April 5 19 71

Name of Deceased Frances J. Fitzgerald

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

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

Charge to CHARLES STAVISKY

Address Same

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

How secured .....

If Veteran, Name of War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death April 4 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 76 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father WM. FITZGERALD

His Birthplace .....

Maiden Name of Mother ELIZABETH McGUIRE

Her Birthplace .....

Date of Funeral 4/7/71 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death VA HOSP. OAKLAND

Cause of Death METASTIC CARCINOMA OF PROSTATE

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Calvary

None

Diagram of Lot or Vault

Lot No. .....

Grave No. 32

Section No. 61

Block No. .....

Row- Owner 3

Misc. .....

.....

.....

Vault pd (150 00) 4/26/71 by Agnes R. Fitzgerald

Complete Funeral (except outlays) ..... $		
Casket $ Prepurchased Duplex	385	00
Burial Vault or Box Cast (State Kind)	Paid	
~~Embalming Body~~ Pd. 150.00 (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Clothes (State Kind and Color)	40	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ Pvt. Auto Ambulance, $ Hearse	50	00
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
.....Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Veterans	Paid	
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out-of town Funeral Director's Charges		
Personal Service		
.....		
.....line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill ..... McAVOY FUNERAL HOME	435	00
Less		
Balance		
Entered into Ledger, page ..... or below. 6/29/71		

PAID

Misc. .....

PER Joe Mc

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
5/3	71	To Above Balance	180	00	$305	00			To Balance Forward			$	
5/24	71	By Payment	$300	00	$ 5	00			By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 10 Yearly No. 10 Date of Entry April 15 19 71

Name of Deceased Joseph Gangale (What Race) W

☐ Married ☑ Single ☒ Widowed ☐ Divorced

Residence 201 Devonshire St. 15219 ☐Husband ☐Wife ☐Widow } of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary Pizzano

Address Same

Order given by Same (or Informant)

How secured

If Veteran, Name of War No

Occupation Laborer 167-03-9581 (Social Security Number)

Employer and Address

Date of Death April 15, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 7/1/82 (Mo.) (Day) (Yr.) Age 88 (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace Italy

Maiden Name of Mother Unknown

Her Birthplace Italy

Date of Funeral April 19, 1971 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church

Clergyman (Address)

Religion of the Deceased Roman Catholic

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Cardiac Arrest

Contributory Causes renal failure - G.I. perforation - peritonitis

Certifying Physician Daniel P. Conway (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } North Side Catholic Cem

GANGALE
On Thursday, April 15, 1971, Joseph Gangale, beloved husband of Mrs. Jordan and father of Prentiss Mary Pizzano, and sons, Joseph, Friends, relatives and also JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., Pgh., Monday morning at 9:30 a.m. High Mass of Requiem at The Church of The Epiphany at 10 a.m. Visitations Sunday 2-5 p.m.

Diagram of Lot or Vault

Lot No.

Grave No. 1

Section No. 17

Block No. R&W 14

Owner

Misc.

Complete Funeral (except outlays)	$		
Casket 1 Professional Services		1315	00
Burial Vault or Box J.M. L.L.D.S.P. (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6	00
Pall Bearer Service, $ ..... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Cemetery Chg		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, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
line Death Notices in ..... Papers		26	40
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	1547	40
Less	$		
Balance	$		

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

Misc.

Date		Amount Paid	Balance
4/15	71 To Above Balance	6 255 00	$
	By Payment VP	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 11 Yearly No. 11 Date of Entry April 27 19 71

Name of Deceased Joseph J. Alberti W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow } Rose de Francisco (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1831 Locust St. 15219

Charge to Mrs. Gloria Istvan

Address Same

Order given by Same (or Informant)

How secured

If Veteran, Name of War No

Occupation Researcher 159-16-7673 (Social Security Number)

Employer and Address

Date of Death April 27, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/6/1881 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace —

Maiden Name of Mother Unknown

Her Birthplace —

Date of Funeral April 30, 1971 (Date) (Day of Week) (Hour) M.

Services at Home

Clergyman Dr. Bruce McDonough (Address)

Religion of the Deceased Protestant

Birthplace Italy

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

Place of Death Mercy Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes

Certifying Physician Mary Sweeney (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Verona Cemetery (OAKMONT)

ALBERTI
Suddenly on Tuesday, April 27, 1971, Joseph G. Alberti, beloved husband of Rose, father of Salvatore and Mrs. Gloria (Istvan) grandfather of Lt. George J. Istvan of Calif., also nieces and nephews. Service at JOSEPH McAVOY FUNERAL HOME, 1700 Forbes Ave. on Friday at 11 a.m. Visitations 2-4 and 7-9 p.m. Member of the Smithfield Methodist Congregation of Church.

Diagram of Lot or Vault

Lot No. 11

Grave No.

Section No. ROW

Block No. 6

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Services	1570	00
Burial Vault or Box included above (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)	10	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges	100	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in 2 Papers 3x Locale (Names of Newspapers)	20	00
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	1700	00

McAVOY FUNERAL HOME

Entered in 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.

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

Address .....

RECORD OF FUNERAL

Total No. 12 Yearly No. 12 Date of Entry May 31 19 71

Name of Deceased CARL W HOFFMAN

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

Residence 3624 FAIRWOOD ST. ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to PITTSBURGH PA 15205

Address MARY HOFFMAN (above)

Order given by (or informant)

How secured

If Veteran, Name of War W W II

Occupation MAINTENANCE 185-16-4651 (Social Security Number)

Employer and Address Commander

Date of Death 5 (Mo.) 24 (Day) 71 (Yr.) (Hour)

Date of Birth 6 (Mo.) 11 (Day) 05 (Yr.) Age 65 (Yrs.) 6 (Mos.) 6 (Days)

Name of Father FRANK HOFFMAN

His Birthplace USA

Maiden Name of Mother LENA EICKENBURG

Her Birthplace USA

Date of Funeral 5 (Date) 27 (Day of Week) 71 (Hour) M.

Services at J J Memorial Chapel 10 a.m.

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Penna (USA)

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

Place of Death Mercy Hosp Pgh

Cause of Death Cerebral Carcinoma

Contributory Causes Carcinoma of Prostate

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Jefferson Memorial

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 7 PROFESSIONAL SERV	1540 —
Burial Vault or Box INCLUDED (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	
7 Certif. Copies of Death Certificates No. (State Number and District) (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	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad / Motor } Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1568 00
Less	$ 1574 00
Balance	$

Entered into Ledger page ... or below

McAVOY FUNERAL HOME

PAID 6/11/71 BY Mrs

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 13 Yearly No. 13 Date of Entry June 19 71

Name of Deceased Paul W Ritchey Jr. W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1965 Termus Ave Pgh 19 ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to MARY HOELZERL

Address 22 Alcove

Order given by " (or Informant)

How secured

If Veteran, Name of War No

Occupation EXTERMINATOR 173247716 (Social Security Number)

Employer and Address Allegheny Co Povert Cont

Date of Death 6 - 17 - 71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10 - 18 - 17 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Paul W Ritchie

His Birthplace

Maiden Name of Mother "

Her Birthplace "

Date of Funeral 6 - 21 - 71 (Date) (Day of Week) (Hour) M.

Services at Epiphany Church (Address)

Clergyman Bishop McDowell

Religion of the Deceased Catholic

Birthplace Penna

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

Place of Death Mercy Hosp Pgh

Cause of Death Bronchial Pneumonia Bilat

Contributory Causes Arte Liver Disease

Certifying Physician D V Hadley (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to

Size of Casket Cl Grey (State Color and Number)

Manufactured by Assoc

Cemetery / Crematory } Calvary Pgh

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Where McAvoy Funeral Home

Misc.

PAID 8/3/71 PER Jack Mc

Complete Funeral (except outlays)	$
Casket 8 Professional Serv	775 00
Burial Vault or ~~Box~~ Grave (State Kind)	90 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for ~~Lot~~ grave, chg. formerly	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	21 80
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or ~~Tomb~~ to family	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad / Aeroplane Tickets, $ ..... Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	15 00
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in ..... Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 927 80
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc.

Date		Amount Paid	Balance
6/29 71	To Above Balance	14750	$ 780 30
	By Payment	$	$
	" "	$ O K	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

RECORD OF FUNERAL

Total No. 14 Yearly No. 14 Date of Entry June 19 19 71

Name of Deceased Anna Mary Haney (What Race) W

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

Residence 364 LAWN ST PGH 15213

Charge to HARRY HANEY

Address SA Above

Order given by Harry Haney (or informant)

How secured

If Veteran, Name of War

Occupation HOUSEWIFE (Social Security Number)

Employer and Address HAT

Date of Death 6 (Mo.) 13 (Day) 71 (Yr.) (Hour)

Date of Birth 1 (Mo.) 17 (Day) 14 (Yr.) Age 57 (Yrs.) (Mos.) (Days)

Name of Father UNKNOWN

His Birthplace "

Maiden Name of Mother UNKNOWN

Her Birthplace UNKNOWN

Date of Funeral 6 (Date) 23 (Day of Week) 71 (Hour) M.

Services at EPIPHANY (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PGH PA

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

Place of Death PRESBY TERIAN UPMC

Cause of Death CARDIAC ARREST

Contributory Causes ASHD MYOCARDIAL INFARCTION

Certifying Physician JAMES K ROGAR (or Coroner)

His Address ORCS. HOSP

Motor / Ship } Remains to

Size of Casket METAL GRAY M (State Color and Number)

Manufactured by AKRON

Cemetery / Crematory } CALVARY

Diagram of Lot or Vault

Lot No.

Grave No. MCAVOY

Section No.

Block No.

Owner

Misc.

Section 16

Row 11 Grave #58

Complete Funeral (except outlays)		3230 00
Casket PROFESSIONAL 32 BRONZE	1285	00
Burial Vault or Box LINCOLN (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~~ MCM Church	16	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery CHG	300	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1627 00
Less	$	127 00
Balance	$	1500 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 .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 15 Yearly No. 15 Date of Entry June 19 71

Name of Deceased Maria Cortez
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1714 LOCUST ST (What Race) W.

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

Charge to CHRIST HOSP. L.H.M.O.S.

Address AA Above

Order given by AA Above (or Informant)

How secured

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death 6/21/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 11/8/84 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PEDRO MARTINEZ

His Birthplace C. Rica

Maiden Name of Mother Ana Bermudez

Her Birthplace Mexico

Date of Funeral 6/23/71 (Date) (Day of Week) (Hour) M.

Services at ST NICHOLAS G.C. - OAKLAND (Address)

Clergyman FR Services

Religion of the Deceased Greek Orthodox

Birthplace Colombia

Resided in the State 15 (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death Acute Cardiovascular Event

Contributory Causes

Certifying Physician Dr. Gilbert (or Coroner)

His Address Monterey Hosp.

Motor / Ship Remains to

Size of Casket O.C.T.

Manufactured by M.S.S.C. (State Color and Number)

Cemetery / Crematory ST NICHOLAS G. Cemetery Oakland

Lot No.

Grave No.

Section No.

Block No.

Owner NONE

Diagram of Lot or Vault

Misc.

McAVOY FUNERAL HOME

Complete Funeral (except outlays)	$	
Casket 6 Imperial Cream		490 00
Burial Vault ~~or Box~~ Cloth (State Kind)		100 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 1 @ $ 70		70 00
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ 20 ..... Lowering Device, $ 70		90 00
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	700 00
Less DISC	$	50 00
Balance	$	
Entered into Ledger, page ..... or below.		650 00

Misc.

Date	PER		Amount Paid	Balance
6/21	71	To Above Balance	100 00	$ 600 00
6/24	71	By Payment	$ 500 00	$ 100 00
7/16	71	" "	$ 50 00	$ 50 —
		" "	$	$
		" "	$	$
		" "	$	$

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

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

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

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

16

RECORD OF FUNERAL

Total No. 16 Yearly No. 16 Date of Entry July 6, 1971

Name of Deceased Samuel (Salvatore) Petrucci

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

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

Residence 1312 Fifth Ave

Charge to MARIE Petrucci

Address 735 MAYVILLE AVE Apt 26

Order given by Elsie (or informant)

How secured

If Veteran, Name of War No

Occupation Contractor (Social Security Number)

Employer and Address Retired

Date of Death 7/9/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/20/88 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Pasquale Petrucci

His Birthplace Italy

Maiden Name of Mother Mary Lucci

Her Birthplace Italy

Date of Funeral 7/12/71 Mon 10 P.M. (Date) (Day of Week) (Hour)

Services at Eli Pinto N.Y. (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 50 (or U.S. or City or County) (Years) (Months)

Place of Death Fulton Home Mesa

Cause of Death Br Pneumonia

Contributory Causes Coronary Arteriosclerosis

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket Adults (State Color and Number)

Manufactured by Unknown

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 11

Grave No. 60

Section No. 26

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Funeral Consumers		401 00
Burial Vault or Box Vault (State Kind)		125 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $ Hearse		40 00
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Kingsburg		30 00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery		225 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		20 00
Railroad / Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers		
Chronicle (Names of Newspapers)		4 00
Sales Tax		
Total Footing of Bill	$	845 00
Less	$	
Balance 7-20-71	$	

McAVOY FUNERAL HOME

Entered into Lodges page or below

Misc. BER

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
7/10	71	To Above Balance	225	00	$ 670	00		To Balance Forward				$	
		By Payment	$ 50	—	$ 620	00		By Payment		$		$	
		" "	$ 73	50	$ 496	50		" "		$		$	
		" "	$ 282	00	$ 214	50		" "		$		$	
$120	71	" "	$ 214	50	$ none			" "		$		$	
		" "	$		$			" "		$		$	

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 17 Yearly No. 6 Date of Entry July 24 19 71

Name of Deceased RITA BLACK

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

Residence Box 456 Carnegie Pa ☐Husband ☐Wife ☐Widow } or ..... of { Age of Husband or Wife (if living) ..... Years

Charge to SYLVIA WILLIAMS - DTR JJ

Address 263 Castle Drive W. Mifflin 15122

Order given by above (or informant)

How secured

If Veteran, Name of War NA

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address

Date of Death 7/23/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6/22/17 (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father OLIVER Hoffman Baltaim

His Birthplace USA

Maiden Name of Mother Annie Costello

Her Birthplace usa

Date of Funeral 7/26/71 (Date) (Day of Week) (Hour) M.

Services at Epiphany (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Penna

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

Place of Death WOODVILLE HOSPITAL

Cause of Death Acute Coronary Insufficiency

Contributory Causes Chronic Hypertension Cirrhosis Sclerosis

Certifying Physician Paul Jeske (or Coroner)

His Address Pgh. 15243

Motor } Ship } Remains to

Size of Casket Blue Acroglas Metal (State Color and Number)

Manufactured by Aurora

Cemetery } Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No. 6-1

Section No. 16

Block No. 11 RCK

McAVOY FUNERAL HOME Owner

PAID 7/30/71 PER

Misc.

Complete Funeral (except outlays)	$	
Casket Wilmington	1195	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	20	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot formally Rush	Paid by family	
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Miraculous Cards	4	00
line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$ 1358	00
Balance	$	
Entered into Ledger, page ..... or below.		

Misc.

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. ..... Yearly No. 18 Date of Entry 8/1/ 19 71

Name of Deceased THOMAS E HICKSON (What Race)

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

Residence 167 TERRY DRIVE LEAKSVILLE

Charge to 15116 MADELINE HICKSON

Address above

Order given by above (or informant)

How secured Oakmont 961-0695

If Veteran, Name of War .....

Occupation Domestic (Retired) 192-02-2220 (Social Security Number)

Employer and Address .....

Date of Death 7/28/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/20/96 Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS HICKSON

His Birthplace .....

Maiden Name of Mother Mary Hughes

Her Birthplace Hungary

Date of Funeral 8/2/71 M. (Date) (Day of Week) (Hour)

Services at Ellsberg

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace .....

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

Place of Death LPH

Cause of Death Coronary Occlusion

Contributory Causes .....

Certifying Physician R. H Maley (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)		1585 00
Casket		
Burial Vault or Box (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
..... Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		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, $		20 00
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... Daily Cards		8 00
..... line Death Notices in ..... Papers		
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax 8/23/71		
Total Footing of Bill	$	1767 00
Less	$	
Balance	$	

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

PER .....

Misc. .....

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No..... Yearly No. 19 Date of Entry 8/2 19 71

Name of Deceased MARY CAWLEY

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

Residence 2527 WADSWORTH ST.

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

Charge to IRENE GOLD - DTR

Address 528 Cypress ST 1-24-24

Order given by..... (or Informant)

How secured.....

If Veteran, Name of War.....

Occupation Retired (Social Security Number)

Employer and Address.....

Date of Death 7/30/1971 (Mo.) (Day)

Date of Birth 6/27/1893 (Mo.) (Day) (Yr.) Age 3 (Hour) 71 (Yrs.) (Mos.) (Days)

Name of Father John

His Birthplace Hungary

Maiden Name of Mother Teresa

Her Birthplace Hungary

Date of Funeral 8/3/71 (Date) (Day of Week) (Hour) M.

Services at Calvary

Clergyman..... (Address)

Religion of the Deceased Cath

Birthplace.....

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

Place of Death 2527 WADSWORTH 1-24-24

Cause of Death ARTERIO SCLEROSIS

Contributory Causes CEREBRO VASCULAR DISEASE

Certifying Physician Kenneth W. Cadman (or Coroner)

His Address.....

Motor / Ship } Remains to.....

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

Manufactured by.....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Misc.....

Complete Funeral (except outlays)	516	00
Casket		
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery..... @ $.....		
Extra Limousines..... @ $.....		
Autos to R. R. Station..... @ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit (State Number and District)		
.....Certif. Copies of Death Certificates No.....	4	00
Pall Bearer Service, $..... (State Physician's or Coroner's) Use of Chapel, $.....		
Gross Total for Sales Tax..... $		
Outlay for Lot.....		
Cremation.....		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb.....		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergymen, $..... Singers, $..... Organist, $.....	10	00
Railroad / Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Funeral Director's Charges.....		
Personal Service.....		
.....		
.....line Death Notices in..... Papers.....		
(Names of Newspapers)	8	00
.....		
Sales Tax.....		
Total Footing of Bill 8/3/71	733	00
Less.....		
Balance $		
Entered into Ledger Page ... of below		

Misc.....

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

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

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

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

Witness.....

Signed.....

Address.....

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

20

RECORD OF FUNERAL

Total No. ..... Yearly No. 20 Date of Entry 8/5/ 1971

Name of Deceased ANNA KOWALECKI (What Race)

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

Residence 1927 FORBES AVE Pgh 19

Charge to HELEN FOWLER

Address 152 KIRK AVE Pgh 27

Order given by IRENE (or Informant) VOITA DTR

How secured PHONE 682 0427

If Veteran, Name of War WIDOW OF DECEASED VET

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address

Date of Death 8/3/71 (Mo.) (Day) (Yr.)

Date of Birth 3/4/ 1900 Age (Hour) 5 (Mos.) (Days)

Name of Father WILLIAM HEGG

His Birthplace PA

Maiden Name of Mother ANNA KOLDY

Her Birthplace PA

Date of Funeral FRI 8/6/71 11 AM M.

(Date) (Day of Week) (Hour)

Services at ST AGNES

Clergyman FR LYNCH (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death MERCY HOSPITAL Pgh

Cause of Death CEREBRAL EDEMA

Contributory Causes CEREBRAL

HEMORRHAGE, RT SIDE

Certifying Physician W Peterson (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to

Size of Casket 7

Manufactured by Alsana (State Color and Number)

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1176	00
Casket		
Burial Vault or Box (State Kind)	115	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress BLACK (State Kind and Color)	38	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	10	00
Railroad / Motor Tickets, $ ..... 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		
MAHOY FUNERAL HOME (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1371	00
Less	$	
Balance	$	

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

Misc.

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. ..... Yearly No. 21 Date of Entry 8/24/71 19 71

Name of Deceased MARY TALIERICO
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

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

Residence 25 MARTIN BERGER Pl. 14

Charge to HELEN GASKALSKI (DTR.)

Address S. Cove

Order given by Edward 261-6787 (or informant)

How secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death 8/23/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/8/1883 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Domenico Talierico

His Birthplace Italy

Maiden Name of Mother Unk

Her Birthplace Italy

Date of Funeral 8/27/71 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death MONT. SINAI HOSP.

Cause of Death Pneumonia, Bedsores

Contributory Causes Renal Failure

Coma - Hepatic

Certifying Physician R.H. Stevenson (or Coroner)

His Address Mount Sinai Hosp.

Motor / Ship } Remains to .....

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

Manufactured by Aurora

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$ 1285	00
Casket		
Burial Vault or ~~Box~~ (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress Black (State Kind and Color)	35	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Family Purch.		
Cremation		
Flowers, $ ..... 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		
Holy Card $	16	00
line Death Notices in ..... Papers T.U.	10	00
McAVOY FUNERAL HOME (Names of Newspapers)		
PAID 9/10/71		
Sales Tax		
Total Footing of Bill	$ 1567	00
Less	$	
PER M Balance	$	
Entered into Ledger, page 2 or below.		

Misc. .....

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 22 Yearly No. 22 Date of Entry 8/24/ 19 71

Name of Deceased EDWARD CALISTRI

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

Residence 94 CHATHAM TOWERS PHILA. ☐Husband ☐Wife ☐Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to NEVA CALISTRI

Address 1439 NO. SWAN TUSCAN

~~Order given by~~ ARTURO APT. 39 (or Informant)

How secured FATHER DIXON

If Veteran, Name of War N/A

Occupation LIBRARIAN (Social Security Number)

Employer and Address SELF

Date of Death 8/22/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/4/1916 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PETER CALISTRI

His Birthplace

Maiden Name of Mother EMMA

Her Birthplace ITALY

Date of Funeral 8/27/71 (Date) (Day of Week) (Hour) M.

Services at CALVARY CEM. - CHAPEL

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death Ph. Pa home

Cause of Death ARTERIO SCLEROSIS

Contributory Causes CARDIO VASCULAR

Certifying Physician DR. Weeks MD (or Coroner)

His Address COUNTY MORGUE

~~Motor~~ Ship } Remains to CHARLERO

Size of Casket EX GREY 18 GAUGE STEEL (State Color and Number)

Manufactured by AURORA

Cemetery Crematory } CALVARY CHARLEROI

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1740 00
Casket		
Burial Vault or Box MARTIN DELUXE (State Kind)		450 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		
Candelabrum, $ ____ Candles, $		
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines 4 @ $14.00		115 00
Autos to R. R. Station ____ @ $		
Getting Remains from		
Taking Remains to CHARLEROI		35 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
16 Certif. Copies of Death Certificates No.		32 00
Pall Bearer Service, $ ____ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ____ Palms, $ ____ Matting, $		26 50
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb		30 00
Lining Grave, $ ____ Lowering Device, $ INC.		
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		
...ling Death Notices in ____ Papers T.V.		5 00
(Names of Newspapers) 10/9/71		
Sales Tax ____		
Total Footing of Bill	$	2483 50
Less	$	
Balance	$	

Entered into Ledger, page ____ or below.

Misc.

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

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

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

Signed ____

Witness ____ Address ____

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

RECORD OF FUNERAL

Total No. 23 Yearly No. 23 Date of Entry 9/1/71 19 71

Name of Deceased MRS. LETITIA GALLAGHER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 65 MARION ST.

Charge to Letitia Small - DTR

Address above

Order given by (or Informant)

How secured

If Veteran, Name of War

Occupation PAINT CHANCE 16022 (Social Security Number) 91.27

Employer and Address Ret

Date of Death 9/1/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12/21/01 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father NEIL DOGHAN

His Birthplace Ireland

Maiden Name of Mother Letitia Wilkinson

Her Birthplace England

Date of Funeral 9/20/71 (Date) (Day of Week) (Hour) M.

Services at Calvary

Clergyman (Address)

Religion of the Deceased Cath

Birthplace Ireland

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

Place of Death 65 Marion St Pgh

Cause of Death Cong. H. F.

Contributory Causes Arterio Sclerosis

Certifying Physician D. P. Yokum (or Coroner)

His Address 3337 Forbes Pgh

Motor / Ship } Remains to Calvary Cem

Size of Casket (State Color and Number)

Manufactured by Cemetery

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1640	—
Casket		
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	48	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~	63	60
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No.	6	00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	150	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad / Aeroplane Tickets, $ ..... Aero- Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Packer ex T. V.	5	00
line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 2127	60
Less Misc	$ 27	60
McAVOY FUNERAL HOME	$	
Entered into Ledger page ..... or below.	2100	00

Misc. 9/18/71

PER

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

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 24 Yearly No. 24 + Date of Entry 9/18/71 19 71

Name of Deceased EDWARD McCARVEY
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.D. Chartiers Township CARNEGIE PA of ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years
15106

Charge to Mildred McCarvey RD 279-1421

Address Above

Order given by Son (or Informant)

How secured

If Veteran, Name of War NA

Occupation Iron Worker 215-01-3402 (Social Security Number)

Employer and Address

Date of Death 9/18/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6/16/1911 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thos. McCarvey

His Birthplace Pittsburgh PA

Maiden Name of Mother [illegible]

Her Birthplace Pittsburgh

Date of Funeral 9 (Date) 21 (Day of Week) 71 (Hour) M.

Services at Epiphany (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Maryland

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

Place of Death Mercy Hosp. Lung

Cause of Death Metastatic Carcinoma

Contributory Causes

Certifying Physician A. Mangan (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to Calvary

Size of Casket Vanguard - Bronze metal (State Color and Number)

Manufactured by Elmora

Cemetery / Crematory } Calvary P.G.A.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays) $	1250 00
Casket	
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
11 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	22 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Paid by fam	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad / Motor { Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in Papers Local	
(Names of Newspapers)	
Sales Tax	14 87
Total Footing of Bill $	1487 00
Less $	18
Balance $	1469 00

McAVOY FUNERAL HOME
PAID
10/5/71

Enter on into ledger, page ... or below.

Misc.

PER Joe McAvoy

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

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 25 Yearly No. 25 Date of Entry 9/18/71

Name of Deceased Louis HOFFMAN
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 6/ TAMPA HILL ST Phone 1549 ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Charge to John J Kennedy

Address State Trust

Order given by Walter Wupline (AEFDA) Age of Husband or Wife (if living) ..... Years
(or Informant)

How secured Phone

If Veteran, Name of War WW

Occupation Laborer 186-14-0/1942
(Social Security Number)

Employer and Address

Date of Death 9 17 71
(Mo.) (Day) (Yr.) (Hour)

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

Name of Father Jacob Hoffman

His Birthplace ?

Maiden Name of Mother Rose Siegbart

Her Birthplace ?

Date of Funeral 9 / 21 / 71 M.
(Date) (Day of Week) (Hour)

Services at Upper
(Address)

Clergyman

Religion of the Deceased Prot

Birthplace Penna

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

Place of Death

Cause of Death Pneumonia

Contributory Causes Fractured left femur

Certifying Physician Ch Wicht Coroner
(or Coroner)

His Address 542 4th Ave N

Motor } Remains to Greenwood Cem
Ship }

Size of Casket
(State Color and Number)

Manufactured by

Cemetery } Greenwood Chapel Funeral
Crematory } Home

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 665	36
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	75	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 740	36
Less	$	
Balance	$	

Entered into Ledger, page ..... per .....

McAVOY FUNERAL HOME

PAID 10/5/71

PER Joe McCoy

Misc.

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

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

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

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

Signed .....

Witness .....

RECORD OF FUNERAL

Total No. 26 Yearly No. 26 T Date of Entry 9/25/ 19 71

Name of Deceased CARRIE M NORMAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 16 VINE ST Pgh 15214 Age of Husband or Wife (if living) ..... Years

Charge to MARY CULLPAM SISTER

Address Box 64 POWELLTON W VA

Order given by Sons (or Informant)

How secured

If Veteran, Name of War

Occupation House Work 176-12-6757 (Social Security Number)

Employer and Address Ret

Date of Death 9/23/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/18/1887 Age 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas J Calvert

His Birthplace

Maiden Name of Mother ELIZ. MONROE

Her Birthplace

Date of Funeral 9/25/71 (Date) (Day of Week) (Hour) M.

Services at Epiphany (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace W VA

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

Place of Death John J Kane Hosp

Cause of Death Terminal Pneumonia

Contributory Causes Diabetes Mellitus

PS HD

Certifying Physician T D Kenny (or Coroner)

His Address John J Kane

Motor / Ship Remains to

Size of Casket Bronze Companion (State Color and Number)

Manufactured by Batesland

Cemetery / Crematory Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	920	00
Casket		
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
2 Certif. Copies of Death Certificates No. (State Number and District)	4	00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax ..... $		
~~Outlay for Lot~~ STONE INSCRIPTION	35	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	150	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill ..... $	1229	00
Less ..... $		
Balance ..... $		

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

Misc.

Date		Amount Paid	Balance
	Above Balance		$
	Payment	$	$
		$	$
		$	$
		$	$
		$	$

Date		Amount Paid	Balance
1/21/72	To Balance Forward	995 00	$ 234 00
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 27 Yearly No. 27 Date of Entry 10/6/71 19 71

Name of Deceased MICHELA SACCO

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1509 BLVD OF ALLIES

☐ Husband ☐ Wife ☐ Widow or ..... of } (What Race)

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

Charge to ~~MRS~~ SACCO FRANK

Address Chateau Tavern

Order given by Son (or informant)

How secured

If Veteran, Name of War NO

Occupation housewife None (Social Security Number)

Employer and Address

Date of Death 10 - 5 - 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4 - 19 - 1880 Age 91 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LOUIS SAPPE GIGLIOTTI

His Birthplace ITALY

Maiden Name of Mother Unk

Her Birthplace Italy

Date of Funeral 10 - 8 - 1971 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman

Religion of the Deceased (Address) Catholic

Birthplace ITALY

Resided in the State

Place of Death 1509 Blvd of Allies (or U.S. or City or County) (Years) (Months)

Cause of Death Terminal Pneumonia

Contributory Causes A S HD

Sensibly

Certifying Physician DR L J Barnett (or Coroner)

His Address 556 Medical Arts Bldg

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery

Cr

SACCO

On Tuesday, October 5, 1971, Michela Gigliotti Sacco at 1509 Blvd. of Allies, wife of the late Nicola Sacco; mother of Mrs. Phyllis Celesimo, Frank Sacco and the late Mrs. Sarah Mazzocchi, Mrs. Rose Tropeo, Joseph Sacco, Mrs. Mary Sandora, Mrs. Jean Lonzo, Mrs. Antoinett Brown, Marco Sacco, Anthony Sacco, Mrs. Ann Cappotto, Mrs. Helen Velance and Mrs. Margaret Gergerich; also 25 grandchildren and 25 great-grandchildren and 10 great-great-grandchildren; sister of the late Mrs. Mary Bruno and the late Mrs. Rose Mollenaro and Frank Gigliotti. Friends are being received from 2-4 and 7-9 p.m. at the JOSEPH M. McAVOY FUNERAL HOME, 1200 Arden Ave. Funeral Friday morning at 11 a.m. in the Epiphany Church.

Lot No.

Grave No.

Section No.

Block No.

Owner

M

Complete Funeral (except outlays)	$ 1050	00
Casket		
Burial Vault or Box (State Kind)	115	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charge	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, $	20	00
Railroad / Aeroplane or Motor } Tickets, $ ..... Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
22 lines Death Notices in N.Y. Papers	42	90
(Names of Newspapers) PAID		
3/10/72		
Sales Tax		
Total Footing of Bill	$ 1372	90
Less PER Balance	$	
Entered into Ledger, page ..... or below.	$	

Misc. 2122.B1a.D

Date		Amount Paid	Balance
10 18	71 To Above Balance	760 00	$ 617 90
11 1	71 By Payment	$ 400 00	$ 217 90
12 27	71 " "	$ 150 00	$ 67 90
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Witness .....

Signed .....

Address .....

28

RECORD OF FUNERAL

Total No. 28 Yearly No. Date of Entry 10-10 19 71

Name of Deceased CARMELLA NIZOLAZZO (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 1627 FORBES ST

Charge to PHIL NIZOLAZZO (SON)

Address 1707 FORBES

Order given by PHIL NIZOLAZZO Cond.
(or Informant)

~~How occured~~ MRS MOM (NATR.)

If Veteran, Name of War NO

Occupation housewife (Social Security Number)

Employer and Address NA

Date of Death 10 10 71
(Mo.) (Day) (Yr.) (Hour)

Date of Birth 7 28 08 Age 63
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Maria

His Birthplace "

Maiden Name of Mother Rose Balsamo

Her Birthplace "

Date of Funeral 10 14 71 M.
(Date) (Day of Week) (Hour)

Services at Holy Cross Church
(Address)

Clergyman

Religion of the Deceased Catholic

Birthplace PA

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

Place of Death Mercy Hosp

Cause of Death Cerebral Hem

Contributory Causes C.H.F. Hem

Def. Carcinoma

Certifying Physician Council
(or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 3.U.S.D. VANGUARD M.M.
(State Color and Number)

Manufactured by A.U.B.A.R.A

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Phil. 11.17.71

Complete Funeral (except outlays)	$	1116 00
Casket		195 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Beg. McCann (Jeff.) (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to cemetery		15 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. Paid (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		20 00
Railroad / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notice in 3 Papers McAVOY FUNERAL HOME		26 40
(Names of Newspapers) PAID 11-15-71 PER		
Sales Tax		
Total Footing of Bill	$	1372 40
Less	$	30 00
Balance	$	1342 40

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
~~10 17 71~~	To Above Balance	~~1342 40~~	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
11 1 71	" "	$ 884 94	$ 457 46		" "	$	$
11 18 71	" "	$ 457 46	$ None		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

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

maturity at the rate of % per annum. Signed

Witness Address

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

95-57

RECORD OF FUNERAL

Total No. 29 Yearly No. 29 Date of Entry 11-17 19 71

Name of Deceased ANNA M MESKILL
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1727 FOR BES

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

Charge to HELEN RILEY

Address 5264 KeyPort DR Pgh 36

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Houses duties (Social Security Number)

Employer and Address .....

Date of Death NOV 17 71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 1 91 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Mospold

His Birthplace ?

Maiden Name of Mother Ella Riley

Her Birthplace .....

Date of Funeral Nov 20 71 M. (Date) (Day of Week) (Hour)

Services at E Pgh Mem (Address)

Clergyman .....

Religion of the Deceased Cath

Birthplace PA

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

Place of Death Mem Hosp

Cause of Death Coronary Thrombosis Pr MI

Contributory Causes ASCVD

.....

Certifying Physician John M Schwartz (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to .....

Size of Casket Silver Marquard (State Color and Number)

Manufactured by Richard

Cemetery / Crematory } St Mary's Bgh.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

McAVOY FUNERAL HOME

PAID 12/15/71

PER Jacky

Misc. .....

Complete Funeral (except outlays)	$	800 00
Casket Progressive Bronze		115 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Donated (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
2 Certif. Copies of Death Certificates No. ..... (State Number and District) (State Physician's or Coroner's)		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		150 00
Lining Grave, $ ..... Lowering Device, $		[illegible]
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		20 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers		15 40
(Names of Newspapers)		
Sales Tax	$	[illegible]
Total Footing of Bill	$	1104 40
Less	$	
Balance	$	

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

Misc. .....

Date		Amount Paid	Balance
12/15	To Above Balance	482 00	$ 622 40
12/15	By Payment	$ 622 00	$ —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 30 Yearly No. 30 Date of Entry 11/20/71 19 71

Name of Deceased ELIZABETH WORDAN (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

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

Residence 2012 FORBES Apt 19

Charge to Dorothy LAGANTE (DTR.

Address 2012 Forbes Ave

Order given by " (or informant)

How secured "

If Veteran, Name of War

Occupation house duties 205/40/3524 (Social Security Number)

Employer and Address "

Date of Death 11/20/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1/29/89 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace "

Maiden Name of Mother Unk

Her Birthplace "

Date of Funeral 11/24/71 M. (Date) (Day of Week) (Hour)

Services at Epiphany (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace PA

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

Place of Death John J. Kane

Cause of Death Bronchopneumonia

Contributory Causes Chronic obstructive

Lung disease A.S.

Certifying Physician H. Aymar (or Coroner)

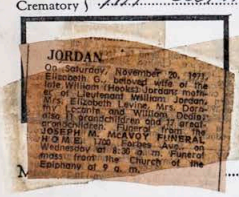
His Address John J. Kane Hosp

Motor / Ship } Remains to

Size of Casket Full Vermont (State Color and Number)

Manufactured by Universal

Cemetery / Crematory } Mt Carmel Veterans P.


JORDAN
On Saturday, November 20, 1971, Elizabeth G., beloved wife of the late William (Hooks) Jordan; mother of Lieutenant William Jordan, Mrs. Elizabeth Jones, Mrs. Dorothy Lagante and William Dodley; grandmother of 21 grandchildren. Funeral from JOSEPH M. McAVOY FUNERAL HOME, 1720 Forbes Ave., on Wednesday at 8:30 a.m. Funeral mass from the Church of the Epiphany at 9 a.m.

Lot No. 147

Grave No. 3

Section No. 12

Block No.

Owner

M

(Bill 11/19/72) Called 1/27/72

Bill 12/3/73 (1972) Bill 2/9/73 2nd Bill

Complete Funeral (except outlays)	$	1050 00
Casket		
Burial Vault or Box (State Kind)		115 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color) Clothing		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)		
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $ Lot		15 00
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		150 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges 1/2		
Clergymen, $ ..... Singers, $ ..... Organist, $ Family		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notice in THE PAID MCAVOY FUNERAL HOME		23 00
(Names of Newspapers) PAID		
Sales Tax 6/25/72		
Total Footing of Bill	$	1387 00
Less	$	26 00
Balance	$	1361 00

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

Misc.

Date			Amount Paid	Balance	Date			Amount Paid	Balance
11/24	71	To Above Balance	165 00	$ 1227 00			To Balance Forward		$
12/8	71	By Payment	$ 94 30	$ 1132 70			By Payment	$	$
12/9	71	" "	$ 993 49	$ 134 21			" "	$	$
		" "	$ 134 21	$ 000 00			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 31 Yearly No. 31 Date of Entry Nov 20 19 71

Name of Deceased BERTHA GOLDIE

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 2010 FORBES AVE Pgh 19

Charge to SHIRLEY WEBER DTR

Address 310 ROSE DRIVE ~~BRIAR~~ 15116

Order given by BRIAR 487 3543 (or Informant)

How secured Blue Mass Ins. 15116

If Veteran, Name of War

Occupation HOUSE DUTIES ? (Social Security Number)

Employer and Address

Date of Death Nov 20, 1971 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5 13 1901 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WILLIAM HUGHES

His Birthplace

Maiden Name of Mother LYDIA (Unk)

Her Birthplace

Date of Funeral Nov 24 1971 M. (Date) (Day of Week) (Hour)

Services at MFH

Clergyman Murray (Address)

Religion of the Deceased Prot.

Birthplace PA

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

Place of Death Pgh

Cause of Death THORACIC & PELVIC INJURIES

Contributory Causes

STRUCK by Auto

Certifying Physician C. Wilson Emmert (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket Bluetone (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ Homewood Pgh

GOLDIE — Suddenly, on Saturday, November 20, 1971, Bertha, mother of Shirley Weber; sister of Lawrence Hughes; aunt of Marie Cain; also five grandchildren. Funeral services from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday at 1 p. m.

Diagram of Lot or Vault

Lot No. Range 1

Grave No. 11

Section No. 27

Block No. Range 3

Owner 3/17/75

Misc. 12-20-73 PD 25-277 80 Bal 452

3/31/74 Rec 25.00 #252 Bal 227

11/17/74 23

Jan 6-75 PD 20 - Bal 207

Complete Funeral (except outlays)	$	1480	00
Casket			
Burial Vault or Box (State Kind)		165	00
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress Clothing (State Kind and Color)		38	00
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2	00
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Cemetery Board		-	-
Cremation			
Flowers, $ ... Palms, $ ... Matting, $ to Florist		15	00
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergymen, $ ... Singers, $ ... Organist, $		15	00
Railroad or Motor Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
8 line Death Notices in 2 Papers (Names of Newspapers)		12	80
Sales Tax			
Total Footing of Bill	$	1677	80
Less	$		
Balance	$		
Entered into Ledger, page ... or below.			

Misc. 3/16/73 PD 25 Bal 377 80

5/20/73 PD 25 Bal 352 80

7/20/73 PD 25 ~~Bal~~ 327 80

9/20/73 PD 25 302 80

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12/18/71	To Above Balance	1000 00	$ 677 80	7/20	72 To Balance Forward	25 00	$ 527 80
1/18/72	By Payment	$ 25 00	$ 652 80	8/23	72 By Payment	$ 25 00	$ 502 80
2/25/72	" "	$ 25 00	$ 627 80	10/15	72 " "	$ 25 —	$
3/22/72	" "	$ 25 00	$ 602 80	10/15	72 " "	$ 25 00	$ 452 80
4/25/72	" "	$ 25 00	$ 577 80	11/29	72 " "	$ 25 00	$ 427 80
6/14/72	" "	$ 25 00	$ 552 80	1/23	73 " "	$ 25 00	$ 402 80

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

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

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

Witness ... Signed ...

Address ...

RECORD OF FUNERAL

Total No. 37 Yearly No. 37 Date of Entry 11/20/ 19 71

Name of Deceased NICK EVANS (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 2110 FORBES Pgh. Pa.

Charge to West Penn Power Co. Pgh. Pa.

Address PHone 687-7670 (Betty - mgr.)

Order given by JOSEPH Kazmark 2132 husband (or informant)

How secured Phone 11.71 2.845

If Veteran, Name of War N/A

Occupation Restaurant Owner 291-07-6475 (Social Security Number)

Employer and Address Self

Date of Death 11/20/71 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5/1/88 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days) 83

Name of Father Unk

His Birthplace "

Maiden Name of Mother Unk

Her Birthplace "

Date of Funeral 11-23-71 (Date) (Day of Week) (Hour) M.

Services at .....

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Greece

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

Place of Death Mercy Hospital

Cause of Death Emphysema

Contributory Causes Arthritis Pneumonia

Certifying Physician T. Gelet (or Coroner)

His Address Mercy Hosp.

Motor / Ship } Remains to .....

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

Manufactured by .....

~~Cemetery~~ / Crematory } Allegheny Crem. Pgh.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. 1 use cert & Bill to Bank

Complete Funeral (except outlays)	$ 231 —
Casket	45 —
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	10.00 00
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.....	
..... line Death Notices in ..... Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 380 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PAID 12.1.71

PER

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

Misc. .....

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. ..... Yearly No. 33 Date of Entry 11/22/71 19

Name of Deceased JOSEPH KURILOVICH

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 150 S SARAH ST Apt 3

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

Charge to MARY PULFER (FRIEND)

Address 732 MELLON ST Apt 6

Order given by Phone 661 9988 (or Informant)

How secured

If Veteran, Name of War N.A.

Occupation Glass Processor (Social Security Number)

Employer and Address Dk

Date of Death Nov 23 1971 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Unk

His Birthplace "

Maiden Name of Mother Unk

Her Birthplace "

Date of Funeral Nov 26 1971 (Date) (Day of Week) (Hour) M.

Services at M.P.H.

Clergyman ..... (Address)

Religion of the Deceased

Birthplace Russia

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

Place of Death Jeanes J. K. Case Hosp.

Cause of Death A.S.H.D.

Contributory Causes Generalized A. Sc.

Emphysema Chronic Bronchitis

Certifying Physician E. Shewalk (or Coroner)

His Address Jeanes J. K. Case

Motor / Ship } Remains to

Size of Casket M.M. - Coralline (State Color and Number)

Manufactured by Plymouth

Cemetery / Crematory } St. Michael Mem. Park

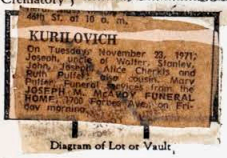


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner PER

McAVOY FUNERAL HOME

PAID 12/14/71

Misc. Billed 12/1/71

Complete Funeral (except outlays)	$ 698 00
Casket	
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ..... (State Kind and Color)	40 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
2 Certif. Copies of Death Certificates No. (State Number and District)	4 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Excavating	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
2 line Death Notices in 1 Papers (Names of Newspapers)	7 00
Sales Tax	
Total Footing of Bill	$ 864 00
Less	$
Balance	$

Entered Into Ledger, page ..... or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12 6 71	To Above Balance	324 00	$ 540 00		To Balance Forward		$
12/14 71	By Payment	$540 00	$ Paid		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

for the payment of aforesaid sum, and 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. 34 Date of Entry 12/29/71 19 71

Name of Deceased ROBERT P. MALLON (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2310 BEALEN ST.

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

Charge to ANNA MALLON

Address Same H71-4536

Order given by Clark (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation RETIRED STA. ENGINEER (Social Security Number)

Employer and Address EX. PA. HOUSING AUTH.

Date of Death 12/29/71

Date of Birth 4 (Mo.) 23 (Day) 99 (Yr.) Age 72 (Yrs.) (Hour)

Name of Father JOHN J MALLON (Mos.) (Days)

His Birthplace .....

Maiden Name of Mother MARY ANN WHITE

Her Birthplace .....

Date of Funeral 12/31/71 (Date) M. (Day of Week) (Hour)

Services at .....

Clergyman .....

Religion of the Deceased catholic (Address)

Birthplace PA

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

Place of Death at home

Cause of Death Coronary Occlusion

Contributory Causes Coronary heart disease

Certifying Physician J. J. Burnett (or Coroner)

His Address 3700 5th Ave.

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary

MALLON
Suddenly, on Wednesday, December 29, 1971, Robert (Pete) Mallon, beloved husband of Anna Conway Mallon; father of Mary Ann, and the late Robert P., Jr.; brother of Sara E. Wagner. Also survived by four grandchildren. Funeral from the JOSEPH H. McAVOY FUNERAL HOME, 1700 Fairfax Ave., on Friday, December 31, at 9:30 a. m. Requiem high mass from St. Agnes Church at 10 a. m. Visitations 2-4 and 7-9.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket 1 Professional services	125 00
Burial Vault or Box (State Kind)	125 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress 1 SHIRT (State Kind and Color)	5 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $ FLOWER CAR	15 00
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	8 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery PA	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ 4.m	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1.3 line Death Notices in 3 Papers (Names of Newspapers)	24 30
Sales Tax	
Total Footing of Bill 2/1/72	$ 1497 30
Less	$
Balance	$
Entered into Ledger, Page 206 or below.	

Misc. .....

Date		Amount Paid	Balance
Jan 28 72	To Above Balance	750 00	$ 747 30
Feb 72	By Payment	$ 747 30	$ Paid
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 35 Yearly No. 1 Date of Entry Jan 11 19 72

Name of Deceased STEPHANOS LIGNOS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1714 LOCUST ST (What Race)

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

Charge to CHRISTINA LIGNOS

Address Above

Order given by ~~[illegible]~~ Phone (or Informant)

How secured

If Veteran, Name of War

Occupation Painter (Social Security Number)

Employer and Address

Date of Death Jan 11 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 23 08 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace Greece

Maiden Name of Mother

Her Birthplace Greece

Date of Funeral Jan 13, 1972 (Date) (Day of Week) (Hour) M.

Services at (Address)

Clergyman

Religion of the Deceased Greek O. Orthodox

Birthplace Greece

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

Place of Death Murray Hosp

Cause of Death Ca of Lung

Contributory Causes

Certifying Physician Paul Leduc (or Coroner)

His Address Murray Hosp

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Nicholas Wilkes-Barre

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket $ Fancy Bronze	1155	00
Burial Vault or Box (State Kind)	100	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress		
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 cemetery	18	00
Removal Charges		
Procuring Burial Permit		
5 Certif. Copies of Death Certificates No. (State Number and District)	10	00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $	35	00
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad / Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers	16	20
(Names of Newspapers) MEMORIAL FUNERAL HOME		
Sales Tax 6-3-72		
Total Footing of Bill $	1334	20
Less $		
Balance $		

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

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

RECORD OF FUNERAL

Total No. 36 Yearly No. 2 Date of Entry Jan 7 1972

Name of Deceased CLARENCE COLEMAN

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

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

Residence 1208 FIFTH AVE

Charge to MRS PERRY DBA COAL WORKERS

Address 610 WOOD ST Pgh 15219

Order given by WALTER MICKLOVICH (or Informant)

How secured

If Veteran, Name of War

Occupation Jan Janeman (Social Security Number)

Employer and Address

Date of Death Jan 7 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 3 13 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jan Janeman

His Birthplace

Maiden Name of Mother Jan Janeman

Her Birthplace

Date of Funeral Jan 14 1972 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 [illegible] Mercy

Cause of Death A S C V D

Contributory Causes

Certifying Physician DR Wert (or Coroner)

His Address [illegible]

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Greenwood

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 2 Pl Mtg Bronze	455	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	100	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor { Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers (Names of Newspapers)		
4/12/72		
Sales Tax		
Total Footing of Bill	$ 255	00
Less	$	
Balance	$	

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

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 37 Yearly No. 3 Date of Entry Jan 12 19 72

Name of Deceased PLUMBER MARTIMER

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

Residence 5803 Woodbine, Pgh 6 ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to VETS Reid 441 1555

Address Edwards

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

How secured .....

If Veteran, Name of War .....

Occupation Harness Jober (Social Security Number)

Employer and Address .....

Date of Death Jan 12 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2/27/04 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Louis MARTIMER

His Birthplace .....

Maiden Name of Mother Elsie Bowser

Her Birthplace .....

Date of Funeral Jan 15, 1972 M. (Date) (Day of Week) (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace .....

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

Place of Death Mercy Hospital

Cause of Death Respiratory Congest

Contributory Causes Coron Thr

Coron H. Husband

Certifying Physician VS Mentus (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Greenwood

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	495 00
Casket		
Burial Vault or Box		
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ ..... (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
..... Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Lot		75 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax McAVOY FUNERAL HOME		
Total Footing of Bill	$	480 00
Less	$	
Balance	$	

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

Misc. .....

PER .....

Date			Amount Paid	Balance	Date			Amount Paid	Balance
Jan 20	72	To Above Balance	201 00	$ 279 00			To Balance Forward		$
Feb 17	72	By Payment	$ 255 00	$ 24 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 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

Total No. 38 Yearly No. 4 Date of Entry Feb 4 19 72

Name of Deceased JOHN R O'KEEFE (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 2198 MIDDLE RD Glen

Charge to Capt R O'Keefe JR

Address 512 Rossmore Pl. 26

Order given by Edward (or informant)

How secured

If Veteran, Name of War N/A

Occupation ATTORNEY AT LAW (Social Security Number)

Employer and Address 5400cm

Date of Death Feb 4, 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 26 - 89 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS J O'KEEFE

His Birthplace

Maiden Name of Mother CATHERINE J EVANS

Her Birthplace

Date of Funeral 2/7/72 (Date) (Day of Week) (Hour) M.

Services at Epiphany

Clergyman (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 Pch Long Bch

Cause of Death Asphyxiation By Internal Poison

Contributory Causes O.C.D. + CVA VT1

Certifying Physician DR CRITCHLOW (or Coroner)

His Address Memory Hosp

Motor / Ship } Remains to

Size of Casket

Manufactured by Acacia (State Color and Number)

Cemetery { ST Marys

Lot No.

Grave No.

Section No.

Block No.

Owner

ST ROUP - attorney - 335 - 5th Ave Pgh 15222 (To handle estate)

O'KEEFE
On February 4, 1972, Attorney John R., beloved husband of the late Clara Froehlich; father of John R., Jr.; Thomas A., Mrs. Regina Dadey and Mrs. Joan Stein; also survived by 24 grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Monday at 9:30 a. m. Requiem high mass at the Church of the Epipha-

Complete Funeral (except outlays)	$ 1385 00
Casket	
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cem.	15 00
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	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Fr Mausoleum PP	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in ..... Papers. (Names of Newspapers)	26 20
3/1/72	
Sales Tax	
Total Footing of Bill	$ 1654 20
Less	$
Balance	$

McAVOY FUNERAL HOME

PER

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

Misc.

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 39 Yearly No. 5 Date of Entry Feb 4 1972

Name of Deceased ROBERT A MORROW

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

Residence 162 PINE ST PGH 15203 ☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to SOPHIE E MORROW

Address Above

Order given by Above

How secured Phone — 481 1304 (or Informant)

If Veteran, Name of War WWII - 33963621

Occupation TRUCKER

Employer and Address Retd ? (Social Security Number)

Date of Death Feb 4, 1972

Date of Birth 8 (Mo.) 23 (Day) 19 (Yr.) Age 52 (Yrs.) (Mos.) (Days) (Hour)

Name of Father ROBERT B MORROW

His Birthplace

Maiden Name of Mother MYRTLE P GRIFFITH

Her Birthplace

Date of Funeral Feb 8 1972 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased Lutheran

Birthplace Pgh Pa

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

Place of Death Hampton Twp RT 8

Cause of Death Compound Fract Skull

Contributory Causes ST Rupt Leg Auto

Certifying Physician Dr R Wright (or Coroner)

His Address 211 Rural

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } Calvary Pgh Pa

~~Block~~ Row 18

Grave No. 1

Section No. 61

Block No.

Owner Vets Sec

Diagram of Lot or Vault

Misc.

Bills to Vets & forms sent to

Bill rec'd 3/28/72 - $111.3/27/72

Mergwood 2441 6132

Complete Funeral (except outlays)	$ 940	00
Casket		
Burial Vault or ~~Box~~ (State Kind)	115	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 35	35	00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cem	15	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 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 Vets		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	15	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 2 Papers (Names of Newspapers) McAVOY FUNERAL HOME	18	80
Sales Tax 4/28/72		
Total Footing of Bill	$ 1203	80
Less	$	
Balance	$	

PAID

PER

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

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/11/72	To Above Balance	256 00	$		To Balance Forward		$
4/12/72	By Payment	$ 75 00	$ 878 80		By Payment	$	$
4/28/72	" "	$ 878 00	$ None		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 40 Yearly No. 6 Date of Entry 2/13/72 19

Name of Deceased CARL J WERNECKE
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1737 Fordham Ave

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

Charge to EDWARD WARNECKE

Address Same

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War WW2

Occupation Laborer Local 333 181-34-9280 (Social Security Number)

Employer and Address .....

Date of Death Feb 13 72 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9-29-45 Age 26 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father EDWARD WARNECKE

His Birthplace PA

Maiden Name of Mother Barbara Leibaugher

Her Birthplace PA

Date of Funeral Feb 16 72 M. (Date) (Day of Week) (Hour)

Services at Calvary (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace PA

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

Place of Death 318 Cascade Way Pgh Pa

Cause of Death Coronary Occlusion 2 Thrombosis Arteriosclerosis

Contributory Causes Multiple Myocardial Infarcts

Wounds

Certifying ~~Physician~~ DR WEST Coroner (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket Adjustable M Mx (State Color and Number)

Manufactured by .....

Cem... Calvary Cemetery

Cre...

Lot No. .....

Grave No. .....

Section No. 16

Block No. .....

...er 1761 Sussex

William Warnecke Front Rd

2 of 2 U.S. Army Lot 310

CLARWATER FLA 33515

Suddenly, on Feb. 13, 1972, Carl J., son of Edward and Pauline Wernecke; brother of Edward, George, William, Paul, Robert, Shirley and Theresa Wernecke, Mrs. Alice Hackett, Mrs. Mary Rizza, Mrs. Dorothy Cressen and Mrs. Julia Rolewski; also 18 nieces and nephews. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday, Feb. 16, at 9:30 a.m.

Complete Funeral (except outlays)	$	900 00
Casket		
Burial Vault or Box (State Kind)		115 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		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, $		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		
14 lines Death Notices in 2 Papers (Names of Newspapers)		19 60
Sales Tax		
Total Footing of Bill	$	1058 60
Less PER	$	
Balance	$	
Entered into Ledger, page ..... or below.		

1128173

Misc. Mapp

Send Statement

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/16	To Above Balance Cashier	323 00	$ 735 60	1/15	To Balance Forward	25 00	$ 30 00
2/22/72	By Payment Mrs Warnecke	$ 258 00	$ 477 00	1/28 73	By Payment	$ 30 00	$ -
3/22/72	" " Arnett	$ 100 00	$ 377 00		" "	$	$
	" " 55	$ 255 00	$ 122 00		" "	$	$
6/8/72	" "	$ 40 67	$ 81 33		" "	$	$
	" "	$ 26 33	$ 55 00		" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 41 Yearly No. 7 Date of Entry 2/28/72 19 72

Name of Deceased ROSE MASTERENKOW

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 732 Mullen ST PGH 6 (What Race)

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

Charge to Mrs. corpses

Address 611 Adelaide

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation housewife (Social Security Number)

Employer and Address .....

Date of Death 2/28/72 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/15/93 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Sharek

His Birthplace Poland

Maiden Name of Mother Rose (Mrs.)

Her Birthplace Poland

Date of Funeral 3/3/72 (Date) (Day of Week) (Hour) M.

Services at St. Hyacinth's R.C. Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pgh

Resided in the State 78 (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Pneumonia

Contributory Causes .....

.....

Certifying Physician Dr. Venables (or Coroner)

His Address Mercy

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } St. Hyacinth Cem. Shaler Twp

Circleville.

MASTERENKOW

On Monday February 28, 1972, Rose, beloved mother of Mary Cherkes, Walter and Mrs. Sophie Herbenick, sister of Alex Stanek; also ten grandchildren and 18 great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Friday at 10:30 a. m. Funeral mass from St. Hyacinth Church at 11 a. m.

MATEOSCHAT

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

.....

.....

.....

Complete Funeral (except outlays)	$ 1035 00
Casket	
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress	38 00
Slippers, $ ..... (State Kind and Color) Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Church	10 00
Removal Charges	
Procuring Burial Permit	
3 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	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ from	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in ..... Papers HOME	34 50
(Names of Newspapers) McAVOY FUNERAL	
3/3/72	
Sales Tax	
Total Footing of Bill	$ 1238 50
Less	
PER Balance	$ 1200 50
Entered into Ledger, page ..... or below. 405	

Misc. .....

.....

.....

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 4 2 Yearly No. 9 Date of Entry 2/28/72 19 72

Name of Deceased JOSEPHINE D'ALESSIO (What Race)

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

Residence 1613 Lower Main St.

Charge to Vera D'Alessio

Address as above

Order given by Son (or informant)

How secured

If Veteran, Name of War

Occupation housewife (Social Security Number)

Employer and Address

Date of Death 2/28 72

Date of Birth 9/23 93 (Mo.) (Day) (Yr.) Age (Hour)

Name of Father Anthony DESTO (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

His Birthplace

Maiden Name of Mother Catherine Bruno

Her Birthplace Italy

Date of Funeral 3/3/72 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State Pa

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

Cause of Death CVA

Contributory Causes

Certifying Physician John C Shaver (or Coroner)

His Address Meadville

Motor / Ship } Remains to

Size of Casket 28728HL INT 1445 (State Color and Number)

Manufactured by Batesville

Cemetery Calvary

Crematory

D'ALESSIO

On Monday, Feb. 28, 1972, Josephine (Desto), beloved wife of the late John D'Alessio, mother of Jennie, Vera, Joseph and Albert D'Alessio, Mrs. Phyllis Scarillo, Mrs. Katherine Gaito, Mrs. Pauline Cerminara, Mrs. Antoinette Dargano, sister of Mrs. Carmela Pellegrene, Mrs. Emma Ferrieri and Ernest Desto; also nine grandchildren; two great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 749 Forbes Ave. Time later.

Lot No. 285

Grave No. 1 & 2

Section No. 20

Block No.

Owner

Misc.

Complete Funeral (except outlays) $ Paid

Casket Prof. Serv. Bronze	2025	00
Burial Vault or Box (State Kind)	250	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	35	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casa	25	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery from		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $ Tent	35	00
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 6 Papers	59	40
(Names of Newspapers) Ex Mary Cards	8	00
Sales Tax		
Total Footing of Bill $	2796	40
Less $	250	40
Balance Due $	50	00
Entered into Ledger page ..... or below.	246	00

McAVOY FUNERAL HOME

Misc.

PAID 4/10/72

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

PER Date J McAvoy

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

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

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

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

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

Address .....

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

Mail to Bills

RECORD OF FUNERAL

Total No. 43 Yearly No. 9 Date of Entry March 3 1972

Name of Deceased Shiben F. Thomas
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 531 Summerlea St Phila Pa (What Race)

Charge to Freda Kadair (sister) ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Address Same 261-1667

Order given by Corine Kadair (niece) (or informant)

How secured Offices

If Veteran, Name of War WW II

Occupation Postal Employee SS# 159-12-5238 (Social Security Number)

Employer and Address Postal

Date of Death March 3 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 7 1913 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Sam Thomas

His Birthplace

Maiden Name of Mother Zilla Thomas

Her Birthplace

Date of Funeral March 7, 1972 (Date) (Day of Week) (Hour) M.

Services at Zion Luth. Church of Phila. Pa

Clergyman

Religion of the Deceased Lutheran (Mountain) (Address)

Birthplace Pa

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

Place of Death Shadyside Hospital

Cause of Death A S C V D

Contributory Causes

Certifying Physician Casimir Wicht Coroner (or Coroner)

His Address

Motor } Remains to
Ship }

Size of Casket

Manufactured by (State Color and Number)

Cemetery } Calvary Phila

Lot No.

Grave No.

Section No.

Block No. McAVOY FUNERAL HOME

Owner

Misc.

PER

THOMAS

Suddenly, on Friday, March 3, 1972, Shiben F., beloved brother of Mrs. Freda Kadair; also survived by nieces, Mrs. Mae Nassif and Corine Kadair, and nephew, Davis Kadair. Funeral from the JOSEPH A. McAVOY FUNERAL HOME, 7700 Forbes Ave., on Tuesday at 9:30 a. m. Requiem high mass from Our Lady of Victory Manifold Church, 600 Dunster St., Brookline, at 10 a. m.

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	
Casket Professional Services		1310 00
Burial Vault or Box (State Kind)		115 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		25 00
Removal Charges		
Procuring Burial Permit		
10 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		20 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Vets free		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 3 Papers (Names of Newspapers)		27 60
Sales Tax		
Total Footing of Bill	$	1497 60
Less 5% (11.22)	$	75 00
Balance	$	1422 00
Entered into Ledger, page ..... or below.		

PAID 3/6/72

1497
374
1122
376
1122

Date			Amount Paid	Balance	Date			Amount Paid	Balance
2/27	72	To Above Balance	75 00	$		To Balance Forward			$
3/29	72	By Payment	$ 250 60	$		By Payment	$		$
5/6	72	" "	$ 1122 60	$ 00 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 .....

44 D P A

RECORD OF FUNERAL

Total No. 44 Yearly No. 10 Date of Entry 3/9/72

Name of Deceased Amy [illegible] SESKEY

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

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

Residence 60 Hoyt St Phila Pa

Charge to DeBORAH CEARD SESKEY

Address 60 Hoyt St

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

How secured .....

If Veteran, Name of War .....

Occupation Child (Social Security Number)

Employer and Address .....

Date of Death 3 9 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6 13 71 Age 9 — 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Russell Sharkey

His Birthplace Pa

Maiden Name of Mother Ceard

Her Birthplace Pa

Date of Funeral 3 11 1972 (Date) (Day of Week) (Hour) M.

Services at Mt Carmel

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ohio

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

Place of Death St Chas Hospital

Cause of Death Acute Bronchitis

Contributory Causes Embolism Pulmonary

Edema

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 3 foot (State Color and Number)

Manufactured by National

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

D. P. A. (Court Inv.)

Complete Funeral (except outlays)	$
Casket 6 Bronze	1300 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charge	50 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in ..... (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1850 00
Less	$
Balance	$

McAVOY FUNERAL HOME

PHONE

PER

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

Misc. .....

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

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

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

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

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

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 45 Yearly No. 11 Date of Entry 3/14/72 19

Name of Deceased FRANK GIGLIOTTI

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

Residence 1731 Forbes Ave Pgh 19

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

Charge to JOHN V. GIGLIOTTI

Address 1539 ROTHERFORD Pgh 16

Order given by Son (or Informant)

How secured

If Veteran, Name of War NO

Occupation Ret. Watchman 16705 (Social Security Number)

Employer and Address

Date of Death MARCH 14 - 72 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 19 1 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jas. GIGLIOTTI

His Birthplace Italy

Maiden Name of Mother Unk

Her Birthplace PGH

Date of Funeral 3/17/72 (Date) (Day of Week) (Hour) M.

Services at Calvary

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death John J. Kane

Cause of Death Asphyxiation

Contributory Causes Environmental

Certifying Physician F. Conlan (or Coroner)

His Address 1 J Kane

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by Matthews

Cemetery / Crematory

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

GIGLIOTTI
On Tuesday, March 14, 1972, Frank, beloved husband of Catherine, Vasilio Gigliotti; father of Mrs. Sarah Jane Bartz, Joseph and John Gigliotti and Mrs. Yolanda Lasain; also 13 grandchildren and seven great grandchildren. Funeral from JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday at 9:30 a.m. Requiem high mass from the Church of the Epiphany at 10:00 o'clock.

Complete Funeral (except outlays)	$	
Casket 7 Professional Arm		1265 00
Burial Vault or Box (State Kind)		125 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ✓ (State Kind and Color)		20 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		20 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		— — Error
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Parcel Delivery Charges		
Personal Service		
12 line Death Notices in 3 Papers (Names of Newspapers)		20 36
Sales Tax PER		
Total Footing of Bill	$	1524 36
Less	$	37 00
Balance Paid	$	1487 02
Entered into Ledger, page ..... or below.		

PAID 3/14/72

Misc.

Date		Amount Paid	Balance
3/24 72	To Above Balance	600 00	$ 887 00
3/31/72	By Payment Prudential	$ 627 62	$ 262 38
3/31/72	" " Cash	$ 262 38	$ Paid
	" Error	$	$ 20 00
	" "	$	$
	" "	$	$

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

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

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

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

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

Signed .....

Witness .....

Address .....

46

RECORD OF FUNERAL

Total No. 46 Yearly No. 13 Date of Entry March 16 1972

Name of Deceased EDWARD W McGRAW

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

Residence 250 E MAPLE ST Pgh 13

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

Charge to Estate of Mrs E Graham

Address Home

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War WW I

Occupation Retired Executive Clerk (Social Security Number)

Employer and Address Executive Office

Date of Death March 14 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 13 97 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PATRICK MCGRAW

His Birthplace .....

Maiden Name of Mother JULIA KUNZ

Her Birthplace .....

Date of Funeral March 20 1972 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Mannington (Address)

Religion of the Deceased Prot

Birthplace Penna

Resided in the State 75 (or U.S. or City or County) (Years) (Months)

Place of Death Mon Valley Hosp Pgh

Cause of Death Cardiac Hypertrophy

Contributory Causes Myocardial Fibrosis

Next Kin Sig: Emma Lipp Shoulder

Certifying Physician Wachs (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by Batesville

Cemetery / Crematory } Allegheny

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket Bronze Doors	1750	00
Burial Vault or Box Metal (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 Conn	20	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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, $	25	00
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notice 3 Papers (Names of Newspapers) 3 at 9.50	22	50
Sales Tax 3.22.72		
Total Footing of Bill	$	1845 50
Less	$	36 00
PER Balance Due	$	1809 00
Entered into Ledger, page ..... or below		

Misc. .....

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL - DPH

Total No. 47 Yearly No. 13 Date of Entry 3/22/ 19 72

Name of Deceased ROBERT IRWIN

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

Residence Boyertown Pa R.D.4 DPA

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

Charge to Mrs. Minerva C. Irwin

Address 2025 Pentley Dr Cpus 19

Order given by Dr Rust (or informant)

How secured Mr. Lewis Chronister

If Veteran, Name of War No

Occupation Retired (Social Security Number)

Employer and Address 211-42-8830 Pa

Date of Death 3/22/72 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2/27/1901 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ISAAC IRWIN

His Birthplace

Maiden Name of Mother ELY GRAHAM

Her Birthplace

Date of Funeral 3/24/72 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Dr Rust (Address)

Religion of the Deceased Prot

Birthplace Pa

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

Place of Death Mercy Hosp

Cause of Death CA Rt Lung

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

DPA 3 cert cps

Complete Funeral (except outlays)	$	~~3160~~
Casket 7 PROFESSIONAL SERV		431 00
Burial Vault or Box (State Kind)		55 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No.		4 00
Pall Bearer Service, $ 20 Use of Chapel, $ (State Physician's or Coroner's)		20 00
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		120 00
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in ..... Papers		
(Names of Newspapers) McAVOY FUNERAL HOME		
PAID		
Sales Tax 7/25/72		
Total Footing on Bill	$	630 00
Less	$	
Balance	$	

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

Misc.

Date		Amount Paid	Balance
4/1	To Above Balance	130 00	$
7/25	By Payment	$ 500 00	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 48 Yearly No. 14 Date of Entry April 3 1972

Name of Deceased HATLEY A SCHEIBLE (What Race)

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

Residence 42 VAN BRAAM Age 69

Charge to Fred Scheible

Address Same

Order given by " (or Informant)

How secured "

If Veteran, Name of War "

Occupation Insurance Agt. (Social Security Number)

Employer and Address "

Date of Death April 3 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 13 19 28 Age 44 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Fred Schaible

His Birthplace Pa.

Maiden Name of Mother Anna Kuhns

Her Birthplace Pa.

Date of Funeral April 7 72 2 P.M. (Date) (Day of Week) (Hour)

Services at Emanuel Lutheran

Clergyman (Address)

Religion of the Deceased Lutheran

Birthplace Lyon

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

Place of Death Mercy Hospital

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerosis Diabetes

Certifying Physician Frank T. Hartman (or Coroner)

His Address Mercy Hospital

Motor } Ship } Remains to

Size of Casket 28" W. 31" Mon. Bronze (State Color and Number)

Manufactured by Freedom Casket

Cemetery } Crematory } Nisbet Cemetery



Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 9 Davis Bronze	1640 00
Burial Vault or Box (State Kind)	250 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	40 00
Slippers, $ Hose, $	5 00
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Gem	25 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 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 Lancaster	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad or Motor { Tickets, $ Aero-plane Service, $ }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 6 Papers	57 60
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 2041 40
Less	$ 41 40
Balance	$ 2600 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 .....

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

RECORD OF FUNERAL

D. PA

49

Total No. 49 Yearly No. 15 Date of Entry APRIL 10 19 22

Name of Deceased CHARLES A BEEBOUT

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 603 EAST 04/10 ☐ Husband ☐ Wife ☐ Widow or ..... of } (What Race)

Charge to D PA Age of Husband or Wife (if living) ..... Years

Address Allegheny NORTHERN OFFICE

Order given by ..... (or Informant)

How secured James Beebout BRO.

If Veteran, Name of War NO

Occupation Operator Telegrapher 201-12-6914 (Social Security Number)

Employer and Address .....

Date of Death 4 10 22 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 14 14 Age 57 7 26 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father [illegible] Beebout

His Birthplace .....

Maiden Name of Mother Susan Mc Daniels

Her Birthplace .....

Date of Funeral 4 13 22 (Date) (Day of Week) (Hour) M.

Services at McClary (Address)

Clergyman .....

Religion of the Deceased Presb

Birthplace Ohio

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

Place of Death Mercy Hospital

Cause of Death Bronchopneumonia Coronaria

Contributory Causes Arteriosclerosis

.....

Certifying Physician A.R. Mullen (or Coroner)

His Address Mercy Hosp

Motor } Remains to .....
Ship }

Size of Casket .....

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

Cemetery } .....
Crematory }

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

DPa [illegible] 4/13/22

Complete Funeral (except outlays) ..... $	
Casket Poplar Rose	250 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District) Certif. Copies of Death Certificates No.	
(State Physician's or Coroner's) Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.....	
line Death Notice in [illegible] Papers	
(Names of Newspapers)	
.....	
Sales Tax	
Total Footing of Bill ..... $	
Less ..... $	
PER Balance ..... $	
Entered into Ledger, page ..... or below.	

McAVOY FUNERAL HOME

Misc. .....

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

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

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

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

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

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

Address .....

RECORD OF FUNERAL

Total No. 56 Yearly No. 16 Date of Entry April 15 19 72

Name of Deceased BARNABA DiPAOLI

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

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

Residence 2003 FORBES AVE Pgh

Charge to BARNEY DiPAOLI 471.15.16

Address Address

Order given by Edward (or informant)

How secured call

If Veteran, Name of War no

Occupation maintenance Retired (Social Security Number)

Employer and Address Rep

Date of Death April 15 1972 1:30 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/6/95 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SAVERIO DiPAOLI

His Birthplace ITALY

Maiden Name of Mother UNK

Her Birthplace ITALY

Date of Funeral 4/19/72 M. (Date) (Day of Week) (Hour)

Services at 2ND PRESBY (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace ITALY

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

Place of Death Mercyhurst Hosp Pgh

Cause of Death CARDIAC ARREST

Contributory Causes POSS. BRONC

MYOCARDIAL INFARCTION

Certifying Physician D WPP Jmg (or Coroner)

His Address Mercyhurst Hosp

Motor / Ship } Remains to .....

Size of Casket PLT GM MTL 20 gestreel 055-7 BISHOP (State Color and Number)

Manufactured by NATIONAL CSKT

Cemetery / Crematory } Calvary

DiPOLI
Off Saturday, April 15, 1972, Barnaba, beloved husband of Rose (Nunzio) DiPoli, father of Annabelle Stella, Paula DiPoli, Mrs. Amelia Ganster, Mimi Gonsky, Barnaba (Barney) DiPoli, Jr. and the late Joseph DiPoli, 13 grandchildren, five great-grandchildren, brother of Stella Mancini. Friends from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday and Wednesday after 2 p.m. Requiem high mass in Church of the Epiphany at 10 a.m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Bill sent 4/20

Complete Funeral (except outlays)	$
Casket 7 Top Stainless Steel Drape	1225 00
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Mercyhurst Hosp	25 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 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 Calvary	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notice in Pgh Papers	37 40
(Names of Newspapers) JOSEPH M. McAVOY FUNERAL HOME 1700 FORBES AVENUE PITTSBURGH, PA. 15219 PHONE: 391-0667	
Sales Tax	
Total Footing of Bill	$ 1428 40
Less	$ 28 40
Balance	$ 1400 00

Entered into McAVOY Page ..... of below.

PAID 5-4-72

Misc. .....

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

PER

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 51 Yearly No. 17 Date of Entry April 17 1972

Name of Deceased Joseph B. Woods Jr. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 215 Locust St. Carnegie

Charge to Cheryl Woods (Eileen Walsh)

Address 1629 Forbes Ave 19

Order given by Sons (or Informant)

How secured

If Veteran, Name of War II

Occupation Truck Driver 159123445 (Social Security Number)

Employer and Address Retired

Date of Death 4/17/72

Date of Birth 10 (Mo.) 12 (Day) 10 (Yr.) Age 61 (Hour)

Name of Father Wm F Woods (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

His Birthplace Penna.

Maiden Name of Mother Rose Marshon

Her Birthplace PA

Date of Funeral 4/21/72 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Mcmynn (Address)

Religion of the Deceased Prot

Birthplace PA

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

Place of Death St Clair Hosp Hosp

Cause of Death Coronary Thrombosis

Contributory Causes Fall

Certifying Physician Vecan (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Lot No. Row 18

Grave No. 24

Section No. C 1

~~Block~~ No.

Owner

Misc. Not Billed

Complete Funeral (except outlays)	$
Casket 7 Bronze Bronze	784 00
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cem	20 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 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 Vets	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 2 Papers (Names of Newspapers)	28 30
Sales Tax	
Total Footing of Bill	$ 953 30
Less PER	$
Balance	$

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

Misc. PER

McAVOY FUNERAL HOME

5/1/72

WOODS

On Monday, April 17, 1972, Joseph B., husband of the late Edna (Walsh) Woods; father of Cheryl and Richard, and Mrs. Donna Dzikowski; brother of Mrs. Mary Constantine and William, Richard and Frederick Woods; also survived by three grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1709 Forbes Ave., on Friday at 11:30 a.m. Visitations starting Wednesday 1 p.m.

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

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

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

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

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 52 Yearly No. 18 Date of Entry 4-24-72 19

Name of Deceased MICH. A.E.L. MASCIA

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

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

Residence 1620 LOCUST ST 19

Charge to ANTIONETTA MASCIA

Address Same

Order given by Niece (or informant)

How secured —

If Veteran, Name of War N/A

Occupation IRON WORKER 208332UA (Social Security Number)

Employer and Address Retired

Date of Death 4-22-72 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10-27-94 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANGELO MASCIA

His Birthplace ITALY

Maiden Name of Mother MARIANNA FANELLI

Her Birthplace ITALY

Date of Funeral 4-27-72 M. (Date) (Day of Week) (Hour)

Services at E.P. Mission (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State 77 (or U.S. or City or County) (Years) (Months)

Place of Death LONG BEACH GEN. HOSP.

Cause of Death CVA

Contributory Causes HYPERTENSION

Certifying Physician PHILIP HART (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } SALVARY

Lot No.

Grave No.

Section No.

Block No.

Owner

MASCIA

On Monday, April 24, 1972, Michael, beloved husband of Antonetta Mascia; uncle of Angelo, Frank, Anthony, Nicholas and Mrs. Nicolina Fanelli. Funeral from the JOSEPH McAVOY FUNERAL HOME, 1095 Cerritos Ave., on Thursday at 9:30 a.m. Requiem high mass at The Church of The Epiphany at 10 o'clock. Visitations with family 1-5 and 7-9.

Misc.

Complete Funeral (except outlays)	$
Casket 8 Vary Bronze	1335 00
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to cemetery	25 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
0 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot family	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service McAVOY FUNERAL HOME	
11 line Death Notices in 2 Papers	40
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill PER	$ 1521 40
Less	$ 71 40
Balance	$ 1450 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 .....

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

RECORD OF FUNERAL

Total No. 53 Yearly No. 19 Date of Entry 4 - 26 19 72

Name of Deceased Mary J Glover

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

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

Residence 1641 WATSON

Charge to CATHERINE WASSEL

Address Above

Order given by Jane (or Informant)

How secured

If Veteran, Name of War

Occupation Retired None (Social Security Number)

Employer and Address CITY OF PH

Date of Death 4 26 72 (Mo.) (Day) (Yr.)

Date of Birth 11 9 96 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL McCLAFFERTY

His Birthplace

Maiden Name of Mother ELLA WARD

Her Birthplace

Date of Funeral 4-29-72 SAT 10 A M. (Date) (Day of Week) (Hour)

Services at CRIP MAHY

Clergyman (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 1641 WATSON

Cause of Death

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } CALVARY

GLOVER (McCLAFFERTY) On Wed., April 26, 1972, Mary, beloved wife of the late Rowland, mother of Catherine Wassell, grandmother of Rita Ratkus, great-grandmother of Linda Ratkus, Richard Ratkus; also survived by 2 grandsons. Funeral from the J. JOSEPH M. McAVOY FUNERAL HOME, 1700 Pine Ave. on Sat. at 9:30 a.m. Requiem High Mass from the Church of the Epiphany at 10 o'clock. Visitations beginning at 2 p.m. Thur.

Lot No. 283

Grave No. 1

Section No. 7

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket PROF SERV	1335	00
Burial Vault or Box (State Kind)	115	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)	28	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to CEM	20	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb FAMILY		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	20	00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 4 Papers (Names of Newspapers)	36	40
McAVOY FUNE		
Sales Tax June 20 72		
Total Footing of Bill	$ 1558	40
Less	30	00
Balance	$ 1528	00

Entered in Ledger page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5 12 72	To Above Balance	621 46	$ 937 00		To Balance Forward		$
	By Payment	$ 407 00	$ none		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

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

maturity at the rate of % per annum.

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 54 Yearly No. 20 Date of Entry 6/1/72

Name of Deceased ALEXANDER GRANTZ (What Race)

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

Residence 1911 BALDAUF ST 15203

Charge to JOSEPH V GRENTZ $82.96.71

Address 23 CLIFTON BLVD 15210

Order given by Edward (or informant)

How secured .....

If Veteran, Name of War .....

Occupation Laborer

Employer and Address Unemp (Social Security Number) 576-34-7019

Date of Death 6/1/72

Date of Birth Jan 24 1914 (Mo.) (Day) (Yr.) Age 58 (Hour)

Name of Father ALEXANDER GRANTZ (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

His Birthplace PA

Maiden Name of Mother MARY ALDER

Her Birthplace PA

Date of Funeral June 8 72 (Date) (Day of Week) (Hour) M.

Services at St Paul Monastery 10th 3

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace PA

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

Place of Death South Hosp 10th

Cause of Death LIVER FAILURE

Contributory Causes CIRRHOSIS OF LIVER

.....

Certifying Physician R Zvanchell

His Address South Hosp (or Coroner)

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cem Vlt

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

GRANTZ — Alexander Edward, on Sunday, June 4, 1972, beloved husband of Blanche Rose Grantz; father of Alexander Jr., Edward, Katherine and Kathleen; also two grandchildren; brother of Stanley Oldis, Joseph and the late Irvin Grantz, Mrs. Irene Gabriel, Mrs. Florence Crosby and Mrs. Marie Sowatzke. Services from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday at 9 a.m. Mass of the Resurrection from St. Paul of the Cross Monastery, South Side, at 10 o'clock.

Complete Funeral (except outlays)	$	985 00
Casket		
Burial Vault or Box (State Kind)		115 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		20 00
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
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 Vlt Paid		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		20 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in 3 Papers (Names of Newspapers)		36 00
Sales Tax		
Total Footing of Bill	$	1186 00
Less	$	
Balance	$	

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

Misc. NOTICE 5/18/72

Date			Amount Paid	Balance	Date			Amount Paid	Balance
6/2/	72	To Above Balance	200 00	$ 986 00			To Balance Forward		$
6/12	72	By Payment	$ 325 00	$ 661 00			By Payment	$	$
7/15/	72	" "	$ 300 00	$ 361 00			" "	$	$
10-5	72	" "	$ 255 00	$ 106 00			" "	$	$
Jan 1	73	" "	$ 56 50	$ 50 00			" "	$	$
		" "	$ 50 00	$ none			" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 55 Yearly No. 21 Date of Entry 6/11 19 72

Name of Deceased HENRIETTA LINGENFELSER
☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1362 HAWTHORNE ST PGH 1 ☐Husband ☐Wife ☐Widow } of { Age of Husband or Wife (if living) Years

Charge to EDWARD M LUTES JR

Address 9509 CRYSTAL VIEW DRIVE FULLERTON CALIF 92635

Order given by (or informant)

How secured

If Veteran, Name of War n.a.

Occupation Teacher Retired Social Security Number 187-36-4229

Employer and Address

Date of Death 6 (Mo.) 11 (Day) 72 (Yr.) (Hour)

Date of Birth 3/29/90 (Mo.) (Day) (Yr.) Age 82 (Hrs.) (Mos.) (Days)

Name of Father Frankman Bonyngefelser

His Birthplace

Maiden Name of Mother Joanna Pierpont

Her Birthplace

Date of Funeral 6 (Date) 14 (Day of Week) 72 (Hour) M.

Services at Universal Chapel

Clergyman

Religion of the Deceased Prot (Address)

Birthplace Pgh PA

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

Place of Death St Judes Hosp Pgh Cnty

Cause of Death Tumor Bronchus Squamous

Contributory Causes Coronary Generalized Carcinoma Abdomen

Certifying Physician F R Mulcahy (or Coroner)

His Address Shadyside Hosp

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood

Diagram of Lot or Vault

Lot No. 227

Grave No. 4

Section No. 11-2

Block No.

Owner

Misc. ATTORNEY ROBT YATES KOPF JR OLIVER BLDG - 281 3311

Complete Funeral (except outlays)	$	
Casket 5 pc. Bronze	1175	00
Burial Vault or Box	195	00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress	40	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)		
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 Oliver Bldg	140	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	25	00
Railroad or Motor { Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notice in Trib-Rev (Names of Newspapers) McAVOY FUNERAL HOME	17	80
Sales Tax		
Total Footing of Bill	$ 1626	80
Less PER Balance	$	
Entered into Ledger, page or below.	$	

Misc. friend Mrs Theresa Curtis 1356 Hawthorne Pgh 01 781 4506

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward	3ea 5 320	
	By Payment	$ 2 11	$		By Payment	$ Fund	$ IN GENFOLDER
	" "	$	$		" "	$ P.O.	$
	" "	$ 1 13	$		" "	$ Cemetery Lingenfel	
	" "	$	$		" "	$ Co OK	$ 383
	" "	$	$		" "	$ Jones	$ F.D.

Insurance $ Names of Lodges Insurance Companies 32732 Gross alex Inc

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 56 Yearly No. 22 Date of Entry 6/11/1972

Name of Deceased CURTIS HIXENBAUGH

☐ Married ☒ Single ☐ Widowed ☐ Divorced

(What Race)

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

Residence 209 COLTART ST 13

Charge to SISTER JOAN MCNHS

Address 3333 5th Ave 13

Order given by Sisters of Mt Mercy (or Informant)

How secured Phone

If Veteran, Name of War NO

Occupation MAINTENANCE (Social Security Number)

Employer and Address MT MERCY

Date of Death June 11 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 29 13 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CONNER HIXENBAUGH

His Birthplace

Maiden Name of Mother STELLA ?

Her Birthplace

Date of Funeral June 15 1972 M. (Date) (Day of Week) (Hour)

Services at MC Clergy

Clergyman (Address)

Religion of the Deceased Meth

Birthplace Pgh Pa

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

Place of Death Mercy J Hosp

Cause of Death Squamous Cell Carcinoma

Contributory Causes of Mouth Ds

Metastases to Brain

Certifying Physician Ed McNeil (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Greenwood Pgh Pa

Lot No.

Grave No. 9

Section No. 3

Row

Block No. 7

Owner

Diagram of Lot or Vault

HIXENBAUGH

On Sunday, June 11, 1972, Curtis, son of the late Stella & Oliver Hixenbaugh. Employee of the Sisters of Mercy at Mt. Mercy. Pen. Funeral services at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday at 10 a. m.

Complete Funeral (except outlays)	$ 695 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	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, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
8 line Death Notices in 3 Papers (Names of Newspapers)	16 80
Sales Tax 8/10/72	
Total Footing of Bill	$ 865 80
Less	$ -
Balance Cem	$

McAVOY FUNERAL HOME

PAID

Entered into Register, Page ..... of below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6/19 72	To Above Balance	$ 453 00	$ 412 80		To Balance Forward		$
7/19 72	By Payment	$ 255 00	$ 157 80		By Payment	$	$
8/10 72	" "	$ 157 80	$ PAID		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 57 Yearly No. 23 Date of Entry 6/13/72

Name of Deceased MATTIE CROS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 2125 BRIGHTON Road 12

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

Charge to LEONARD RICHARDS ESTATE

Address MEMORIAL MAT BANK Lot 36

Order given by (or Informant)

How secured

If Veteran, Name of War

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address

Date of Death JUNE 13 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 21 1896 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN R. JONES

His Birthplace

Maiden Name of Mother SALLY ANN WELLS

Her Birthplace

Date of Funeral JUNE 15 1972 M. (Date) (Day of Week) (Hour)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace VIRGINIA

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

Place of Death 137 E LUTZ RD. ST. PETE

Cause of Death METASTATIC CARCINOMA

Contributory Causes OF CERVIX

Certifying Physician R. RICHARDSON (or Coroner)

His Address

Motor / Ship } Remains to OAKEY FUNERAL HOME 315 N

Size of Casket RANKE VA (State Color and Number) COPPER ST

Manufactured by

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. D. Hess 6/13/72

Complete Funeral (except outlays)	$	
Casket 9 Bronze	975	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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	34	25
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
MORTUARY AIR FREIGHT OTHER	30	50
line Death Notices in Papers		
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill 7/13/72	$ 1045	75
Less Balance	$	
	$	

PAID

Entered into Ledger, page or below.

PER

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

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

58

RECORD OF FUNERAL

Total No. 58 Yearly No. 24 Date of Entry 6-15-72 19

Name of Deceased VIRGINIA M BENNETT

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } (What Race)

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

Residence 115 61ST ST Pgh 19

Charge to MARY A KLAM (SISTER) Pa

Address 386 Stanwix St Johnstown

Order given by E KLAM (or informant)

How secured

If Veteran, Name of War

Occupation Typesetter (Social Security Number)

Employer and Address

Date of Death June 15 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10 1 1915 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Angelo Cassi

His Birthplace

Maiden Name of Mother Edna Mae Swanhaldner

Her Birthplace

Date of Funeral 6 19 1972 M. (Date) (Day of Week) (Hour)

Services at Jno Camp Pa

Clergyman Baptist (Address)

Religion of the Deceased Lutheran

Birthplace Pa

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

Place of Death Home 115 61st St

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician Bernhardt Linn (or Coroner)

His Address 3700 5th Ave Pgh Pa

Motor } Remains to
Ship }

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Allegheny Mem. Pgh
Crematory }

Church Allegheny Cemetery.

BENNETT (Cassi)

Suddenly on Thursday, June 15, 1972, Virginia M., wife of the late Bernard Bennett; sister of Mrs. Mary Klam, Mrs. Eleanor Hatinsky, Raymond and Norman Cassi. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave, on Monday at 11 a.m. Visitations 1-5 and 7-10 p.m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1195 00
Casket	
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	35 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)	
6 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 J. J. McAvoy	- -
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service CAVOY FUNERAL HOME	
10 line Death Notices in 2 Papers (Names of Newspapers)	28 60
Sales Tax	
Total Footing of Bill J. J. McAvoy	$ 1435 60
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

PAID 6/23/72 J. J. McAvoy

Misc.

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

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 59 Yearly No. 25 Date of Entry July 10 19 72

Name of Deceased WILLIAM O CAIRNS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of } (What Race)

Residence 233 LEWIS DRIVE MARYVILLE TENN 37801 Age of Husband or Wife (if living) Years

Charge to SMITH-MARTUARY

Address MARYVILLE TENN 37801

Order given by Phone 615 983 1000 (or informant)

How secured

If Veteran, Name of War NO

Occupation Salesman

Employer and Address Retired (Social Security Number)

Date of Death July 10 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 5 Age 69 (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Name of Father HOWARD CALLOWAY CAIRNS

His Birthplace

Maiden Name of Mother EMMA LEMKE

Her Birthplace

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

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace IOWA

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

Place of Death ALLIED GEN. HOSP. 1972

Cause of Death ASCVD

Contributory Causes CORONARY OCCLUSION

Certifying Physician WICHT (or Coroner)

His Address

Motor / Ship } Remains to KNOXVILLE TENN

Size of Casket CLOTH (State Color and Number)

Manufactured by WATTS METAL

Cemetery / Crematory } EBENEZER MEM. PARK KNOXVILLE TENN.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 8 Prop. Bronze	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)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad / Motor } Tickets, $ 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	$ 235 00
Less PER Balance	$
Entered into Ledger, page or below.	$

WATTS FUNERAL HOME PAID 7/21/72

Misc. #58

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
7/11	72	To Above Balance	117	50	$ 117	50			To Balance Forward			$	
7/11	72	By Payment	$ 117	50	$ NOTHING				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

60

RECORD OF FUNERAL

Total No. 66 Yearly No. 26 Date of Entry July 13 1972

Name of Deceased MARY HEMPEL (What Race)

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

Residence 340 ATWOOD ST Pgh 13

Charge to Phone 885 2248

Address

Order given by JAMES FRIEND 3083 ARUBA ST 15 (or informant)

How secured

If Veteran, Name of War

Occupation Retired 210-07-2977 B (Social Security Number)

Employer and Address

Date of Death July 13 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10 29 1899 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Brennan

His Birthplace

Maiden Name of Mother Rosalyn Lynch

Her Birthplace

Date of Funeral July 17 1972 (Date) (Day of Week) (Hour) M.

Services at Chapel

(Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pgh Pa

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

Place of Death Mercy Hospital

Cause of Death CARDIAC CANCER

Contributory Causes Generalized Metastatic Cancer

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket Regent 5198 BR PX (State Color and Number)

Manufactured by National

Cemetery / Crematory } Calvary Cem

HEMPEL
On Thursday, July 13, 1972, Mary, wife of the late Walter Hempel, sister of Mrs. Nora McPhillips, Mrs. Agnes Friend and Jane Brennan. Funeral from THE JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday at 10 o'clock. Mass of the Resurrection in St. Agnes Church at 10:30.

Diagram of Lot or Vault

Lot No. 243
Grave No. 5
Section No. 1
Block No.
Owner

Misc. Wm Brennan Mc Phillips
109 KINGS DALE RD
Pgh PA 15221 - 22
$23-5440

Complete Funeral (except outlays)	$
Casket Tan Velv Bronze	1099 00
Burial Vault or Box (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	35 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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	150 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	15 00
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in FUNERAL HOME Papers	18 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1433 00
Less	$ 50 00
Balance	$ 1383 00
Entered into Ledger, page or below.	1345 00

Misc. 13773 961

Billed 10/3/72

Date		Amount Paid	Balance
7/31 72	To Above Balance	350 00	1033 00
8-15 72	By Payment	350 00	683 00
9-5-72	" "	679 30	103 70
	" "	60 —	43 70
	" "		
	" "		

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

Insurance $ Names of Lodges Insurance Companies

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

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

maturity at the rate of % per annum.

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 64 Yearly No. 27 Date of Entry July 23 1972

Name of Deceased MARY ORLANDO

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 9 Marion St Phila 19 ☐ Husband ☐ Wife ☐ Widow } or ..... of } ..... (What Race)

Charge to John & Virginia Martino Age of Husband or Wife (if living) ..... Years

Address 506 Penn Vista Dr 35

Order given by # 244 1799 (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Retired 160 22 7196A (Social Security Number)

Employer and Address .....

Date of Death July 23 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12-1-97 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Italy

Maiden Name of Mother Unk

Her Birthplace Italy

Date of Funeral July 27 1972 (Date) (Day of Week) (Hour) M.

Services at St. Upheavy

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace ITALY

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

Place of Death St. Chas. T.M.P. Fishp Road

Cause of Death Cerebral Vascular accident

Contributory Causes Gen. arterio sclerosis

Certifying Physician Dan J. Purcell (or Coroner)

His Address Jan. J. K. Ave.

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by Natural (State Color and Number)

Cemetery / Crematory } Mount Carmel

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

.....

.....

Church, 46th St. at 10 a.m.

ORLANDO

On Sunday, July 23, 1972, Mary, beloved mother of Mrs. Mary Ziccardi, Joseph Orlando, Mrs. Bridget Irwin, Rose Orlando, Philip Orlando, Mrs. Virginia Martino, Anna Orlando and Roberto Orlando; also several grandchildren and great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday at 8:30 a. m. Mass of the Resurrection from the Church of The Epiphany at 9 a. m. Visitations, 2-4 and 7-9 p. m.

Complete Funeral (except outlays)	$
Casket Lead Drop	990 00
Burial Vault or Box (State Kind)	165 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	35 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	58 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	
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
McAVOY FUNERAL HOME	
14 line Death Notices in ..... Papers.	25 20
(Names of Newspapers)	
Nov 9, 72	
Sales Tax	
Total Footing of Bill	$ 1247 20
Less PER ..... Balance	$
Entered into Ledger, page ..... or below.	$

13450 N Bill 9-14-72 855 1670

Misc. .....

Date			Amount Paid	Balance
8/3	72	To Above Balance	212 50	$ 1034 70
9/6	72	By Payment	$ 200 00	$ 834 70
10/30	72	" " 55	$ 211 20	$ 623 50
11/9	72	" "	$ 834 70	$ +211 20
		" " Final Insurance	$ 211 20	

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

62

RECORD OF FUNERAL

Total No. 62 Yearly No. 28 Date of Entry August 4 19 72

Name of Deceased ANTHONY SANFILIPPO

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

Residence 7541 SUSQUEHANNA ST

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

Charge to LOUIS SANFILIPPO

Address 240 Yosemite Drive Vm 35 Pa

Order given by Phone 793 1483 (or informant)

How secured

If Veteran, Name of War NO

Occupation Grocery Retired (Social Security Number)

Employer and Address

Date of Death Aug 4 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4-17-92 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Unk

Maiden Name of Mother Unk

Her Birthplace

Date of Funeral 8 8 72 M. (Date) (Day of Week) (Hour)

Services at Matthew David Cemetery

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death West Penn Hosp

Cause of Death Bilateral pneumonia

Contributory Causes Arterio

Arteriosclerosis

Certifying Physician D Chrupcala (or Coroner)

His Address West Penn

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt Carmel

SANFILIPPO

On Friday, August 4, 1972, Anthony, beloved husband of the late Mary Moore; father of Louis, Angelus Sanfilippo, Mrs. Mary Meinhart and Mrs. Andre Cecci; stepfather of Mrs. Erma Kantoris and Mrs. Anna Conway; also 20 grandchildren and eight great-grandchildren. Funeral from the JOSEPH MEAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 9 a.m. Mass of the Resurrection from Mother of Good Counsel Church at 9:30 a.m. Visitation with the family 2-4 and 7-9 p.m.

Lot No.

Grave No. 9

Section No.

Block No. Row 15 E

Owner

Mfg.

Complete Funeral (except outlays)	$	
Casket 8 Professional Line		1250 00
Burial Vault or Box (State Kind)		115 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress 7 Clothing (State Kind and Color)		50 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 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, $		20 00
Railroad / Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notice (Paper)		40 50
(Names of Newspapers)		
Sales Tax		
Total Footing of Bills	$	1487 50
Less Balance	$	
Entered into Ledger, page or below.	$	

MEAVOY FUNERAL HOME

PAID

9 14 72

PER

Misc.

Billed 9/4

Cash on Completion

Date		Amount Paid	Balance
9 18 72	To Above Balance	505 42	$ 982 08
9 5 72	By Payment	$ 732 08	$ 250 00
9 14 72	" "	$ 249 30	$ NONE
	" "	$	$
	" "	$	$
	" "	$	$

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

Insurance $ Names of Lodges Insurance Companies

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

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

maturity at the rate of % per annum.

Signed

Witness

Address

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

RECORD OF FUNERAL

Total No. 63 Yearly No. 29 Date of Entry Aug 6 19 72

Name of Deceased GRACE ZAPPA VITALE

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

Residence 53 S Race ST. GREENVILLE Or ☐Husband ☐Wife ☐Widow PA 16125 Age of Husband or Wife (if living) Years

Charge to MARGE CATALANO

Address 14 TAYLOR ST GREENVILLE

Order given by (or informant)

How secured

If Veteran, Name of War

Occupation HOUSEWIFE – (Social Security Number)

Employer and Address

Date of Death Aug 6 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 11 1887 (Mo.) (Day) (Yr.) 85 (Yrs.) (Mos.) (Days)

Name of Father ZACCOLA

His Birthplace ITALY

Maiden Name of Mother UNK

Her Birthplace

Date of Funeral 8/10/72 (Date) (Day of Week) (Hour) M.

Services at (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace ITALY

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

Place of Death GREENVILLE PA

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } CALVARY

Free Oath Notice - Press Employed

Diagram of Lot or Vault

Lot No. 25

Grave No.

Section No. MA

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Prof Line	1385 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $ 5	5 00
Suit or Dress 38 (State Kind and Color)	38 00
Slippers, $ 5 Hose, $	5 00
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cem	20 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 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 Vault	150 00 8/10/72
Lining Grave, $ Lowering Device, $	[illegible]
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	25 00
Railroad / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	55 00
Personal Service	
line Death Notices in Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1735 00
Less PER	$ 40 00
Balance	$ 1695 00

McAVOY FUNERAL HOME EMPLOYEE

8/30/72

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

64

RECORD OF FUNERAL

Total No. 64 Yearly No. 20 Date of Entry August 31 19 72

Name of Deceased CARP RESHETNIK (What Race)

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

Residence 1607 EDNA ST. Bldg.

Charge to MICHAEL BELL (SHERMAN)

Address ABOVE

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

How secured .....

If Veteran, Name of War N/A

Occupation PLUMBER HELPER 187122641A (Social Security Number)

Employer and Address RET.

Date of Death AUG. 31 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT. 28 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UNK.

His Birthplace .....

Maiden Name of Mother UNK.

Her Birthplace .....

Date of Funeral 9-4-72 (Date) (Day of Week) (Hour) M.

Services at ST. MICHAELS RUSSIAN (Address)

Clergyman .....

Religion of the Deceased GR. ORTHODOX

Birthplace RUSSIA

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

Place of Death LONG BEACH MEMORIAL

Cause of Death Cardiovascular Arrest

Contributory Causes Arterial Sclerosis

.....

Certifying Physician Dr. Carlblom (or Coroner)

His Address Memorial Hospital

Motor / Ship } Remains to .....

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

Manufactured by Natural Brown Deep

Cemetery / Crematory } West Midlothian

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. ATTORNEY

Purchased 2 Lots

Complete Funeral (except outlays)	$
Casket	1235 00
Burial Vault or Box Metal Vault (State Kind)	240 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	4 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Forest Lawn Mtg. Pk.	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Forest Lawn Mtg. Pk.	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ F	
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 3 Papers	29 70
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1510 70
Less	$
PER Balance	$
Entered into Ledger, page ..... or below.	

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
11/1/72	To Above Balance	255 60	$1255 70		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 65 Yearly No. 31 Date of Entry Sept 18 1972

Name of Deceased SOPHIA MIKESKA

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

Residence R.D. 2 OAKDALE PA ☐Husband ☐Wife ☐Widow } of } .....

Charge to ALBERT MIKESKA Age of Husband or Wife (if living) ..... Years

Address above

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

How secured .....

If Veteran, Name of War ..... Co .....

Occupation Nurses Aide 163-50-8525 (Social Security Number)

Employer and Address .....

Date of Death Sept 18 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 18 96 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Frank Lukas Lukas

His Birthplace .....

Maiden Name of Mother Lukas

Her Birthplace .....

Date of Funeral Sept 21 Thurs 11 a.m. (Date) (Day of Week) (Hour)

Services at F. Home (Address)

Clergyman Murnyon

Religion of the Deceased .....

Birthplace Lithuania

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

Place of Death Clinic Valley Hosp

Cause of Death Extreme Debility Term

Contributory Causes .....

.....

Certifying Physician Wachs (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 15 C.A. Wood 1445 Blue (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Lithuanian Gen. Russ. Trup Allen Rd.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. P.O. Agency # 256

Complete Funeral (except outlays)	$ XX
Casket Empress and Bronze	1845 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Chatham Complete (State Kind and Color)	57 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	6 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad or Motor / Aeroplane Tickets, $ ..... Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
7 line Death Notices in 2 Papers (Names of Newspapers)	11 20
McAVOY FUNERAL HOME	
Sales Tax Sept 20 72	
Total Footing of Bill	$ 2134 20
Less	$ 22 00
Balance	$ 2112 20

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

Misc. .....

MIKESKA
On Monday, Sept. 18, 1972, Sophia (Sashie), wife of the late John Mikeska, mother of Albert Mikeska. Funeral services from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Thursday at 11 a.m.

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 66 Yearly No. 32 Date of Entry OCT 11 1972

Name of Deceased MARY MONROE

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 2025 TUSTIN ST

Charge to PHILIP MONROE

Address ABOVE 391-0246

Order given by (or Informant)

How secured

If Veteran, Name of War

Occupation HOUSE WIFE (Social Security Number)

Employer and Address

Date of Death OCT 11 72 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father MARY TANEY

His Birthplace SYRIA

Maiden Name of Mother MARIANE TANNOUS

Her Birthplace SYRIA

Date of Funeral OCT 14 72 (Date) (Day of Week) (Hour) M.

Services at (Address)

Clergyman

Religion of the Deceased EA THEOS

Birthplace LEBANON

Resided in the State 22 (or U.S. or City or County) (Years) (Months)

Place of Death PRESBY. UCLA HOSP. L.A.

Cause of Death 1 A) R.A. CEREBRAL HEM.

Contributory Causes 1 CEREBRAL HEMORRHAGE

Certifying Physician Brand Lewing (or Coroner)

His Address PRES. HOSP L.A.

Motor / Ship } Remains to

Size of Casket

Manufactured by NATIONAL (State Color and Number)

Cemetery / Crematory } GOLGOTHA

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. Paid Notice

		(What Race)
☑ Husband ☐ Wife ☐ Widow	of	PHILIP MONROE
or		Age of Husband or Wife (if living) Years

Complete Funeral (except outlays)	$	
Casket 7 PROFESSIONAL SERV.		1325 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Wear (State Kind and Color)		45 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Guardian		20 00
Removal Charges		
Procuring Burial Permit		
7 Certif. Copies of Death Certificates No. (State Number and District)		8 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Guardian		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Guardian		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		25 00
Railroad / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 2 Papers (Names of Newspapers) Herald 3-72		39 80
Sales Tax PER		
Total Footing of Bill	$	1657 80
Less	$	33 00
Balance	$	1624 80

McAVOY FUNERAL HOME

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 67 Yearly No. 33 Date of Entry 10-24- 19 72

Name of Deceased HARRY RIDDLE
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1726 TUSTIN ☐Husband ☐Wife ☐Widow } of } Age of Husband or Wife (if living) Years

Charge to MARY LOU RIDDLE

Address SAME AS ABOVE

Order given by (or informant)

How secured

If Veteran, Name of War WW II 331-67816

Occupation LAB Laborer 159-12-6042 (Social Security Number)

Employer and Address RET

Date of Death OCT 24 1972 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father JOHN RIDDLE

His Birthplace

Maiden Name of Mother BLANCHE McCRAIN

Her Birthplace

Date of Funeral OCT 27 1972 2:00 P.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death MEMORY HOSP PSYCH

Cause of Death BRONCHOPNEUMONIA

Contributory Causes EMPHYSEMA & LUNG CA

Certifying Physician R.C. KACHMAR (or Coroner)

His Address MEMORY HOSP

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket Perpetual Bronze	1690	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery	30	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
12 Certif. Copies of Death Certificates No.	24	00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ~~Palms~~, $ ~~Matting~~, $	132	50
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 / Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers (Names of Newspapers) McAVOY FUNERAL HOME	33	10
Sales Tax 12/1/8/72		
Total Footing of Bill	$ 2121	60
Less	$	
Balance PAID	$	

PER

Entered into Ledger, page 22 or below

Misc.

Date		Amount Paid	Balance
11/13/72	To Above Balance	2012 80	$ 108 80
	By Payment	$ ~~100 00~~	$
12/3/72	" "	$ 75 00	$ 33 80
12/18/72	" "	$ 33 80	$ Paid
	" "	$	$
	" "	$	$

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

RECORD OF FUNERAL

Total No. 68 Yearly No. 34 Date of Entry NOVEMBER 11 19 72

Name of Deceased GARRIE BARRY

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

Residence 76 South 24th Phila 15203 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to GEORGE BARRY

Address Above

Order given by Above (or Informant)

How secured

If Veteran, Name of War No

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death November 11 1972 9am (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10/14/1897 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Maynard Bland

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace

Date of Funeral Nov 14, 1972 M. (Date) (Day of Week) (Hour)

Services at Ft

Clergyman Unknown (Address)

Religion of the Deceased Methodist

Birthplace Pa

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

Place of Death Manufacturers Hosp Phila

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Hilbert WEINTRAUB MD (or Coroner)

His Address Montefiore Hosp

Motor / Ship } Remains to

Size of Casket Medium Compound (State Color and Number)

Manufactured by Aurora 11-70-HL

Cemetery / Crematory } Greenmount Cem 15 Pa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$		
Casket 9 Mahogany Davenport Crest		618	00
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ Hair Dressing, $			
Dressing Body, $ Underwear, $			
Suit or Dress Unfurnished (State Kind and Color)		40	00
Slippers, $ / Hose, $ /			
Folding Chairs, $ Tarpaulin, $			
Candelabrum, $ Candles, $			
Door Spray, $ Gloves, $			
Funeral Car, $ Ambulance, $			
Limousines to Cemetery @ $			
Extra Limousines @ $			
Autos to R. R. Station @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2	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, $ Singers, $ Organist, $			
Railroad / or Motor { Tickets, $ Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
line Death Notices in Papers			
(Names of Newspapers) None			
Sales Tax			
Total Footing of Bill	$	800	00
Less	$		
Balance	$		

Entered into Ledger, page or below.

Misc. PER

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
11/21	72	To Above Balance	488	00	$				To Balance Forward			$	
12/8/72		By Payment Mutual	$ 492	72	$				By Payment	$		$	
		" " MUTUAL	$ 180	00	$				" "	$		$	
		" "	$ 312	72	$	Paid			" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 69 Yearly No. 35 Date of Entry DECEMBER 8 1972

Name of Deceased NORA ASSAD
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2000 FORBES AVE ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to HELEN ASSAD

Address 2000 FORBES Pgh. PA 15219

Order given by ABOVE (or Informant)

How secured

If Veteran, Name of War

Occupation HOUSEWIFE H.C. (Social Security Number)

Employer and Address

Date of Death DEC. 8, 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth DEC. 1, 1892 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHARLES HADEN

His Birthplace LEBANON

Maiden Name of Mother Unk.

Her Birthplace LEBANON

Date of Funeral MON. DEC. 11 1972 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY CHURCH

Clergyman

Religion of the Deceased CATHOLIC (Address)

Birthplace LEBANON

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

Place of Death MERCY HOSP. Pgh. Pa. (Years) (Months)

Cause of Death MYOCARDIAL INFARCTION

Contributory Causes ARTERIOSCLEROTIC HEART DISEASE

Certifying Physician DR. TURNER M.D. (or Coroner)

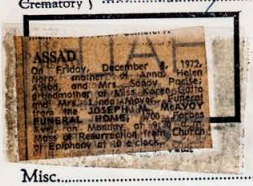
His Address MERCY HOSP. Pgh. Pa.

Motor / Ship } Remains to

Size of Casket 3¼ 44 CATAFALQUE 1409 INTERIOR (State Color and Number)

Manufactured by AURORA DIST. C

Cemetery / Crematory } CALVARY Pgh.


ASSAD
On Friday, December 8, 1972, Nora, mother of Annadel, Helen, Nancy, Patricia and Mrs. Sonny Parisi; grandmother of Miss Karen Gatto and Mrs. Lisa Lynn Meyer. Funeral from the JOSEPH A. MAVOY HOME, 2000 Forbes Ave. Monday at 9:30 a.m. Mass of Resurrection from Church of Epiphany at 10 o'clock. Visit

Lot No.

Grave No.

Section No. 70

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket PROFESSIONAL SERVICE	1295	00
Burial Vault or Box (State Kind)	175	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress CAMARETTE OUTFIT (State Kind and Color)	50	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ FLOWER CAR	20	00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 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 FAMILY PLOT		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $	164	50
Opening of Grave or Tomb FAMILY PLOT		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 3 Papers (Names of Newspapers)	27	60
Sales Tax McA		
Total Footing of Bill	$	1776 10
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 .....

Address .....

RECORD OF FUNERAL

Total No. 70 Yearly No. 36 Date of Entry DEC 11 1972

Name of Deceased JOHN J DEZORT

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1807 TUSTIN

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

Charge to MRS MARYE DEZORT (SISTER)

Address 1310 DARMONT AVE

Order given by PHONE 5216 (PHONE 344 8360)
(or Informant)

How secured

If Veteran, Name of War WW II

Occupation CAR DRIVER

Employer and Address PA RR CAR 17118 2328
(Social Security Number)

Date of Death DEC 11 1972 6 A.M.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 12 1919 Age 53
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father EDGAR J DEZORT

His Birthplace

Maiden Name of Mother MARTHA FINNELL

Her Birthplace

Date of Funeral DEC 14 1972 M.
(Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman

Religion of the Deceased CATHOLIC
(Address)

Birthplace PA

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

Place of Death MERCY HOSP PGH PA

Cause of Death CA UPPER LOBE L. LUNG

Contributory Causes DISEASE LIVER & BONE METASTASES

Certifying Physician DL CARES
(or Coroner)

His Address MERCY HOSP PGH

Motor / Ship } Remains to

Size of Casket 11 11 11 COPPERTONE VANGUARD

Manufactured by 1747 POSEIDAN MANESTIC (State Color and Number)

Cemetery / Crematory } GALILEE 104 00104EE 81

Death Notice Approved

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 7 PROFESSIONAL SERVICES	1000 00
Burial Vault or Box L.R.R. (State Kind)	115 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to Cemetery	20 00
Removal Charges	
Procuring Burial Permit	
3 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb FAMILY CALL	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 2 Papers	19 80
(Names of Newspapers)	
Sales Tax McAVOY FUNERAL HOME	$ 1180 80
Total Footing of Bill	$ 30 00
Less Balance	$ 1150 00
Entered into Ledger, page ____ or below	

Misc.

Date		Amount Paid	Balance
12/28 72	To Above Balance	675 00	$ 500 00
1/2 73	By Payment Cash Visa	$ 75 00	$ 425 00
3/7 73	" "	$ 250 00	$ 175 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed Address

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

RECORD OF FUNERAL

Total No. 71 Yearly No. 37 Date of Entry DEC 15, 1972

Name of Deceased EDWARD J KELLINGTON

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2001 BLVD OF ALLIES

☐Husband ☒Wife ☐Widow of Edna R Kellington (What Race) Age of Husband or Wife (if living) Years

Charge to EDNA R KELLINGTON

Address AS ABOVE

Order given by Phone 471-2269 (or Informant)

How secured

If Veteran, Name of War WW I 331497 79

Occupation PAINT WORKER

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

Date of Death DEC 15 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JUNE 11 1920 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHARLES KELLINGTON

His Birthplace

Maiden Name of Mother JULIA HOWARD

Her Birthplace

Date of Funeral DEC 19 1972 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman

Religion of the Deceased CATHOLIC (Address)

Birthplace PA

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

Place of Death S. S. HOSP 19 3 PA

Cause of Death BRAIN METASTASES FROM

Contributory Causes LUNG MALIGNANCY

PULMONARY CA

Certifying Physician DR MAZZEI (or Coroner)

His Address SIDE HOSP PHILA PA

Motor / Ship Remains to EVERGREEN STATE

Size of Casket 213 HL 1302 (State Color and Number) WHITE GOLD

Manufactured by AURORA CO 15 00

Cemetery CALVARY

Lot No.

Grave No.

Section No.

Block No.

Owner


KELLINGTON
On Friday, December 15, 1972, Edward J. Kellington, beloved husband of Mrs. Mary Ann Sienko, beloved father of Mrs. William Reiser, Mrs. Leo Kelly and Clem Kellington, dear brother of Mrs. Mary Lucero, Mrs. Bernadette Egger and Mrs. Elizabeth Mosiare, also loving grandchildren, Donna Lee, Nikki Ann Funeral from the John P. McAVOY FUNERAL HOME, JOSEPH P. McAVOY FUNERAL HOME, 1900 Porter Ave., on Tuesday, Dec. 19, at 9:30 a.m. Mass of requiem for the repose of his soul at the Epiphany at 10 o'clock. Interment

Misc.

Complete Funeral (except outlays)	$	
Casket 9 Progressional Bronze	1295	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to FLOWER CAR	25	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 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, $ ✓	25	00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
16 line Death Notices in 3 Papers (Names of Newspapers)	42	60
Sales Tax		
Total Footing of Bill	$ 1694	60
Less McAVOY FUNERAL HOME	$	
Balance	$	

Entered in Ledger, page or below.

Misc.

2/28/73 PAID

PER

Date			Amount Paid	Balance	Date			Amount Paid	Balance
Dec	27	COUNTY VITA To Above Balance	75 00	$ 1619 60			To Balance Forward		$
Jan	31	CK 86-430 By Payment	$ 1369 60	$ 250 00			By Payment	$	$
Feb	12	" "	$ 250 00	$ NONE			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 72 Yearly No. 38 Date of Entry Dec. 18 19 72

Name of Deceased FRANK ROTELLO
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

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

Residence 1707 LOCUST

Charge to F. ROTELLO JR

Address [redacted] 67673 ELLIVIEW

Order given by DR. Ph 15243 (or Informant)

How secured

If Veteran, Name of War NO

Occupation RETIRED RAILROADER (Social Security Number)

Employer and Address

Date of Death Dec 18 1972 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APRIL 2 1888 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UNK.

His Birthplace

Maiden Name of Mother HOUSEWIFE

Her Birthplace

Date of Funeral Dec 21 1972 (Date) (Day of Week) (Hour) M.

Services at FUNERAL HOME (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State [redacted] (Or U.S. or County) (Years) (Months)

Place of Death [redacted]

Cause of Death Cerebral hemorrhage

Contributory Causes CONG. HT. FAILURE

PNEUMONIA HT. DIS.

Certifying Physician [redacted] (or Coroner)

His Address EMERGENCY PHYS. ASS'N

Motor / Ship } Remains to

Size of Casket 6'6"X23" 1077 1468 (State Color and Number)

Manufactured by AURORA 1077 1468 CASK

Cemetery / Crematory } CALVARY INT 1468 NB 00142.00

ROTELLO
On Monday, December 18, 1972, Frank, beloved husband of Mary Flora; father of John, Mrs. Betty Perrier and Frank Rotello Jr. also survived by seven grandchildren, Kenneth, Kathy, Tammy, Lynn, Tina Marie, Frank and Anthony. Funeral from the SEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Thurs. day at 9:30 a.m. Mass of the Resurrection at the Church of The Epithany at 10 o'clock.

M RATELLO

Lot No.

Grave No. 27

Section No. MM

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket 6 PROFESSIONAL SERV.	1250	00
Burial Vault [redacted] (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to CEMETERY	25	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
7 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 FAMILY PAID		
Cremation		
Flowers, $ ..... 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		
13 line Death Notices in 2 Papers	26	80
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1545	80
Less McAVOY FUNERAL HOME	$ 25	00
Balance	$ 1520	80

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

12-20-72

Misc.

PER Joseph M McAvoy

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 73 Yearly No. 1 Date of Entry Jan 12 1973

Name of Deceased JAMES J ROUTZHAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 1805 BLVD OF ALLIES Age of Husband or Wife (if living) ..... Years

Charge to DAVID R GARCIA & DEC

Address do above

Order given by above (or Informant)

How secured Comm. Ltr. Auth. Reg. 105.A

If Veteran, Name of War NA

Occupation JANITOR RETIRED

Employer and Address (Social Security Number) 200-05-8092

Date of Death Jan 12 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 25 99 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace "

Maiden Name of Mother Unk

Her Birthplace "

Date of Funeral Jan 15 1973 M. (Date) (Day of Week) (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Protestant

Birthplace NYC

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

Place of Death Mercy Hospital

Cause of Death A SEVD CARDIAC Lung

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Conservancy Okla. Twp.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. ATTORNEY 5191 MUND Russian Masson
Langan Bldg SUITE 1509 - 423 6th
Ph 1-9 - 261 7074

Complete Funeral (except outlays)	$	
Casket 1 Comp. Mahogany		600 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		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		75 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax 3/31/73		
Total Footing of Bill	$	679 00
Less PER Balance to Forw'd	$	
Entered into Ledger, page ..... or below.	$	

McAVOY 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)

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

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 74 Yearly No. 2 Date of Entry Jan. 14 19 23

Name of Deceased MILDRED FORBES

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

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

Residence 121 Mountain St Pig.

Charge to Reg. Hdq. Forbes & Opp

Address Ass. Surgeon

Order given by Dr. Conrad (or informant)

How secured

If Veteran, Name of War 40

Occupation House Worker (Social Security Number)

Employer and Address

Date of Death Jan. 14 1923 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Same

His Birthplace "

Maiden Name of Mother Same

Her Birthplace

Date of Funeral Jan. 16 1923 M. (Date) (Day of Week) (Hour)

Services at

Clergyman Mumyon D.D. (Address)

Religion of the Deceased Protestant

Birthplace Ohio

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

Place of Death Mt. Hope Hosp.

Cause of Death Pneumonia Influenza

Contributory Causes Bronchial Asthma

W.S.H. & V.D.

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Greenwood

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 9 Professional Iron		350 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		27 50
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies 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, $		75 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, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notice to FUNERAL HOME		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	350 00
Less	$	
PER Balance	$	

McAVOY 4/18/23

Entered into Ledger, page or below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 75 Yearly No. 3 Date of Entry Jan. 15 19 73

Name of Deceased Jacob M. Hodak (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 1823 Logue St. Log.

Charge to Barbara Hodak

Address Above

Order given by Above (or informant)

How secured

If Veteran, Name of War N.A.

Occupation Steel Worker (Social Security Number)

Employer and Address Bet.

Date of Death Jan 15 73 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father N.K.

His Birthplace

Maiden Name of Mother Unk.

Her Birthplace

Date of Funeral Jan. 18 - 1973 M. (Date) (Day of Week) (Hour)

Services at St. Nicholas Cath. Chapel St.

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Czechoslovakia

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

Place of Death Presbyterian Hosp. Pgh.

Cause of Death Respiratory Failure

Contributory Causes Chronic Bronchitis

Emphysema Arteriosclerosis

Certifying Physician T.R. Strabone M.D. (or Coroner)

His Address Monaldson Clinic

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } St. Nicholas Cem. Twp.

Lot No. Main Road

Grave No.

Section No.

Block No.

Owner

Applied

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Funeral	1165	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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 Formby P.O.		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ Gen		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers	18	00
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax 1/23/73		
Total Footing of Bill	$	1371 00
Less	$	50 50
Balance	$	1321 50
Entered into Ledger, page ..... PER ..... or below		

Misc. Cash

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

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 76 Yearly No. 4 Date of Entry Jan 19 19 73

Name of Deceased CATHERINE BARRY

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

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

Residence 2123 FORBES AVE

Charge to Geo & Cath. EVANS

Address Admin

Order given by " (or Informant)

How secured

If Veteran, Name of War No

Occupation HOUSE DUTIES

Employer and Address (Social Security Number) 201 38 2723

Date of Death Jan 19 73 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father Unk

His Birthplace "

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral Jan 23 73 M. (Date) (Day of Week) (Hour)

Services at Epiphany R.C.

Clergyman F.R. Wilk (Address)

Religion of the Deceased Catholic

Birthplace Pa

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

Place of Death Mercy Hosp

Cause of Death A.S.C.V.D.

Contributory Causes

Certifying Physician Wenk M.D. (or Coroner)

His Address Mongtr

Motor / Ship } Remains to

Size of Casket 11.70.HL Silv. Vlg (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Cem.

BARRY
On Friday, January 19, 1973, Catherine, wife of the late David Barry; mother of David Barry Jr., Timothy Barry, Mrs. Mary Farren, Mrs. Catherine Evans; survived by 8 grandchildren and 7 great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 9:30. Mass of the Resurrection from the Church of the Epiphany at 10 a.m. Visitations, 2-4, 7-9:30.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Gr. Pat. Basecoat Lacq.	1100 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	30 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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 Extra	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 3 Papers (Names of Newspapers) Sun 13 Sat 1 Mar 20 00	33 80
Sales Tax	
Total Footing of Bill	$ 1380 80
Less D. S. P.	$ 15 35
Balance CAL. HOME	$ 1365 45

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

McAVOY FUNERAL HOME

Misc. 2/14/73

PER

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
1/26	73	To Above Balance	750	00	$ 630	80			To Balance Forward			$	
2/14	73	By Payment	$ 615	45	$ None				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

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

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

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

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

Address .....

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

RECORD OF FUNERAL

77

Total No. 77 Yearly No. 5 Date of Entry JAN 27 19 73

Name of Deceased CHARLES F. KRAMAF

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

Residence BAKER WA LEWTER MARTINSBURG WVA ☐ Husband ☐ Wife ☐ Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to FRED KRAMAF (BROTHER)

Address 299 HAWTHORNE RD Ph 15209

Order given by Above $21-2396 (or informant)

How secured

If Veteran, Name of War WW II

Occupation Retired Clerk 208.01.5157 (Social Security Number)

Employer and Address

Date of Death Jan 27 73 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 17 1897 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father GEORGE M KRAMAF

His Birthplace

Maiden Name of Mother CAROLINE ENGLE

Her Birthplace

Date of Funeral JAN 30 - 73 MON M. (Date) (Day of Week) (Hour)

Services at OFFICE

Clergyman REV MITCHELL (Address)

Religion of the Deceased PROTESTANT

Birthplace PA

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

Place of Death BAKER WVA MARTINSBURG WVA

Cause of Death BAKER VA LEWTER

Contributory Causes

Certifying Physician

His Address BAKER VA LEWTER (or Coroner)

Motor / Ship } Remains to SMITHFIELD EAST END

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } SMITHFIELD EE LEM Pgh.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket # Professional Bronze	1350 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress COMPLETE (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)	
Pall Bearer Service, $ ~~Use of Chapel~~, $	100 00
Gross Total for Sales Tax	$
Outlay for Lot ~~Cemetery~~	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb ~~Cemetery~~	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $	107 50
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	70 00
Personal Service	
8 line Death Notices in 6 Papers (Names of Newspapers) MCAVOY FUNERAL HOME	8 10
Sales Tax	
Total Footing of Bill	$ 1900 60
Less	$
PER Balance	$

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

Misc.

Date			Amount Paid		Balance	Date			Amount Paid		Balance
1/30	73	To Above Balance	1000	00	$ 900 60			To Balance Forward			$
2/28	73	By Payment	$ 900	60	$ Paid			By Payment	$		$
		" "	$		$			" "	$		$
		" "	$		$			" "	$		$
		" "	$		$			" "	$		$
		" "	$		$			" "	$		$

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

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

for the payment of aforesaid sum, and 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. 78 Yearly No. 6 Date of Entry Jan 28 1973

Name of Deceased CECILIA P ARCHER (What Race)

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

Residence 2545 WADSWORTH ST

Charge to THOMAS ARCHER

Address 2545 WADSWORTH ST 1521

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

How secured .....

If Veteran, Name of War N/A

Occupation RETIRED

Employer and Address (Social Security Number) NONE

Date of Death JAN 28 (Mo.) (Day) 1973 (Yr.) (Hour)

Date of Birth 3 (Mo.) 25 (Day) 1899 (Yr.) Age 73 (Yrs.) (Mos.) (Days)

Name of Father U/K

His Birthplace .....

Maiden Name of Mother U/K

Her Birthplace .....

Date of Funeral JAN 31 (Date) 1973 (Day of Week) Wed 10 a.m. (Hour)

Services at EPIPHANY

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death PRES. VAN NESS

Cause of Death STACK

Contributory Causes SEPTICEMIA

STAPHYLOCOCCAL BRONCHOPNEUMONIA

Certifying Physician O.H. Lewis (or Coroner)

His Address PVH

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by AURORA 967HL (State Color and Number) INT 1207

Cemetery / Crematory } CALVARY Pgh

Complete Funeral (except outlays)	$
Casket Professional Bronzes	1295 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	50 00
~~Sister~~ Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	12 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot ~~Extra~~	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Family	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
16 line Death Notices in 2 Papers	25 20
(Names of Newspapers)	
Sales Tax 2/3/73	
Total Footing of Bill	$ 1692 20
Less	$ 28 20
Balance PER	$ 1574 00

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

Misc. .....

ARCHER
On Sunday, Jan. 28, 1973, Cecilia P., beloved wife of the late John J. Archer, mother of Mrs. Agnes Henry, James Archer, Mrs. Stella Cassi and Thomas Archer, sister of Marcella Walter also five grandchildren and five great-grandchildren. Funeral from the JOSEPH A. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday at 9:30 a.m. Mass of Resurrection from Church of the Epiphany at 10 a.m. Visitations 1-4 and 7-9:30.

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

Misc. .....

Date			Amount Paid		Balance	Date			Amount Paid		Balance
1/30	73	To Above Balance	54	20	$ 154820			To Balance Forward			$
		By Payment H20 DISC	1580	00	$ ~~0~~			By Payment			$
		" "			$			" "			$
		" "			$			" "			$
		" "			$			" "			$
		" "			$			" "			$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 79 Yearly No. 7 Date of Entry 2-6 19 73

Name of Deceased INFANT KENNEDY

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1645 WATSON Pgh 19 (What Race)

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

Charge to DPA

Address

Order given by CATHERINE KENNEDY (or informant)

How secured Undertaker

If Veteran, Name of War 2812575

Occupation

Employer and Address (Social Security Number)

Date of Death 2/6/73 A.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2/6/73 SA Age 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother Patricia Kennedy

Her Birthplace Pgh

Date of Funeral Feb 9 1973 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Cath

Birthplace Pgh

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

Place of Death St Margt Hosp

Cause of Death Multiformed Maturand

Contributory Causes Emaciated Infant

Certifying Physician R C Vanderveer (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No. 24

Section No. 18 Angels

~~Block~~ R&W No. 11

Owner

Misc. Mrs. Miles Burial Clerk

DPA - 565 5431

Complete Funeral (except outlays)	$
Casket & Professional Services	50 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
..... Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	40 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
16 line Death Notices in 2 Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 90 00
Less	$
Balance	$

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

Misc.

Date		Amount Paid	Balance
3/8/73	To Above Balance	30 00	$ 60 00
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 80 Yearly No. 8 Date of Entry Feb 11 1973

Name of Deceased CATHERINE DALY WAGNER (What Race)

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

Residence 631 MARYLAND AVE Apt 32

Charge to CATHERINE MCCALE 362 5138

Address AS ABOVE

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

How secured .....

If Veteran, Name of War N/A

Occupation HOUSE WIFE (Retired)

Employer and Address ..... (Social Security Number) 162 26 6259

Date of Death Feb 11 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAR 14 96 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father [illegible] MAN Baumgaugh

His Birthplace .....

Maiden Name of Mother Catherine Reany

Her Birthplace .....

Date of Funeral Feb 15 73 (Date) (Day of Week) (Hour) M.

Services at E.P. Reany

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Pa

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

Place of Death Marquesan County Hosp

Cause of Death Natural Causes

Contributory Causes Myocardial Infarction

Certifying Physician Antonio C. Luis (or Coroner)

His Address Marquesan

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by Raymond S. Yapp Hdl (State Color and Number)

Cemetery } Calvary
Crematory }

Lot No. 87

Grave No. .....

Section No. K

Block No. .....

Owner Cath. Baumgaugh

Misc. Mrs. Cath. McCale

Safe .....

Church on ..... at 10 o'clock

WAGNER

On Sun. Feb. 11, 1973, Catherine (Beer) Kennedy Daly, 1701 Cecil St. (Uptown), widow Joseph Wagner. Mother of Mrs. Rita Paulson and Mrs. Catherine Micales, sister of Mrs. Rose O'Neil of Columbus, Ohio, also a grandchild and a great grandchild. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday at 9:30 A.M. Mass of Resurrection from the Church of the Epiphany at 10:00.

Complete Funeral (except outlays) $	
Casket Professional Guarantee	1420 00
Burial Vault or Box (State Kind)	250 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	4 00
Suit or Dress (State Kind and Color)	35 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 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 From	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 3 Papers	33 60
(Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax 4 18 73	
Total Footing of Bill $	1760 60
Less Balance) D.I.62 $	29 00
Entered into Ledger, page ..... of below $	1731 60

PER

Misc. .....

Date			Amount Paid		Balance	
3/6	73	To Above Balance	662	02	$	
2/7	73	By Payment Marquesan Hosp	300	00	$ 798	58
2/28		" Mercers	464	37	$	
2/28		" "	$334	76	$ 197	45
		" "	$		$	
		" "	$		$	

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 21 Yearly No. 9 Date of Entry Feb 26, 1973 19

Name of Deceased FRED HUMM (What Race) W

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 2104 TUSTIN ST Pkh. 19

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

Charge to HUMM, Mary Grace & Betty Humm

Address Oceanside 721-1497

Order given by (or informant)

How secured

If Veteran, Name of War N/C

Occupation Salesman

Employer and Address Retired (Social Security Number)

Date of Death Feb 26 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5/31/1881 Age 91 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FREDERICK HUMM

His Birthplace

Maiden Name of Mother ROSE HOFF

Her Birthplace

Date of Funeral Feb 24 1973 M. (Date) (Day of Week) (Hour)

Services at ST AGNES

Clergyman F. R. SMITH (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 2104 TUSTIN

Cause of Death Natural Finding

Contributory Causes Pneumonia Chronic Obstructive Pulmonary Emphysema

Certifying Physician Mary Beverly M.D. (or Coroner)

His Address 2016 S. 4th Ave. Upps. N.Y.

Motor } Ship } Remains to

Size of Casket AA 10.3.2 2137 (State Color and Number)

Manufactured by Cabaniss

Cemetery } Crematory } Cabaniss

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Square	115	00
Burial Vault or Box Liberty (State Kind)	150	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Black (State Kind and Color)	7	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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)	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, $	25	00
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 Inline Death Notices in 3 Papers	38	60
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 1382	60
Less	$	
Balance	$	

Entered into Ledger, Page ... or below. McAVOY FUNERAL HOME

Misc.

PER


Thursday at 2:30 p.m.
HUMM
On Tuesday, February 20, 1973, Fred, husband of the late Rose Hoff, father of Mrs. Anna May George of Greensburg, Pa., Mrs. Rose Agnes Sisco, also Betty and Brad, at home, brother of Mrs. Matilda Dunmyer and Mrs. Sophia Hills, also two grandsons and one great-grandson. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., from Wednesday at 2 p.m. Mass of Resurrection from St. Agnes Church on Saturday at 9 o'clock. Visitations 2-4 & 7-9.

Date		Amount Paid	Balance
3/6/73	To Above Balance	1283 52	$ 99 08
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

Insurance $ Names of Lodges Insurance Companies

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

Signed

Witness Address

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

RECORD OF FUNERAL

Total No. 82 Yearly No. 10 Date of Entry March 21 1973

Name of Deceased ROSE TIMKIW

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

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

Residence 131 MAYTRIE ST

Charge to WALTER TIMKIW (341-0819)

Address 1214 FALLOWFIELD Pgh 16 Pa

Order given by Robt. L. Shuffer Funeral Home (for informant)

How secured RD Bradford Woods Pa

Funeral requesting 2 or 3 people tonight 7th

If Veteran, Name of War .....

Occupation Retired Social Security Number

Employer and Address .....

Date of Death March 21 1973 (Mo.) (Day) (Hour)

Date of Birth Jan 15 1902 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UNKNOWN

His Birthplace .....

Maiden Name of Mother UNK

Her Birthplace .....

Date of Funeral 3/24/73 (Date) (Day of Week) (Hour) M.

Services at St. Johns Episcopal

Clergyman Rev. Tth St Pgh 3 Pa (Address)

Religion of the Deceased Ukrainian Catholic

Birthplace Ukraine

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

Place of Death Passavant Hospital

Cause of Death Ca HD

Contributory Causes .....

Certifying Physician (or Coroner)

His Address .....

Motor / Ship } Remains to St. Johns Baptist Cem

Size of Casket (State Color and Number)

Manufactured by .....

Cemetery / Crematory .....

TIMKIW (TIMKO) ... On Wednesday, March 21, 1973, Rose, wife of the late Charles Timkiw, mother of Walter Timkiw, Mrs. Frances Fencosky, Mrs. June Shoffery, sister of Katherine Thomason and William Firko; also five grandchildren and five great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Saturday at 9 a.m. Mass of the Resurrection from the Holy Rosary Church, 7th St., South Side at 9:30.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket Professional Grade	1295 00
Burial Vault or Box (State Kind)	250 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Clothing (State Kind and Color)	55 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 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	155 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	15 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1 line Death Notices in 3 Papers	33 80
(Names of Newspapers) JOSEPH M. McAVOY FUNERAL HOME 1700 FORBES AVENUE PITTSBURGH, PA. 15219 PHONE: 391-0667	
Sales Tax	
Total Footing of Bill	$ 1813 80
Less	$
Balance	$

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

Misc. .....

3/27/73

PER .....

Date			Amount Paid	Balance	Date			Amount Paid	Balance
3/24	73	Brother To Above Balance	604 60	$ 1209 20			To Balance Forward		$
3/26	73	By Payment Funeral	$ 604 60	$ 604 60			By Payment	$	$
3/27	73	" " WT 6mm	$ 604 60	$ NONE			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 83 Yearly No. 11 Date of Entry 3/27/ 19 73

Name of Deceased ANZELO NICOLAZZO (Married ☐ Single ☐ Widowed ☐ Divorced) (What Race)

Residence 1905 5th Ave Pgh 19 (☐Husband ☐Wife ☐Widow or ____ of) Age of Husband or Wife (if living) ____ Years

Charge to MARY DIULIS

Address 39 Boundary St Pgh 13 PA

Order given by PHIL NICOLAZZO 1707 Farmers (or Informant)

How secured

If Veteran, Name of War NO

Occupation RETIRED 167-10-7565 (Social Security Number)

Employer and Address

Date of Death March 27 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8/21/1894 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother Unk

Her Birthplace

Date of Funeral March 31 - 1973 M. (Date) (Day of Week) (Hour)

Services at ELIS CHAPEL (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Italy

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

Place of Death

Cause of Death

Contributory Causes

Certifying Physician Blum Coroner (or Coroner)

His Address

Motor / Ship } Remains to Hamilton

Size of Casket 275 LL Cabinet 1449 (State Color and Number) Adjust Crypt

Manufactured by

Cemetery

Crematory

NICOLAZZO

Suddenly on Tuesday, March 27, 1973, Angelo, husband of the late Carmella Stocco; father of Mrs. Antoinette Torch, Mrs. Mary Diulis, Phil Nicolazzo, Carmella McGoldrick, Angelo Nicolazzo and Mrs. Rose Magby; also six grandchildren. Funeral from the JOSEPH A. McAVOY FUNERAL HOME, Mount Oliver Pike, tomorrow, at 9:00 a.m. to a Mass of Resurrection from the Church of the Epiphany at 10 o'clock.

Lot No. 65

Grave No. 111

Section No. 40

Block No. 1

Owner

Misc.

Complete Funeral (except outlays) $	
Casket 8 Professional Mountain	1295 00
Burial Vault or Box (State Kind)	250 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress SUIT (State Kind and Color)	40 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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, $	25 00
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 3 Papers (Names of Newspapers)	33 60
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill 6/6/73	$ 1651 60
Less	$ 40 00
Balance	$ 1611 60
Entered into Ledger, page or below.	
PER J Miller	
Misc.	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/1/73	To Above Balance	356 60	$1295 00		To Balance Forward		$
6/1/73	By Payment	$1000 00	$ 255 60		By Payment	$	$
6/6/73	" "	$ 255 00	$ NONE		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed Address

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

RECORD OF FUNERAL

Total No. 84 Yearly No. 12 Date of Entry APRIL 8 19 73

Name of Deceased INFANT VARI

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence

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

Charge to LOUIS J VARI (FATHER)

Address 2031 ROCKFIELD RD PGH PA 15243

Order given by MRS. VARI (or informant) Email Mother

How secured Phone 355-3186

If Veteran, Name of War

Occupation

Employer and Address (Social Security Number)

Date of Death 4-8-73 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father LOUIS J VARI

His Birthplace PGH

Maiden Name of Mother MARY L HUDSON

Her Birthplace PGH

Date of Funeral 4-9-73 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace

Resided in the State

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

Cause of Death Mat Knowns

Contributory Causes Unavailable Cord

Certifying Physician M. Gibbon (or Coroner)

His Address

Motor / Ship } Remains to Cremation

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 10

Block No. 91 B

Owner Louis Vari

Misc.

Complete Funeral (except outlays)	$	
Casket Engraved Bronze		40 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		20 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers		
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	60 00
Less	$	
Balance	$	

Entered into Ledger, Page of below.

Misc.

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

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 85 Yearly No. 13 Date of Entry APRIL 9 19 73

Name of Deceased GEORGE H. COATES (What Race)

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

Residence 2006 1/2 FORBES ST 19

Charge to ELMER E. COATES BRO.

Address 508 1/2 SEMPLE ST 13

Order given by 681-4987 Phone (or informant)

How secured

If Veteran, Name of War WW II

Occupation Retired 291-09-8624 (Social Security Number)

Employer and Address

Date of Death APRIL 9 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2-28-84 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WILLIAM H. COATES

His Birthplace

Maiden Name of Mother SARAH CRAWFORD

Her Birthplace

Date of Funeral APRIL 12 1973 M. (Date) (Day of Week) (Hour)

Services at Edmund Hand (Address)

Clergyman

Religion of the Deceased Presb

Birthplace PA PA

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

Place of Death Own Home

Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Contributory Causes

Certifying Physician Emil McKeating (or Coroner)

His Address 4614 Centennial

Motor / Ship } Remains to

Size of Casket 1275 HL Cedartone (State Color and Number)

Manufactured by

Cemetery / Crematory } Edlenbusch Sons

COATES
Suddenly on April 9, 1973, George, brother of Robert J. and Elmer Coates; dear friend of Michael Warfield; also survived by nieces and nephews. Funeral service from JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday at 10:30 a. m. Interment Allegheny Cemetery. Visitation with family 1-4, 7-9

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 2 Professional Grenada		1295 00
Burial Vault or Box (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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 Formerly, $		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ 10 Organist, $		
Railroad / Motor Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers)		18 60
Sales Tax 6/14/73		
Total Posting of Bill	$	1471 60
Less	$	
PER Balance	$	

McAVOY FUNERAL HOME

Entered into Ledger, page ..... or Below.

Misc.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
5	10	73 To Above Balance	11	41 60	$ 330	00			To Balance Forward			$	
5	25	73 By Payment Visa	$ 255	00	$ 75	00			By Payment	$		$	
6	15	73 " " "	$ 75	00	$ Paid				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 86 Yearly No. 14 Date of Entry April 1 1973

Name of Deceased MARTIN T PISANO
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 33 WILTENBERGER ST
☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Pgh Pa 15219

Address MR PTH M PISANO

Order given by 2712 ROBERTSON RD (or informant)

How secured Pgh 15226

If Veteran, Name of War No 177-16-9636 (Social Security Number)

Occupation Retired Plasterer

Employer and Address C I T X Pgh

Date of Death March 12 - 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 13 Age 1904 - 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH PISANO

His Birthplace Italy

Maiden Name of Mother FRANCES COSTA

Her Birthplace Italy

Date of Funeral March 23 - 1973 (Date) (Day of Week) (Hour) M.

Services at St Philomena

Clergyman Catholic (Address)

Religion of the Deceased Catholic

Birthplace Pgh Pa

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

Place of Death Mercy Hosp 2nd E

Cause of Death Cor Myocardial

Contributory Causes Infarction

Certifying Physician Dr. Klett Coroner (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket 1032 HV Bronzestone (State Color and Number) 1302

Manufactured by

Cemetery Crematory } Calvary

Diagram of Lot or Vault

Lot No. 7 McAVOY FUNERAL HOME

Grave No. 7

Section No. MM

Block No. X 6126

Owner

Misc.

PER JMcA

Complete Funeral (except outlays)	$	
Casket J. Professional Disallow		1250 00
Burial Vault ~~or Box~~ Vault (State Kind)		250 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		6 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
17 line Death Notices in 3 Papers (Names of Newspapers)		44 20
Sales Tax		
Total Footing of Bill	$	1575 20
Less 3 D/S	$	50 00
Balance	$	1525 00
Entered into Ledger, page ..... or below.		

Misc.

Date			Amount Paid	Balance
3	26	73	To Above Balance	$ 1325 00	$ 200 00
6	26	73	By Payment	$ 200 00	$ NONE
			" "	$	$
			" "	$	$
			" "	$	$
			" "	$	$

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 87 Yearly No. 15 Date of Entry 6-6- 1973

Name of Deceased CATHERINE O'DONNELL

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

Residence 1719 Locust St. Phila. Pa. ☐Husband ☐Wife ☐Widow or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to James M. O'Donnell son

Address /

Order given by James O'Donnell Jr. (Son) (or informant)

How secured

If Veteran, Name of War No

Occupation Housewife 192-10-7166 (Social Security Number)

Employer and Address

Date of Death June 1 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 4, 1900 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father " FOLAN

His Birthplace IRELAND

Maiden Name of Mother " WALSH

Her Birthplace IRELAND

Date of Funeral June 9, 1973 (Date) (Day of Week) (Hour) M.

Services at E. P. Murray

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Ireland

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

Place of Death Misericordia Hospital Phila.

Cause of Death Cerebellar Hemorrhage

Contributory Causes

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

His Address Misericordia Hospital

Motor / Ship } Remains to

Size of Casket Cloisonne Bronze C-2115-A (State Color and Number)

Manufactured by Batesville

Cemetery / Crematory } Calvary

Lot No.

Grave No.

Section No. 40

Block No.

Owner

Complete Funeral (except outlays)	$
Casket 7 Professional Bronzes	1100 00
Burial Vault or Box (State Kind)	150 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress	40 00
(State Kind and Color) Slippers, $ Complete Hose, $ N.C.	4 50
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District) 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 2 Singers, $ Organist, $ 5	25 00
Railroad / Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
McAVOY FUNERAL HOME	
17 line Death Notices in 2 Papers	45 10
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1346 60
Less PER	$ 16 60
Balance	$ 1330 00
Entered into Ledger, page or below.	

Misc.

O'Donnell (Folan)

Catherine, on Wednesday, June 6, 1973, widow of the late Patrick J. O'Donnell; mother of Mrs. Catherine Perrone, Mrs. Anna Marie Troxell, Mrs. Barbara DePofi, Joseph and Patrick and the late John O'Donnell. Mrs. Dempsey of Alexandria, Va., and Julia O'Donnell; sister of Mrs. Martin Folan of Ireland and Thomas and Margaret Walsh in Ireland; also 20 grandchildren. Funeral from JOSEPH M. McAVOY FUNERAL HOME, 1719 Forbes Ave., on Saturday at 9:30 a.m. Mass of the Resurrection in the Church of the Epiphany at 10 a.m.

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

Insurance $ Names of Lodges Insurance Companies

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

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

Signed

Witness Address

RECORD OF FUNERAL

Total No. 98 Yearly No. 16 Date of Entry June 21 1973

Name of Deceased ALICE KAULAKIS (What Race)

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

Residence 116 KIRKPATRICK

Charge to ALBERT KAULAKIS

Address Ca ABOVE

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

How secured .....

If Veteran, Name of War NO

Occupation HOUSE WIFES 203-12-4345 (Social Security Number)

Employer and Address .....

Date of Death JUNE 21 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 22 1922 Age 50 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH JOHNSON

His Birthplace .....

Maiden Name of Mother CATHERINE RUNICUS

Her Birthplace .....

Date of Funeral MON June 25 1973 M. (Date) (Day of Week) (Hour)

Services at ST CASIMIR S.SIDE

Clergyman FR KAULAKIS (Address)

Religion of the Deceased R CATHOLIC

Birthplace PA

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

Place of Death MERCY HOSP PGH

Cause of Death HEPATIC FAILURE

Contributory Causes .....

.....

Certifying Physician .....

His Address Mercy HOSPITAL (or Coroner)

Motor / Ship } Remains to ST CASIMIR CEM WHITEHALL

Size of Casket .....

Manufactured by Aurora (State Color and Number)

Cemetery / Crematory }

KAULAKIS (Johnson)
On Thursday, June 21, Alice, beloved wife of Albert W. Kaulakis; mother of Albert, Jr., Irene, Edward & Barbara Ann Johnson; sister of Stanislaw Johnson. Rem. to JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Monday at 3 p.m. Mass of Resurrection from St. Casimir Church, Southside on Monday at 9 a.m. Family requests visitations 2-4, 7-9, beginning Friday. Funeral home hours 10:30 a.m. to 9:30 p.m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket PROFESSIONAL SERV	1890	00
Burial Vault or Box M IMPERIAL (State Kind)	775	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress COMPLETE OUTFIT (State Kind and Color)	59	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)	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 FAMILY'D		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ FP		
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 6 Papers (Names of Newspapers)	72	00
Sales Tax		
Total Foot MCAVOY FUNERAL HOME	$	2508 00
Less	$	36 00
Balance	$	2472 00

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

PAID

Misc. .....

PER J Mikus

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

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

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

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

Witness ..... Signed ..... Address .....

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

RECORD OF FUNERAL

Total No. 89 Yearly No. 17 Date of Entry June 29 1973

Name of Deceased CATHERINE J LYDON

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

Residence 3200 5th Ave 19

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

Charge to Coleman Lydon

Address as above

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

How secured .....

If Veteran, Name of War .....

Occupation Bookkeeper 10-24-1927 (Social Security Number)

Employer and Address Bentley Forge Hosp

Date of Death June 29 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10-8-20 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace ..

Maiden Name of Mother Unknown

Her Birthplace ..

Date of Funeral July 2 1973 M. (Date) (Day of Week) (Hour)

Services at Ebenezer

Clergyman ..... (Address)

Religion of the Deceased Methodist

Birthplace Pa

Resided in the State 52 (or U.S., or City or County) (Years) (Months)

Place of Death Presbyterian Univ Hosp

Cause of Death Cerebral Coma

Contributory Causes Coronary Thrombosis Infarction

Certifying Physician Wm P Mulvey (or Coroner)

His Address Presbyterian Hosp

Motor / Ship } Remains to .....

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

Manufactured by Unknown

Cemetery / Crematory } Cedarbrook

LYDON
Suddenly, on Friday, June 29, 1973 Catherine J., beloved wife of Coleman Lydon, sister of George Shorman Lydon, sister of John Hall of Atlanta, Ga.; niece of John and Jane Sherrill of Phila. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1706 Fairbanks Ave., on Monday at 9:30 a. m. Mass of the resurrection in Church of the Epiphany at 10 a. m. Visitation with family 2-4 and 7-9. Funeral home hours noon to 9:30 p. m.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays) $	
Casket Professional Services	980 00
Burial Vault or Box (State Kind)	150 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete (State Kind and Color)	30 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	30 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 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	240 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 / Aeroplane / Motor Tickets, $ ..... Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 3 Papers (Names of Newspapers) MCAVOY FUNERAL HOME	34 50
Sales Tax	
Total Footing of Bill $	1489 40
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

Total No. 90 Yearly No. 18 Date of Entry July 22 19 73

Name of Deceased FRANK SABATELLI (What Race)

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

Residence 1807 SARAH ST Lgh.

Charge to NELLIE SABATELLI

Address Advance

Order given by ..... 431-7111 (or informant)

How secured .....

If Veteran, Name of War .....

Occupation Retired Hod CARRIER (Social Security Number)

Employer and Address 167-07-2679

Date of Death July 22 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 13 1897 Age 8 2 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANGELO SABATELLI

His Birthplace ITALY

Maiden Name of Mother UNCLEAR MARIA

Her Birthplace ITALY

Date of Funeral July 26 1973 M. (Date) (Day of Week) (Hour)

Services at EPISCOPAL

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace ITALY

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

Place of Death MERCY HOSP Pgh.

Cause of Death PNEUMONIA

Contributory Causes POSSIBLE SEPSIS

Certifying Physician D. P. Commandi (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to CALVARY

Size of Casket 2828 HL Solid Copper (State Color and Number)

Manufactured by ACKARD

Cemetery / Crematory } CALVARY CEM

Complete Funeral (except outlays)	$
Casket The husband chooses	2835 00
Burial Vault or Box (State Kind)	1100 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete outfit (State Kind and Color)	89 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	16 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 4 Papers	59 80
Total Footing of Bill	$ 4124 80
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc. .....

SABATELLI-(Sabatello)

On Sunday July 22, 1973, Frank, Husband of the late Millie Sabatelli; father of the late Angelo Sabatello; brother of Joseph Sabatella of Buena Park, California and John Sabatello of Long Island, N.Y. Also Anotnio, Antonio and Stephano of Italy. Also four grandchildren and three great-grandchildren. Funeral from THE 2045PH M. McAVOY FUNERAL HOME, 1990 Forbes Ave., on Thursday at 9:30 a. m. Mass at The Resurrection from Church of Epiphany at 10 o'clock. He was a member of St. Anthony Padova Lodge of The U.S.O.A. and Local No. 371 Laborers and Construction Union. Visitations with Family 2-4 and 7-9. Funeral Home hours noon until 9 p. m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner ..... PER J. M. [illegible]

McAVOY FUNERAL HOME

PAID

Sales Tax

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

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

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

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

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

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

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

RECORD OF FUNERAL

Total No. 91 Yearly No. 19 Date of Entry July 29 1973

Name of Deceased THOMAS S. DESMOND Soc. Security No. 210-10-8530

☐ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 1624 FORBES Phila. 19

Charge to CATHERINE STEWART

Address Above

Order given by Above (or informant)

How secured

If Veteran, Name of War HG

Occupation LABORER CITY of Phila. (Social Security Number)

Employer and Address " " FOUND Dead

Date of Death July 29 - 73 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3-11-1911 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS DESMOND

His Birthplace PA

Maiden Name of Mother CATHERINE MURRAY

Her Birthplace PA

Date of Funeral Aug. 2 1973 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death At Home

Cause of Death ASCVD

Contributory Causes

Certifying Physician Weckt - Coroners (or Coroner)

His Address 5442 York Ave.

Motor } Ship } Remains to 5617 Ave. CORP. A. BLANZE

Size of Casket ALL STEEL BRONZE Robert (State Color and Number) AUG 0 2

Manufactured by CAREY 387-207-2196

Cemetery } CALVARY
Crematory }

DESMOND
Suddenly, on Sunday, July 29, 1973, Thomas S., beloved husband of the late Hattie Richards; father of Alice, Hondo, brother of Mrs. Helen Kraus and Mrs. Catherine Stewart; also survived by three grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1624 Forbes Ave., on Thursday at 9:30 a.m. Mass of the Resurrection from Church of Epiphany at 10 o'clock. Visitation beginning Monday at 1 p.m. Funeral home hours noon-9 p.m.

Lot No.

Grave No.

Section No. 46

Block No.

Owner

Misc.

PER

McAVOY FUNERAL HOME

Complete Funeral (except outlays)	$
Casket 7 MAPLESTEAM SERV.	1580.00
Burial Vault or ~~Box~~ MARBLE TIERED TOP (State Kind)	350.00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	12.00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot FAMILY PAID	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb FAMILY PAID	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ Singers, $ ✓ Organist, $ ✓	25.00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 3 Papers	34.30
(Names of Newspapers) Local	
Total	$ 2001.30
Less	$ 33.30
Balance	$ 1968.00

PAID 8/9/73

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

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

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

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

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

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

Signed .....

Address .....

92

RECORD OF FUNERAL

Total No. 92 Yearly No. 24 Date of Entry Aug 9 1973

Name of Deceased ANTHONY E SAMSON

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

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

Residence 119 MOULTRIE ST 19

Charge to WILLIAM SAMSON SISTER

Address Orland Phone 261-1863

Order given by (or Informant)

How secured

If Veteran, Name of War NO

Occupation TEAMSTER 209-10-7932 (Social Security Number)

Employer and Address Retired

Date of Death AUG 9 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9-2-11 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father GEORGE SAMSON

His Birthplace

Maiden Name of Mother MARY ZOGELIS

Her Birthplace

Date of Funeral MON 8/13/73 M. (Date) (Day of Week) (Hour)

Services at ST CASIMIRS

Clergyman

Religion of the Deceased CATHOLIC (Address)

Birthplace PA

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

Place of Death L.A.

Cause of Death DROWNED LOS RIOS

Contributory Causes ARTERIOSCLEROSIS

Certifying Physician C.O. WICKER CORO (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket Vineyard Deluxe (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory } ST CASIMIRS CULVER BLVD


SAMSON
Suddenly on Thursday, August 9, Anthony G. Samson, beloved son of Anthony G. Samson Sr. and Theresa Davis; Mrs. Frank (Mary) Ingoglia and John Samson of Pittsburg and Mrs. William Jansen of Arlington. Visitation and Recitation of the Rosary will be recited at the JOSEPH McAVOY FUNERAL HOME, 124 W. Lincoln Ave. on Monday at 8:30 p.m. Requiem Mass will be celebrated at St. Emydius Church, South Anaheim, on Tuesday, August 14, at 9 a.m. Interment Holy Sepulchre. Visiting hours 2-4 and 7-9 p.m. Funeral Home hours Noon till 9 p.m.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 9 PROFESSIONAL SERV.	1280	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or ~~Dress~~ Complete Outfit (State Kind and Color)	49	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Fem		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $ Fem		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 5 line Death Notices in 3 Papers	39	00
(Names of Newspapers) 3 Times / Standard		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1568 00
Less	$	25
Balance 8/13/73	$	1543 00

Entered into Ledger, page or below.

PER J McAvoy

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 93 Yearly No. 21 Date of Entry AUG 15 1973

Name of Deceased ESTELLA IRENE TIRONE

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 102 SECANE AVE Rpbll (What Race)

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

Charge to JOSEPHINE A GLATCH

Address Os Above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Aug 15 73 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 22 22 Age 51 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WILLIAM WRIGHT

His Birthplace .....

Maiden Name of Mother NANCY IRWIN

Her Birthplace .....

Date of Funeral Aug 18 1973 9a M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman J McConnell (Address)

Religion of the Deceased Prot

Birthplace Va

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

Place of Death 102 Secane Ave Rpbll

Cause of Death Coronary Thrombosis

Contributory Causes .....

.....

Certifying Physician Ernest Mischler (or Coroner)

His Address Coroners Morgue

Motor / Ship } Remains to .....

Size of Casket 5 7 IN L Mayan Mahogany (State Color and Number)

Manufactured by Aurora Ind 206

Cemetery / Crematory } Valley View Memorial

TIRONE (George)
On Wednesday, August 15, 1973, Estella Irene, beloved mother of Mrs. Loretta Johnson, Mrs. Josephine Glatch, Mrs. Ann Moerow, and Mrs. Delores Kaylor; also James and William George; also survived by 17 grandchildren and 25 great-grandchildren. Funeral services from the JOSEPH M. McAVOY FUNERAL HOME, 7200 Forbes Ave., on Saturday at 9 a.m.

Lot No. 115

Grave No. 5

Section No. EE

Block No. .....

Owner Estella

Misc. [illegible] Johansen

1752

Complete Funeral (except outlays)	$
Casket Professional Line	1390 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	40 00
Slippers, $ ..... Hose, $	5 00
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Cemetery	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ 50	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers (Names of Newspapers)	28 80
McAVOY FUNERAL HOME	
Sales Tax 6.25 1.73	
Total Footing of Bill	$ 1662 80
Less Mrs. Mae	$ 499 00
Balance	$ 1163 80

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

Misc. pd ?

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

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

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

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

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 94 Yearly No. 22 Date of Entry Aug 28 1923

Name of Deceased GEORGE RISTON (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

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

Residence 1708 Locust St. 19

Charge to IRENE RISTON 541½ Prater

Address Tioga Place Phila. Pa.

Order given by Sister 24 6944 (or informant)

How secured

If Veteran, Name of War

Occupation Pest (Social Security Number)

Employer and Address Maple

Date of Death AUG 28 1923 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 25 17 Age 5 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANNIS RISTON

His Birthplace SYRIA

Maiden Name of Mother SHEFIKA ELIAS

Her Birthplace SYRIA

Date of Funeral 9/1/23 (Date) (Day of Week) M. (Hour)

Services at ST GEORGE SYR ORTH

Clergyman (Address)

Religion of the Deceased ORTHODOX

Birthplace Pa

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

Place of Death MANTE FUNE

Cause of Death Respiratory Failure

Contributory Causes Pneumonia

Bronchial Grain Conjunction

Certifying Physician Ralph M. Shannon (or Coroner)

His Address 3459 5th Ave Phila 13

Motor / Ship } Remains to

Size of Casket 0212 No BL (State Color and Number)

Manufactured by

Cemetery / Crematory } Mt Lebanon

Complete Funeral (except outlays)	$	
Casket STYLE SERVICE		153 00
Burial Vault or Box ..... (State Kind)		47 50
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ F		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ 8 U CERTAIN		25 00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		10 00
5 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		1 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb ..... Lining		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ 5 00		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
17 line Death Notices in 6 Papers ..... (Names of Newspapers)		7 35
		9 25
Sales Tax		
Total Footing of Bill	$	211 75
Less	$	
Balance	$	

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

Misc. P 11/23/23

Mud 200 Lwd Bentle

281-7788 - 3447 15 Wild Lows



Lot No. 1

Grave No.

Section No.

Block No.

Owner

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1925	23 To Above Balance	1100 00	$ 1714 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 ..... (Firm Name of Funeral Directors)

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

Witness ..... Signed ..... Address .....

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

RECORD OF FUNERAL

Total No. 95 Yearly No. 23 Date of Entry 8-29 1973

Name of Deceased EDNA M WHITEHEAD
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of } (What Race)

Residence 1801 CLAYTON AVE Wilm Del
Age of Husband or Wife (if living) ..... Years

Charge to M.T. BOYD (Mrs. C.)

Address Address

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Retired 173-20-1854 (Social Security Number)

Employer and Address Unknown

Date of Death Aug 29-73 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 27 Age 90 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ELBERT GIBSON

His Birthplace .....

Maiden Name of Mother AGNES GREER

Her Birthplace .....

Date of Funeral 8-31-73 M. (Date) (Day of Week) (Hour)

Services at MC Evans

Clergyman F.D. Coffin Rev. Mrs. (Address)

Religion of the Deceased Presbyterian

Birthplace Pa

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

Place of Death Home of M. Evans

Cause of Death Arteriosclerosis

Contributory Causes Acute Bronchitis

Certifying Physician Philip Hart (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 1077 Mt. Bony Edge Copper (State Color and Number) 1468 Canton Bluish Copper 170

Manufactured by .....

Cemetery / Crematory } Chantilly Cem. Mahlstedt

Whitehead
On Wednesday, Aug. 29, 1973, Edna M., wife of the late Thomas Whitehead; mother of the late Chester Demosey; two grandchildren, and three great-grandchildren, also several nieces and nephews. Blessing service from JOSEPH M. McAVOY FUNERAL HOME, 1700 Jessup, Avenue on Friday morning at 10 a.m.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. #1.5

Complete Funeral (except outlays)	$
Casket 2 Piece Bronze	1298 00
Burial Vault or Box (State Kind)	212 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete (State Kind and Color)	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 (State Number and District)	
3 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 Wilm. 120	145 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ Evans	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 2 Papers (Names of Newspapers)	25 40
9/20/73	
Sales Tax	
Total Footing of Bill	$ 1734 40
Less PER	$
Balance	$
Entered into Ledger, page ..... or below.	173440

Misc. .....

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

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

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

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

Witness .....

Signed .....

Address .....

96

RECORD OF FUNERAL

Total No. 96 Yearly No. 24 Date of Entry 9-7 1973

Name of Deceased CELESTINO RUSSO (What Race)

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

Residence 1733 FORBES 19

Charge to ANTONETTA RUSSO

Address as Above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War N.C.

Occupation Retired 167098214A (Social Security Number)

Employer and Address Self Employed

Date of Death Sept 7 73 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5-20-91 Age 82 (Mo.) (Day) (Yr.) (Yrs) (Mos.) (Days)

Name of Father MICHELE RUSSO

His Birthplace ITALY

Maiden Name of Mother UNK

Her Birthplace ITALY

Date of Funeral SEPT 10 1973 M. (Date) (Day of Week) (Hour)

Services at E.B. Pokorny

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace ITALY

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

Place of Death Mercy Hosp DOA

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 48 Steel Cobble 18 Ga White (State Color and Number) #65 276B

Manufactured by Aldersgate

Cemetery / Crematory } Calvary - Sgls

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

.....

.....

.....

Russo

On Friday Sept 7a 1973 Celestino (Charley), beloved husband of Antonetta Zannella; also 1 nephew and 1 niece in Bovino, Italy. Funeral from the JOSEPH M. McCAVOY FUNERAL HOME, 1700 Forbes Ave. on Monday at 8:30 A.M. Requiem High Mass from the Church of the Epiphany at 10 o'clock. Visitation with family 2-5, 7-10.

Complete Funeral (except outlays)	$	
Casket Professional Servs		1710 00
Burial Vault or Box Liner (State Kind)		350 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
8 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		16 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Wearing, $		
Rental of Tent, $ ..... of Temporary Vault, ...		
Opening of Grave or Tomb Entombment		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges 9/13/73		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad / or Motor } Tickets, $ ..... Auto Service, $ ..... plane		
Telegr., Phone, CB or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rabbi Barnes		20 00
11 line Death Notices in 4 Papers		35 25
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	2154 75
Less DISC	$	50 75
Balance	$	2400 00
Entered into Ledger, page ..... or below.		

Misc. .....

.....

.....

MCCAVOY FUNERAL HOME

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

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

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

for the payment of aforesaid sum, and 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. 97 Yearly No. 25 Date of Entry Sept. 8 19 73

Name of Deceased JOHN DI DONATO (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

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

Residence 518 BRUSH Glen Rose

Charge to VA Hosp. Di Donato M. V 6115 236

Address Same as Above

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

How secured .....

If Veteran, Name of War NA

Occupation Teamster 175.14.8448 (Social Security Number)

Employer and Address .....

Date of Death Sept 8 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 10 1920 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Francis D. Donato

His Birthplace .....

Maiden Name of Mother Linda Criscola

Her Birthplace .....

Date of Funeral Sept 12 1973 M. (Date) (Day of Week) (Hour)

Services at Fairchild Memorial

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Ia

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

Place of Death Mercy Hosp. Ft. D.

Cause of Death Cardiogenic Shock

Contributory Causes .....

.....

Certifying Physician Robt P Blumel (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by Ft. Dodge (State Color and Number) L.R. 1420

Cemetery / Crematory } .....

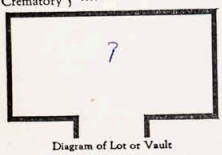


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. #9

Complete Funeral (except outlays)	$	
Casket		1790.00 ✓
Burial Vault or Box Toll Cat (State Kind)		245.00 ✓
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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. 2 (State Physician's or Coroner's)		24.00 ✓
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25.00 ✓
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced McAVOY FUNERAL HOME		
Out of town Funeral Director's Charges		
Personal Service		
7 line Death Notices in 2 Papers		25.80 ✓
(Names of Newspapers)		15.00 ✓
PER		
Sales Tax		21.80
Total Footing of Bill	$	2114.80
Less	$	
Balance	$	2114.00

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

Misc. .....

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

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

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

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

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

Witness .....

Signed .....

Address .....

98

RECORD OF FUNERAL

Total No. 98 Yearly No. 26 Date of Entry 9-11- 19 73

Name of Deceased Babcock E. Tobin

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

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

Residence 1425 Dunlavy 17

Charge to Murray Tobin

Address Same

Order given by Husband (or Informant)

How secured

If Veteran, Name of War No

Occupation Railroad 7416 0883 (Social Security Number)

Employer and Address

Date of Death Sept 11 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 15 1912 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Elias Tobin

His Birthplace Lebanon

Maiden Name of Mother Adele Maghiar

Her Birthplace Lebanon

Date of Funeral 9-14-73 (Date) (Day of Week) (Hour) M.

Services at Trinity Lodge, Victor (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pennsylvania

Resided in the State 61 (or U.S. or City or County) (Years) (Months)

Place of Death Presbyterian Hosp

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 57 HL 1943 Bronze Velvet (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

$495

Complete Funeral (except outlays)	$	
Casket 6 ft Wood Square Top		1695 00
Burial Vault or Box Fair Grade (State Kind)		295 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		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, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Overtime Limo & Funeral		75 00
line Death Notice Papers		40 30
13 (Names of Newspapers)		
2 Photos		
9-25-73		
Sales Tax		
Total Footing of Bill	$	2057 00
Less BER	$	400 00
Balance Paid	$	1938 00

MAJOR FUNERAL HOME PAID

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

Misc.

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 99 Yearly No. 27 Date of Entry 9/11/1973

Name of Deceased LEWIS BOWMAN (What Race)

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

Residence 947 GERRICK DR CAMPBELL

Charge to Emma Bowman wife

Address 721 Southwood Drive 371-5715

Order given by Emily Bowman (or informant)

How secured Sept. 98

If Veteran, Name of War WW II

Occupation Carpenter (Social Security Number)

Employer and Address

Date of Death Sept 11 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 22 1925 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SAMUEL BOWMAN

His Birthplace

Maiden Name of Mother NEVA CARMELL

Her Birthplace

Date of Funeral Sept 15 1973 M. (Date) (Day of Week) (Hour)

Services at F.H.

Clergyman R.R. McConnell (Address)

Religion of the Deceased Protestant

Birthplace Ohio

Resided in the State 7 Mo. (or U.S. or City or County) (Years) (Months)

Place of Death Mo. Valley Vets Hosp

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket 1170 HH SILVER VANGUARD (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory Cobb Memory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1100 00
Casket Prod Bronze (State Kind)		195 00
Burial Vault or Box Ramp Gr.		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		17 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies 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, $		10 00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		344 00
Personal Service		
10 line Death Notices in 2 Papers		16 90
McAVOY FUNERAL HOME (Names of Newspapers)		
9/12-13-14/73		
Sales Tax 3.5% 7.4		
Total Footing of Bill	$	1682 90
Less	$	
Balance	$	

Entered Pro Ledger page 7 or below.

Misc.

Date			Amount Paid	Balance
9/18	73	To Above Balance	677 90	$ 1005 00
10/5	73	By Payment	$ 255 00	$ 750 00
10/20	73	" " Sons	$ 500 00	$ 250 00
2/6	74	" " Pl	$ 250 —	$ None
		" "	$	$
		" "	$	$

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

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

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

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

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

Signed .....

Witness .....

Address .....

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

100

RECORD OF FUNERAL

Total No. 100 Yearly No. 28 Date of Entry 9-14- 1973

Name of Deceased RICHARD J ZAIDEN

☐ Married ☐ Single ☐ Widowed ☐ Divorced 19M (What Race)

Residence 119 McKNIGHT CIRCLE

☐ Husband ☐ Wife ☐ Widow or ..... of } 37 Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Collins ZAIDEN

Address Advance

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War ..... No.

Occupation Self Employed Soc. Sec. 172-14-6349

Employer and Address Self

Date of Death Sept 14 73 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 15 1911 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father RICHARD ZAIDEN

His Birthplace .....

Maiden Name of Mother ZAIDE HYBERTA

Her Birthplace Ingrams

Date of Funeral Sept 18 - 73 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR COST (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 Allegheny Gen Hosp Pgh

Cause of Death Ventricular fibrillation

Contributory Causes Coronary Ht. Disease

.....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

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

Manufactured by .....

Cemetery / Crematory } Queen of Heaven Peters Twp.

ZAIDEN ... Suddenly, on Sept. 14, 1973, Richard J., beloved husband of Marie Collins Zaiden; son of Sadie Zaiden; dear father of Richard, Jr., Mrs. Lorraine Tesone, Beverly Zaiden and Mrs. Elaine Fiskeri; brother of Mrs. Mamie Meadows, Mrs. Emily Toney, Mrs. Leona Stalter, Mrs. Rose Marie Penna, and Mrs. Joan Weber; also survived by four grandchildren. Funeral and interment private. No visitation or calling hours. Donations can be made to the St. Francis Hospital Cardiology Dept. Arrangements by JOSEPH M. McAVOY FUNERAL HOME.

Lot No. .....

Grave No. .....

Section No. K 11

Block No. .....

Owner .....

McAVOY FUNERAL HOME

PAID 10/30/73

PER J. M. McAvoy

Misc. .....

Complete Funeral (except outlays)	$	
Casket 0 Less personal item		1865 00
Burial Vault or Box (State Kind)		350 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		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)		
12 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		24 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Family		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		30 00
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 line Death Notices in 1 Papers Sunday Press (Names of Newspapers)		18 02
Evening Times Sunday Herald		25 80
Sales Tax		
Total Footing of Bill	$	2319 82
Less	$	32 99
Balance	$	2282 83

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

Misc. PAID 10/15/73 11/9/73

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 1 of 1 Yearly No. 29 Date of Entry 9-19 19 73

Name of Deceased HELEN E. LARKIN

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence CAMP MANOR MOBILE HOME PARK UNIONTOWN PENNA 15401

☐ Husband ☐ Wife ☐ Widow or ..... of ..... (What Race)

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

Charge to .....

Address James LARKIN (as above)

Order given by George Haney (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Sept 19 - 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 21 - 24 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Kenneday

His Birthplace .....

Maiden Name of Mother Mary J. Nelson

Her Birthplace .....

Date of Funeral Sept 22 - 73 M. (Date) (Day of Week) (Hour)

Services at Martin Funeral Chapel

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Pa

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

Place of Death West Penn Hosp

Cause of Death Cerebral Respiratory Arrest

Contributory Causes Hypertension & Arteriosclerosis Husband

Park Hospital Connemaugh

Certifying Physician J. Mahoney (or Coroner)

His Address West Penn Hosp

Motor / Ship Remains to .....

Size of Casket .....

Manufactured by (State Color and Number)

Cemetery / Crematory Calvary

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket	1430	00
Burial Vault or Box PP (State Kind)	198	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Dress (State Kind and Color)	45	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	20	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	160	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Friends Phone	10	00
14 line Death Notices in 4 Papers		
2 P.Post 2 P.Post Herald (Names of Newspapers)	42	60
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1897 60
Less	$	
Balance 8-23	$	
Entered into Ledger, page ..... or below		
Misc. PEB		

Larkin
On Wednesday, September 19, 1973, Helen Haney, beloved wife of James Larkin, daughter of Jack Kennedy and the late Grace Kennedy; mother of Eugene, George, Grace, Helen, Susan and the late Joseph H. Larkin. Funeral from the McAVOY FUNERAL HOME, 1700 Forbes Ave., on Sat urday at 9:30 a.m. with Mass of Resurrection from St. Lawrence Catholic Church at 10 a.m. Vis itation with the family 2-4 and 7-9. Funeral home hours noon to 9.

#8

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

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

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

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

Signed .....

Witness .....

Address .....

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

102

RECORD OF FUNERAL

Total No. 102 Yearly No. 30 Date of Entry Sept 26 1973

Name of Deceased Mamie F FLAHERTY

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

Residence VINCENTIAN HOME Lansdowne Road Rg 15237

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

Charge to Sr. ROSEMARY FLAHERTY

Address 1240 N. FRANKLIN ST. PHILADELPHIA PA

Order given by Attendant (or Informant)

How secured .....

If Veteran, Name of War ..... No

Occupation Retired Policewoman

(Social Security Number)

Employer and Address .....

Date of Death Sept 26, 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 7-17-1888 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PATRICK FLAHERTY

His Birthplace IRELAND

Maiden Name of Mother MARY CONRAD

Her Birthplace IRELAND

Date of Funeral Sept 29-73 (Date) (Day of Week) M. (Hour)

Services at St Agnes

Clergyman Rev E. Smith (Address)

Religion of the Deceased Catholic

Birthplace Boston Mass

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

Place of Death Mercy Hosp Phila Pa

Cause of Death Coronary Thrombosis

Contributory Causes Senile Myocardial Degeneration

Certifying Physician Jerry Adsit (or Coroner)

His Address Mercy Hosp

Motor } Remains to
Ship }

Size of Casket 213 HL BRADLEY & COPPER 1411 Hudson Blue Crepe (State Color and Number)

Manufactured by Cincinnati

Cemetery }
Crematory }


9:30 a. m.
FLAHERTY
On Wedn., Sept. 25, 1973, John F., beloved husband of the late Bridget Connolly, father of John, Rev. Kenneth, Fla-Belmont, Ca., Rev. Henry, TOR, and Sr. Rosemary Patrick, RSM, survived by brother RSM, of Ireland, and Sister Muiri, SPM of N.H. Funeral from the J. P. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Sat. at 9 a.m. Mass of the Resurrection in St. Agnes' Church at 9:30 a.m. Visitation Thurs. beginning at 2 p.m. Prayers and Visitation with the family 7-9 p.m.

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

H 8

Complete Funeral (except outlays)	$
Casket 6 Professional Line	1345 00
Burial Vault or Box (State Kind)	235 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Cassock & Cincture (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)	
3 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, $	79 50
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Inside	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
15 line Death Notices in 4 Papers (Names of Newspapers)	45 11
Sales Tax	
Total Footing of Bill	$ 1763 61
Less	- 75 61
Balance	$ 1740 00

Entered into Ledger, page ..... or Below.

Misc. 8 11 9 73

Date		Amount Paid	Balance
10-31 73	To Above Balance	500 00	$ 1265 61
11-23	By Payment	$ 255 60	$
11-30	" "	$ 500 00	$ 510 00
	" "	$ 445 00	$ Paid
	" "	$	$
	" "	$	$

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 103 Yearly No. 31 Date of Entry OCT 19 19 73

Name of Deceased JOHN HORNYAK

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

Residence 446 BROCKLINE BLVD 561 5079 ☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Charge to ISABEL T HORNYAK

Address AS ABOVE

Order given by ... (or Informant)

How secured ...

If Veteran, Name of War NO

Occupation Retired City Highways (Social Security Number)

Employer and Address ...

Date of Death OCT 19 1973 (Mo.) (Day) (Yr.) (Hour)

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

Name of Father JOHN HORNYAK

His Birthplace ...

Maiden Name of Mother UNKNOWN

Her Birthplace ...

Date of Funeral OCT 23 (Date) TUE (Day of Week) 11 A.M. (Hour)

Services at MCAVOY

Clergyman REV MCCONNELL (Address)

Religion of the Deceased PROTESTANT

Birthplace PENNA

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

Place of Death S.S. HOSPITAL D.U.A

Cause of Death R.S.C.V.D

Contributory Causes ...

Certifying Physician DR MUCHA (or Coroner)

His Address 542 - 4TH AVE

Motor / Ship Remains to ...

Size of Casket 11 7C HL SILVER VANGUARD (State Color and Number)

Manufactured by ...

Cemetery / Crematory SMITHFIELD EASTEND ZEM.

Po. 15627.
HORNYAK
On Oct. 19, 1973, John, formerly of Sask., beloved husband of Isabel, father of Mrs. Joan Cromer and Robert John Hornyak, also three grandchildren. Funeral from the JOSEPH McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tues. at 11 a. m.
HUDSON

Diagram of Lot or Vault

Lot No. 242

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Misc. MR Rowland 471-3233 Pau ... Vamp Chivers MR Colley)

Complete Funeral (except outlays)	$ 1323 40
Casket 7 PROFESSIONAL SERVICE	1100 00
Burial Vault or Box VAULT (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains 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
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$ ...
Outlay for Lot ...	
Cremation ...	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb FAM PD	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges ...	
Clergymen, $ ... Singers, $ ... Organist, $	20 00
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges ...	
Cash Advanced ...	
Out of town Funeral Director's Charges ...	
Personal Service ...	
8 Insertions in McKEESPORT NEWS (Names of Newspapers) Papers	22 40
Sales Tax	$ 1345 40
Total Footing of Bill	$ 22 00
Less ... Balance	$ 1323 40

Entered into Ledger, page ... or below.

Misc. PAID OCT 19, 73

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/19/73	To Above Balance	$ 1000 00	$ 323 40		To Balance Forward	$	$
11/2/74	By Payment	$ 323 40	$ NONE		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

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

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

Signed ...

Address ...

104

RECORD OF FUNERAL

Total No. 104 Yearly No. 32 Date of Entry Nov 27 1973

Name of Deceased LOLA HEFFERNAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... (What Race)

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

Residence 1626 TUSTIN

Charge to LOLA FREMAN

Address 30 BLOOMINGDALE DRIVE SCARSDALE NY 10583

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Waitress (Social Security Number)

Employer and Address Retired

Date of Death Nov 27 - 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5/12/1904 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HARRY PRICE

His Birthplace .....

Maiden Name of Mother MARGARET LOMER

Her Birthplace .....

Date of Funeral Nov 30 - 1973 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR. FITZGERALD (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 John F. Kennedy Hospital

Cause of Death Ascites

Contributory Causes Pneumonia

Organic Brain Syndrome

Certifying Physician Eugene C Ivy (or Coroner)

His Address John F. Kennedy Hosp

Motor / Ship Remains to .....

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

Manufactured by .....

Cemetery / Crematory .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket 6 Prop. Personal Items		1185 00
Burial Vault or ~~Box~~ (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress		30 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		
1 Certif. Copies of Death Certificates No. (State Number and District)		2 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		14 40
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		20 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers (Names of Newspapers)		29 25
Sales Tax Paid 1573		
Total Footing of Bill	$	1535 65
Less	$	35 65
Balance	$	1500 00

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

Misc. 362.80 Items to come
255.00 C.S. to come

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Nov	30	To Above Balance	882	20	$				To Balance Forward			$	
Dec	12	By Payment	262	80	$				By Payment	$		$	
		" "	$		$	255 00			" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 104 Yearly No. 33 Date of Entry Dec 02 19 73

Name of Deceased JOSEPH N BROSKY

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 1706 FORBES AVE City

Charge to ROSE BROSKY

Address Edwards

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NO

Occupation Maintenance Man 185-16-3369 (Social Security Number)

Employer and Address Duquesne Light Co

Date of Death Dec 2 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 28 1911 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FELIX JAMROSKI

His Birthplace .....

Maiden Name of Mother STEFANIE CHOJNOWSKI

Her Birthplace .....

Date of Funeral Dec 6 Dwgs 1973 10 A M. (Date) (Day of Week) (Hour)

Services at F.P.P.Home

Clergyman ..... (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 McKees Hosp Pgh

Cause of Death Cerebral Hem Hyper

Contributory Causes .....

Certifying Physician Dr. Geiler (or Coroner)

His Address Mckees Rocks

Motor } Ship } Remains to 2239B

Size of Casket 58 Wide Custom Bronze (State Color and Number)

Manufactured by Quaker Bronze Corp

Cemetery } Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 4 Professional Quality	1525	00
Burial Vault ~~or Box~~ (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress FLC (State Kind and Color)	5	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	12	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cemetery		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Gratis Singers, $ ..... Organist, $ Gratis		
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers	29	25
(Name) MCAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1726	25
Less 12/12/73 D	$ 35	00
Balance	$ 1731	25

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

PER .....

Misc.

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

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

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

Insurance Companies .....

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

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

Signed .....

Witness .....

Address .....

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

106

RECORD OF FUNERAL

Total No. 105 Yearly No. 34 Date of Entry Dec 7 1973

Name of Deceased ROSE FLORIAN

☐ Married ☐ Single ☑ Widowed ☐ Divorced

(What Race)

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

Residence 900 WATSON ST LGH 19

Charge to MARY FLORIAN

Address as above

Order given by " (or Informant)

How secured

If Veteran, Name of War No

Occupation house WIFE

(Social Security Number)

Employer and Address No

Date of Death Dec 7 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2/24/93 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL CILIBERTI

His Birthplace ITALY

Maiden Name of Mother MARIA ZAMBONI

Her Birthplace "

Date of Funeral Dec 10 1973 M. (Date) (Day of Week) (Hour)

Services at FUNERAL HOME

Clergyman FATHER GOLD (Address)

Religion of the Deceased CATHOLIC

Birthplace ROSETO

Resided in the State 80 (or U.S. or City or County) (Years) (Months)

Place of Death LGH HOSP RESIDENT

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket

Manufactured by AURORA (State Color and Number)

Cemetery / Crematory } CALVARY

Lot No.

Grave No.

Section No.

Block No.

Owner

FLORIAN

... Dec. 7, 1973. Rose, wife of the late Ignazio; mother of Mary Florian, Mrs. Barbara Rosato, Mrs. Josephine Baldesari and Dominic and William. Mrs. Emma Hillman and Mrs. Florence Menecaz; also 11 grandchildren and 12 great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Monday at 9:30 a. m. Mass of Resurrection from Church of the Epiphany at 10 o'clock a. m.

Complete Funeral (except outlays)	$	1705 00
Casket PROFESSIONAL 20 GAUGE		1300 00
Burial Vault or Box (State Kind)		190 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from HUNTINGTON W.VA.		50 00
Taking Remains to to Ashland Ky		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges from HUNTINGTON W.VA.		
Procuring Burial Permit		
4 Certif. Copies of Death Certificates No. (State Number and District)		8 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... 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 / Motor { Tickets, $ ..... Aeroplane Service, $ 140		140 00
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges P.D.'s		
Personal Service		
13 line Death Notices in 2 Papers (Names of Newspapers) McAVOY FUNERAL HOME		22 60
Sales Tax		
Total Footing of Bill Jan 22 74	$	1735 60
Less	$	30 00
Balance	$	1705 00
Entered into Ledger Page ..... or below.		

Misc. 685 M74 2011

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Dec	27	73	To Above Balance	1026	50	$			To Balance Forward			$	
1	22	74	By Payment	685	00	$			By Payment			$	
			" "			$			" "			$	
			" "			$			" "			$	
			" "			$			" "			$	
			" "			$			" "			$	

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 107 Yearly No. 35 Date of Entry DEC 20 1973

Name of Deceased LUCIA IANDIORIO
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1907 FIFTH AVE 19

Charge to EDWARD IANDIORIO (Son)

Address 413 CENTER ST Pgh 21 Pa

Order given by (or Informant)

How secured

If Veteran, Name of War NO

Occupation NONE (Social Security Number)

Employer and Address

Date of Death Dec 20 1973 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 13 1894 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANTHONY DELEVERE

His Birthplace IT

Maiden Name of Mother LOUISE MEURIELLO

Her Birthplace IT

Date of Funeral Dec 24 73 Mon 10 A.M. (Date) (Day of Week) (Hour)

Services at ST PHILOMENA'S

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace ITALY

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

Place of Death 1907 5th Ave Pgh 19 PA

Cause of Death

Contributory Causes

Certifying Physician DR BURNELL (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket 5 FT 11 Gunmetal 20 Ga Copper Mist (State Color and Number)

Manufactured by AURORA

Cemetery / Crematory CALVARY

Lot No.

Grave No.

Section No.

Block No.

Owner

11 copies

Complete Funeral (except outlays)	$	
Casket 7 Bronze Passmore Lacquer	1440	00
Burial Vault or Box (State Kind)	295	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		35
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $	35	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)		
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 Forest Land		
Cremation		
Flowers, $ 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 / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 3 Papers (Names of Newspapers) Tribune Review Pittsburgh Sun Telegraph Pittsburgh Press	36	40
Sales Tax		
Total McAVOY FUNERAL HOME	$	1878 40
Less	$	35 00
Balance	$	1843 40

Entered into Ledger, page or below.

Jan 1974

Misc.

PER

IANDIORIO

On Thursday, December 20, Lucia, wife of the late Cira; mother of Mrs. Nancy Foddre, Vincent, Edward and Carmine Iandiorio, Mrs. Elaine McGovern, Mrs. Margaret Camagna; also 19 grandchildren and two great-grandchildren. Visitation beginning Friday at 2 p.m. at JOSEPH M. McAVOY FUNERAL HOME, 1709 Forbes Ave. Mass of the Resurrection from Church of the Epiphany on Monday at 10 a.m. Visitation with family 2-4 and 7-9.

LADDIE

Date			Amount Paid	Balance
12/24	73	To Above Balance	1500 00	$ 343 40
1/11	74	By Payment	$ 343 40	$ PAID
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

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

Insurance $ Names of Lodges Insurance Companies

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

Witness Signed

Address

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

108

RECORD OF FUNERAL

Total No. 1.0.3 Yearly No. 1 Date of Entry Jan 9 19 74

Name of Deceased RUCKER DAVIS

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

Residence 1114 ARKANSAS AVE 16 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to A.P. DAVIS WVD

Address 713 BASO AVE RAVENSWOOD 26164

Order given by GEORGIA PEARCE (or informant)

How secured .....

If Veteran, Name of War NO

Occupation KITCHEN HELPER

Employer and Address Ret 196-12-1999A (Social Security Number)

Date of Death JAN 9, 1974

Date of Birth 6/27/1889 (Mo.) (Day) (Yr.) Age 84 (Hour)

Name of Father JOHN PAULPAK (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

His Birthplace .....

Maiden Name of Mother MARY WEST

Her Birthplace .....

Date of Funeral JAN 12 1974 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman W.C. MUNYON (Address)

Religion of the Deceased Baptist

Birthplace WVa

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

Place of Death ST CLAIR MEMORIAL

Cause of Death PNEUMONITIS

Contributory Causes GENERAL DEBILITATION

.....

Certifying Physician R.L. CIPRIANI (or Coroner)

His Address 420 LAWYERS BLDG

Motor / Ship } Remains to .....

Size of Casket 72 IN. CHAMPION # 0197

Manufactured by ALPHA (State Color and Number)

Cemetery / Crematory } MEMORIAL GDN HILLS

Diagram of Lot or Vault

Lot No. 229A

Grave No. 4

Section No. 34 VIRTUES

Block No. .....

Owner GEORGIA DAVIS

Misc. .....

.....

.....

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Complete Funeral (except outlays)	$	1425 —
Casket PROFESSIONAL SERVICE		1190 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		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		
1 Certif. Copies of Death Certificates No. (State Number and District)		2 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		15 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service MCAVOY FUNERAL HOME		
1 Line Death Notices in 2 Papers		18 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1425 00
Less	$	
Balance	$	1412 00

Entered into Ledger, page 1 or below.

Misc. .....

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Date			Amount Paid	Balance
2/22	74	To Above Balance	1170 00	$ 255 00
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

109

Total No. 109 Yearly No. 2 Date of Entry JAN 28 19 74

Name of Deceased GEORGE OSWALD
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1927 FORBES AVE 19
☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to ELIZABETH OSWALD

Address Co Ward

Order given by ____ (or Informant)

How secured ____

If Veteran, Name of War NO

Occupation SHEET METAL WORKER (Social Security Number)

Employer and Address P & H OUT DOOR ADV.

Date of Death JAN 28 - 74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 1 1915 Age 59 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father GEORGE OSWALD

His Birthplace ____

Maiden Name of Mother EMMA MELL

Her Birthplace ____

Date of Funeral JAN 31 THUR 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIS CHURCH

Clergyman ____ (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 MONG VALLEY R.G.A

Cause of Death ____

Contributory Causes ____

Certifying Physician ____ (or Coroner)

His Address ____

Motor / Ship Remains to IA 15226

Size of Casket 48 CAL BRONZE 18 GA ACCESSORIES (State Color and Number)

Manufactured by 1418 BLVD 216 61 C315 WESTED

Cemetery / Crematory CALVARY CEM

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Diagram of Lot or Vault

McAVOY FUNERAL HOME

Misc. ____

Complete Funeral (except outlays)	$	2415 —
Casket		1795 00
Burial Vault or Box M. Tait Steel (State Kind)		295 00
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $ ____		
Folding Chairs, $ ____ Tarpaulin, $ ____		
Candelabrum, $ ____ Candles, $ ____		
Door Spray, $ ____ Gloves, $ ____		
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines 1 @ $ ____		43 30
Autos to R. R. Station ____ @ $ ____		
Getting Remains 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)		20 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 X deep		240 00
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges ____		
Clergymen, $ ____ Singers, $ ____ Organist, $ ____		25 00
Railroad or Motor Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges ____		
Cash Advanced ____		
Out of town Funeral Director's Charges ____		
Personal Service ____		
11 line Death Notices in 5 Papers		40 76
Pmss 29 30 31 Pg 29 30 (Names of Newspapers)		
Sales Tax		24159 Cap
Total Footing of Bill	$	40 00
Less DIS	$	
Balance	$	24 19 00
Entered into Ledger, page ____ or below.		

Misc. ____

Date		Amount Paid	Balance
1 30 74	To Above Balance	750 00	$ 1769 06
2 10 74	By Payment	$ 1769 06	$ PAID
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

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

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

Witness ____ Signed ____

Address ____

RECORD OF FUNERAL

Total No. 10 D Yearly No. 3 Date of Entry Jan 28 1974

Name of Deceased LORRAINE D. ARNOLD (What Race)

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

Residence

Charge to HARRY LEVINE

Address 214 SENECA ST

Order given by Ward (or informant)

How secured

If Veteran, Name of War NO

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address

Date of Death JAN 28 74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth DEC 16 27 Age 36 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HARRY LEVINE

His Birthplace PA

Maiden Name of Mother ELIZABETH DERMAN

Her Birthplace

Date of Funeral FEB 2 1974 2nd 10 A.M. (Date) (Day of Week) (Hour)

Services at FUNERAL (Address)

Clergyman COST

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death MERCY HOSPITAL

Cause of Death ACUTE BILATERAL BRONCHO PNEUMONIA

Contributory Causes ACUTE RESPIRATORY PYELONEPHRITIS

Certifying Physician DR. CRITCHLOW (or Coroner)

His Address 150 LOCUST ST

Motor / Ship } Remains to –

Size of Casket AURORA 721 HL CUSTOM (State Color and Number)

Manufactured by CR – DOUG MEATED

Cemetery / Crematory } INV. 15414

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	200 00
Casket Professional Invoice		128 50
Burial Vault or Box (State Kind)		150 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
~~Suit or~~ Dress (State Kind and Color)		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)		
3 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 Ward		200 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		240 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		25 00
Railroad / Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 6 Papers (Names of Newspapers) Wed Dem Eve Courier & Co		56 55
SAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill 1/28/74	$	2057 55
Less	$	50
Balance	$	2007 55
Entered into Ledger, page (or below.		

Misc.

Date		Amount Paid	Balance
11 30 74	To Above Balance	2000 00	$ 57 55
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

Signed .....

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

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

RECORD OF FUNERAL

Total No. 110 Yearly No. 4 Date of Entry Feb 5 19 74

Name of Deceased ELIZABETH R SCHOLL (What Race)

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

Residence 40 VAN BRAAM ST

Charge to EDWARD SCHOLL

Address 110 VALLEY RD DR Pgh 29 (3644238)

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War ..... Occupation ..... 170-03-1403 (Social Security Number)

Employer and Address ..... Retired

Date of Death Feb 5 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12-22-10 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN KIDD

His Birthplace .....

Maiden Name of Mother CECELIA FRIEL

Her Birthplace .....

Date of Funeral Feb 9 1974 (Date) (Day of Week) (Hour) M.

Services at ST PHILOMENA

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death MERCY HOS Pgh

Cause of Death PULMONARY EMBOLISM

Contributory Causes FRACTURE OF LEFT LEG

Certifying Physician CYRIL H WECHT (or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to .....

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

Manufactured by Lemmon # 8 00 7240

Cemetery / Crematory } Calvary Cem 14884

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	1825	—
Casket # PROF SERV	1480	00
Burial Vault or Box ..... (State Kind)	120	00
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 10	10	00
Suit or Dress 50 (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)	8	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, $	160	00
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ Singers, $ ..... Organist, $ K	25	00
Railroad / Aeroplane Tickets, $ ..... Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 5 Papers	51	80
(Names of Newspapers)		
Sales Tax ..... $	19	74 80
Total Footing of Bill ..... $	25	00
Less ..... Balance ..... $	1949	80

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

PER .....

Misc. Bk 11 14 74

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

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

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

H. W. Feigman, Long Beach, California

RECORD OF FUNERAL

Total No. 112 Yearly No. 5 Date of Entry Feb 6 1974

Name of Deceased EDWARD J KRAJEWSKI

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

Residence 927 WESTERN AVE PGH 12 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to JOHNNA FARM Adv

Address 30 LARSON AVE PGH 15205

Order given by Son

How secured (or informant) 3 Loans At 225.07713

If Veteran, Name of War WW II (Less than 90DS)

Occupation CARPENTER 169-03-9518 (Social Security Number)

Employer and Address Ret. Unknown

Date of Death February 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4/ 30/ 26 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MATTHEW KRAJEWSKI

His Birthplace

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral 2-8-74 (Date) (Day of Week) (Hour) M.

Services at FH

Clergyman McCONNELL (Address)

Religion of the Deceased P.M.E.

Birthplace Pa

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

Place of Death Allegheny Gen Hosp

Cause of Death CA Breast

Contributory Causes Coronary Insufficiency

Lung Abscess Respiratory Failure

Certifying Physician E McGeorge (or Coroner)

His Address Allegheny Gen

Motor / Ship } Remains to

Size of Casket 771 AA (State Color and Number)

Manufactured by

Cemetery / Crematory } Smith Rhull & Z Cem

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Poplar Mah	1285	00
Burial Vault or Box (State Kind)	150	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	12	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Paid		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Paid		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	15	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers (Names of Newspapers)	15	90
Sales Tax		
Total Footing of Bill	$	1517 90
Less	$	
Balance	$	

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

Misc. Bill 11 1/2/74

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

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 11-3 Yearly No. 6 Date of Entry FEB 7 1974

Name of Deceased MARGARET BLANEY (What Race)

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

Residence 1703 FORBES AVE Pitts

Charge to MARIE BLANEY

Address Same

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NO

Occupation Nat Chmn Worker 167-01-7448 (Social Security Number)

Employer and Address Rowland Comp

Date of Death Feb 7 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APRIL 13 1896 Age 77 - 5 - 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH BLANEY

His Birthplace IRELAND

Maiden Name of Mother CLARA FERNAN

Her Birthplace Rutland

Date of Funeral Feb 11 - 74 (Date) 10 A.M. (Day of Week) (Hour)

Services at ST PATRICKS

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death Mercy Hosp Pgh

Cause of Death 1st Cerebral Vascular Hemorrhage

Contributory Causes .....

Certifying Physician J M Abeln (or Coroner)

His Address Mercy Hosp Pgh

Motor / Ship } Remains to .....

Size of Casket 771 HL 001220 (State Color and Number)

Manufactured by Aronamink

Cemetery / Crematory .....

Diagram of Lot or Vault

Lot No. 55

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. 1835 Center Ave

232-3062 Mrs Reed Legal Secy

Room 203 Mon Valley Hosp

Complete Funeral (except outlays)	$	
Casket 771 802		~~800.00~~
Burial Vault or Box (State Kind)		190 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		10 00
Suit or Dress		50 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. (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		160 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in ..... Papers		32 00
1 Pgh 2 Pgh Sun Tel 1 Pgh (Names of Newspapers)		
1 Pgh Sun Tel		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	~~1250 00~~
Less 4/1 Balance	$	1275 74
Entered into Ledger, page ..... or below.		

PER

Misc. .....

Date			Amount Paid	Balance
3/11	74	To Above Balance	1022 74	$
4/19	74	By Payment	$ 2 55 00	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

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

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

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

Signed .....

Address .....

Witness .....

RECORD OF FUNERAL

Total No. 11 [illegible] Yearly No. 7 Date of Entry Feb. 14 19 74

Name of Deceased JOHN BUGAILIS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Residence 145 MOULTRIE ST Age of Husband or Wife (if living) ..... Years

Charge to MILLIE BUGAILIS

Address Same as above

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

How secured .....

If Veteran, Name of War NO

Occupation BAR OWNER (209-09-2169) (Social Security Number)

Employer and Address Self Emp

Date of Death Feb 14 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 20 1887 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father GR

His Birthplace LITHUANIA

Maiden Name of Mother Unk

Her Birthplace LITHUANIA

Date of Funeral FEB 18, 1974 M. (Date) (Day of Week) (Hour)

Services at ST CASIMIR (Address)

Clergyman FR. WALTER

Religion of the Deceased CATHOLIC

Birthplace LITHUANIA

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

Place of Death 145 MOULTRIE

Cause of Death CONGESTIVE HT. FAILURE

Contributory Causes ARTERIO SCLEROSIS

Certifying Physician Leslie Dun (or Coroner)

His Address 3515 - 5th Ave.

Motor / Ship } Remains to .....

Size of Casket SOLID COPPER # 07650

Manufactured by AURORA (State Color and Number)

Cemetery / Crematory } ST CASIMIR WHITEHALL

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc .....

Church, at 10 a. m.

BUGAILIS

On Thursday, February, 14, John; beloved husband of Millie Bugailis; father of Mrs. Constance Guider; father-in-law of Adam Guider; grandfather of Joanne Bloomer; great-grandfather of Victoria and Elizabeth Bloomer; grandfather-in-law of Ralph Bloomer. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday, at 8:30 a. m. High mass of requiem from St. Casimir Church, South Side, at 9 a. m. Visitation 12 noon til 9 p. m.

BURIAL

Complete Funeral (except outlays)	$ 365 00
Casket 1 Cooperhead Bronze	315 00
Burial Vault or Box Mausoleum (State Kind)	475 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Fm (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	12 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	50 00
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
15 line Death Notices in 3 Papers	39 75
(Names of Newspapers) Sun Post & Press	
Sun Press	
Sales Tax	
Total Footing McAVOY FUNERAL HOME	$ 367 75
Less	$ 10 75
Balance	$ 357 00

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

Misc. .....

PAID 3/21/74

RER

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

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

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

Witness .....

Signed .....

Address .....

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

RECORD OF FUNERAL

Total No. 115 Yearly No. 8 Date of Entry Feb 17 19 74

Name of Deceased CHARLES LEWIS (What Race)

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

Residence 1420 CENTER AVE 1700 WASHINGTON BLVD

Charge to ROSA FISHER LEWIS

Address

Order given by WIFE (or Informant)

How secured

If Veteran, Name of War WWII

Occupation Res Salesman (Social Security Number)

Employer and Address Ret'd

Date of Death 2-17-74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3-20-09 (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father HARRY LEWIS

His Birthplace

Maiden Name of Mother Emma Helen BUHR

Her Birthplace

Date of Funeral Feb 20 74 M. (Date) (Day of Week) (Hour)

Services at Engelwood

Clergyman R R Cost (Address)

Religion of the Deceased Cath

Birthplace Ia

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

Place of Death Mem Hosp Long Bch

Cause of Death Cong Ht failure

Contributory Causes Res Emphysema

Pneumonia

Certifying Physician C E Tennant MD (or Coroner)

His Address Memorial Hosp

Motor / Ship } Remains to

Size of Casket 2 Cab Pc (State Color and Number)

Manufactured by

Cemetery / Crematory } St Mary's Cemetery Penn 1145 W.

Diagram of Lot or Vault

Lot No. 4-A

Grave No. 5

Section No. X

Block No.

Owner Mrs. Lewis

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Services	375	00
Burial Vault or Box (State Kind)	475	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $	60	00
Suit or ~~Dress~~ (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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 Forn		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Forn		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ V Singers, $ ..... Organist, $ V	70	00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total For Mortuary AVOY FUNERAL HOME	$	428 00
Less	$	
Balance	$	

PAID

Entered in 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 .....

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

116

RECORD OF FUNERAL

Total No. 116 Yearly No. 9 Date of Entry 4-2 1974

Name of Deceased ANTHONY STERANKA STERANKA
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... (What Race)

Residence 3808 HEADLEY ST Apt 24 Age of Husband or Wife (if living) ..... Years

Charge to KATIE TULECK OTTAWA

Address 908 CLINTON ST Apt

Order given by ANDY PAWLOWICH (or informant)

How secured 4-21-3564

If Veteran, Name of War NO

Occupation RADIO (RAD.) 209-01-2565A (Social Security Number)

Employer and Address

Date of Death APRIL 2 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10-19-1887 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANTHONY STERANKA

His Birthplace POLAND

Maiden Name of Mother TILLIE RUDY

Her Birthplace POLAND

Date of Funeral APRIL 4 1974 (Date) (Day of Week) (Hour) M.

Services at ERIPLANY

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace POLAND

Resided in the State 86 (or U.S. of Citizen County) (Years) (Months)

Place of Death John J. Kane

Cause of Death Bronchopneumonia

Contributory Causes Arteriosclerosis

Certifying Physician No Physician (or Coroner)

His Address No Address

Motor / Ship Remains to Greenwood Cem.

Size of Casket Cloth (State Color and Number)

Manufactured by

Cemetery / Crematory Greenwood Memorial Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Bronze Amount	751	20
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service McAVOY FUNERAL HOME		
line Death Notices in Papers.		
(Names of Newspapers) 6/25/74		
Sales Tax PER		
Total Footing or Bill	$	751 20
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. 5 to be paid

Date		Amount Paid	Balance
4-10-74	To Above Balance	496 20	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

Insurance $ Names of Lodges Insurance Companies

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

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

Witness Signed

Address

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

RECORD OF FUNERAL

Total No. 110 Yearly No. 10 Date of Entry MAY 3 19 74

Name of Deceased BARTLEY A O'TOOLE

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

Residence 4003 PENN AVE Pgh 24 ☐Husband ☐Wife ☐Widow } of } Age of Husband or Wife (if living) Years

Charge to HAZEL O'TOOLE

Address Above

Order given by (or informant)

How secured

If Veteran, Name of War No

Occupation IRON WORKER - 206-05-2236A (Social Security Number)

Employer and Address

Date of Death MAY 3 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JUNE 2 23 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL O TOOLE

His Birthplace

Maiden Name of Mother MARY O'TOOLE

Her Birthplace

Date of Funeral MAY 6 1974 M. (Date) (Day of Week) (Hour)

Services at ST AGNES

Clergyman FR R. SMITH (Address)

Religion of the Deceased CATH

Birthplace Pgh Pa

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

Place of Death At HOME

Cause of Death CEREBRAL VASCULAR ACC

Contributory Causes DIABETES MELLITUS

PNEUMONITIS

Certifying Physician ALEX LOWY (or Coroner)

His Address 4815 LIBERTY AVE

Motor / Ship } Remains to [illegible]

Size of Casket 1077 HL EXTENDED BRONZE (State Color and Number)

Manufactured by Alumna 17818B

Cemetery / Crematory } Calvary Cem

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Services		1340 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
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		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		Paid 2500
Clergymen, $ Singers, $ Organist, $		
Railroad / Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service FUNERAL HOME		
Newspaper Death Notices in 5 Papers		18 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1563 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. Bulk 5/20/74

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

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 117 Yearly No. 11 Date of Entry MAY 3 1974

Name of Deceased COLEMAN LYDON

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 3200 5th Ave Apt 13 Age of Husband or Wife (if living) ..... Years

Charge to Richard Lydon 341-2081

Address 968 Forest Ave Pit

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War ?

Occupation STEAM FITTER 176-14-5034 (Social Security Number)

Employer and Address .....

Date of Death Found 5/3/74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 3 08 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father COLEMAN LYDON

His Birthplace .....

Maiden Name of Mother MARY O'TOOLE

Her Birthplace .....

Date of Funeral MAY 7 - 1974 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman .....

Religion of the Deceased CATHOLIC

Birthplace PA

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

Place of Death at home

Cause of Death ASCVD

Contributory Causes .....

Certifying Physician DR Wurst Coroner (or Coroner)

His Address County Morgue

Motor / Ship } Remains to .....

Size of Casket .....

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

Cemetery / Crematory } Calvary Cem

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Misc. .....

Complete Funeral (except outlays)	$
Casket Professional Service	860 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 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	170 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
Publishing Death Notices in N.Y. Papers	6 00
(Names of Newspapers)	
Sales Tax 9.1.30.174	
Total Footing of Bill	$ 1264 00
Less	$
PER Balance	$

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

Misc. Bill 6/13/74

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
9/31	74	To Above Balance	55	255 00	$ 1004	00			To Balance Forward			$	
		By Payment		$	$				By Payment		$	$	
		" "		$	$				" "		$	$	
		" "		$	$				" "		$	$	
		" "		$	$				" "		$	$	
		" "		$	$				" "		$	$	

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 118 Yearly No. 12 Date of Entry MAY 17 19 74

Name of Deceased JOHN NEWELL (What Race)

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

Residence 1924 FORBES AVE Pgh 15219

Charge to BRIDGET NEWELL

Address A.S. ABOVE

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

How secured .....

If Veteran, Name of War N.A.

Occupation CITY PGH BUREAU 168-07-6380 (Social Security Number)

Employer and Address CITY PGH

Date of Death MAY 17 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APRIL 6 1908 Age 66 (Mo.) (Day) (Yrs.) (Yrs.) (Mos.) (Days)

Name of Father COLEMAN NEWELL

His Birthplace IRELAND

Maiden Name of Mother BARBARA WALSH

Her Birthplace IRELAND

Date of Funeral MAY 20 - 74 M. (Date) (Day of Week) (Hour)

Services at ST AGNES

Clergyman F.R. SMITH (Address)

Religion of the Deceased CATHOLIC

Birthplace IRELAND

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

Place of Death SHADYSIDE HOSPITAL

Cause of Death VENTRICULAR FIBRILLATION

Contributory Causes L. H.T. FAILURE

ARTIC STENOSIS

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 550 HL DARK COPPER Bronze Color and Number

Manufactured by WALNUT HILL CO 3150

Cemetery / Crematory } CALVARY Cemetery

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

NEWELL

On May 17, 1974, John; beloved husband of Bridget Lynch; beloved father of John and Michael; also eight grandchildren; brother of Mrs. Mary Connelly, Miss Nora Newell both from Chicago, Mrs. Kate O'Malley, Coleman and Michael Newell of Ireland; also Mrs. Bridget Joyce and Patrick Newell both deceased. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday at 9:30 a.m. Mass of Resurrection from St. Agnes Church at 10 a.m. Interment Calvary Cemetery. Visitation 2-4, 7-9.

Complete Funeral (except outlays)	$ 2157 00 T
Casket 7 Landsman Bronze	1795 00
Burial Vault or Box (State Kind)	325 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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 Family Vault	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 3 Papers (Names) McAVOY FUNERAL HOME	47 60
Sales Tax 5/1974	$ 2202 60
Total Footing of Bill	$ 45 60
Less ..... Balance	$ 2157 00
Entered into Ledger, page 1 Pittsburgh or below.	
Misc. Bill 6/12/74	

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

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

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

Signed .....

Witness .....

Address .....

120

RECORD OF FUNERAL

Total No. 120 Yearly No. 13 Date of Entry MAY 24 1974

Name of Deceased LOUIS ANTHONY SANFILIPPO

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

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

Residence 5441 BLACK ST PGH PA

Charge to LOUIS SANFILIPPO

Address 340 YOSEMITE DR PGH 35

Order given by Aboard (or informant)

How secured

If Veteran, Name of War NO

Occupation — (Social Security Number) —

Employer and Address —

Date of Death FOUND MAY 24 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 25 1950 Age 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LOUIS SANFILIPPO

His Birthplace PGH PA

Maiden Name of Mother FLORENCE BAYERDAIN

Her Birthplace PGH

Date of Funeral MAY 28 - 74 (Date) (Day of Week) (Hour) M.

Services at ST SUSANNA PENN HILLS (STOLTZ ROAD OFF UNIVERSAL RD) (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PGH

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

Place of Death 5441 BLACK ST PGH

Cause of Death ASPHYXIATION

Contributory Causes DUE TO HANGING

Certifying ~~Physician~~ (or Coroner) D.R. WECHT FORENSIC

His Address

Motor / Ship } Remains to

Size of Casket 72L HL CAPRICORN (VANGUARD) (State Color and Number)

Manufactured by AKRON CASKET CO

Cemetery / Crematory } MT CARMEL PGH TWP.

SANFILIPPO

Suddenly, on Friday, May 24, 1974, in his 24th year, Louis A., beloved son of Louis and the late Florence Bayerdain Sanfilippo; step-son of Marlene Martini Sanfilippo; brother of Cheryl Ann and Joseph. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 9 a.m. Mass of the Resurrection from St. Susanna Church, Penn Hills, on Tuesday at 10 a.m. Visitations beginning Sunday 2-4 and 7-9. Interment Mt. Carmel Cemetery.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)		1500
Casket 5 Compartment Bronze		1380 00
Burial Vault or ~~Box~~ (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress NONE (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		6 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		55 12
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb F Cemetery		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ NC Singers, $ free Organist, $ NONE		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 2 Papers (Names of Newspapers)		25 20
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill 3 23 74	$	1561 32
Less	$	61 32
Balance	$	1500 00

Entered in Ledger page ~~Cross~~ or below.

Misc. 3 Bill 9 19 74

Date		Amount Paid	Balance
6 23	To Above Balance	1461 00	$ 161 32
3 23 75	By Payment	$ 100 00	$ None
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

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

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

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

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

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

Address .....

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

RECORD OF FUNERAL

Total No. 124 Yearly No. 14 Date of Entry June 15 1974

Name of Deceased SAM TOBIA

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Residence 1425 DENNISTON AVE

Charge to SELMA TOBIA Age of Husband or Wife (if living) ..... Years

Address

Order given by MARY TOBIA (or Informant)

How secured

If Veteran, Name of War N/C

Occupation SHOE STORE MGR 195-34 6758 (Social Security Number)

Employer and Address

Date of Death JUNE 15 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 9 1908 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ELIAS TOBIA

His Birthplace SYRIA

Maiden Name of Mother ADELE MIZHIR

Her Birthplace SYRIA

Date of Funeral JUNE 18 1974 M. (Date) (Day of Week) (Hour)

Services at OUR LADY OF VICTORY

Clergyman (Address)

Religion of the Deceased CATHOLIC ARMENIAN RITE

Birthplace PA

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

Place of Death 1425 DENNISTON AVE

Cause of Death COMA

Contributory Causes Diabetes Meditus

Certifying Physician WALSH - CORONER (or Coroner)

His Address Forsyth & Main

Motor / Ship } Remains to

Size of Casket 577 Buggy Tufft Egg Nut 80 (State Color and Number)

Manufactured by Clarence 265279B

Cemetery / Crematory } Calvary

TOBIA
Suddenly, on Saturday, June 15, 1974, Sam, beloved husband of Selma; father of Marie; brother of Mary and Jennie, also brother of the late Baheere. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 8:45 a. m. Mass of the Resurrection from Our Lady of Victory Church, Dunster St., Brookline, at 9:30 a. m.

Diagram of Lot or Vault.

Lot No. 130

Grave No.

Section No. V

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	2258 00
Casket		1810 00
Burial Vault or Box Vault (State Kind)		325 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		18 70
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
8 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		16 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Trinity, PA		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Trinity		170 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ Clergy		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 3 Papers		29 15
Trib 2 Times (Atlanta) (Names of Newspapers)		
Sales Tax	$	23 68 85
Total Footing of Bill	$	2258 85
Less	$	110 —
Balance	$	2258 00

McAVOY FUNERAL HOME

7/1/74

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 .....

122

RECORD OF FUNERAL

Total No. 122 Yearly No. 15 Date of Entry June 16 19 74

Name of Deceased FREDERICK E MAHER (What Race)

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

Residence 1715 FORBES AVE Pgh. 19

Charge to ROSEMARY KARL 426 MARTA DR

Address Pgh 36 (412) 563-6745 Mrs. Julia Stark

Order given by Self RICHFIELD ST 15th 34 - 882-4301 (or Informant)

How secured CLAIM # 19-641 403

If Veteran, Name of War WWI 1-176-908

Occupation Retired Bartender 160-12-9019 (Social Security Number)

Employer and Address .....

Date of Death 6-16-74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12-1-1890 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father [illegible] MARGARET

His Birthplace .....

Maiden Name of Mother MARY [illegible]

Her Birthplace .....

Date of Funeral June 20-1974 (Date) (Day of Week) (Hour) M.

Services at [illegible]

Clergyman [illegible] (Address)

Religion of the Deceased CATH

Birthplace Pgh

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

Place of Death W.A. HOSP. UNIV. DR. E. Pgh. 15216

Cause of Death .....

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket Empress Velvet lined (State Color and Number)

Manufactured by 895

Cemetery / Crematory Jefferson Mem.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

MAHER
On Sunday, June 16, 1974, Frederick (Pete) brother of Mrs. Mary Karl and Mrs. Anna Flynn; also several nieces and nephews. Funeral from the JOSEPH M. McGINLEY FUNERAL HOME, 1700 Forbes Ave. Mass of the resurrection from the Church of the Epiphany on Thursday at 10 a. m.

Misc. .....

Complete Funeral (except outlays)	$	
Casket Empress Velvet lined	1	1190 00
Burial Vault or Box (State Kind)	1	195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ Shirt, tie, etc	1	10 00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		6 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		20 00
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 2 Papers		18 00
(Names of Newspapers)		
[illegible] RAL HOME		
Sales Tax		
Total Footing of Bill	$	1439 00
Less	$	
Balance	$	

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

BER

Misc. .....

Date		Amount Paid	Balance
10 25	Miss Kyle To Above Balance	400 —	$ 1039 00
8 14	Vernon By Payment	$ 300	$ 739 00
8 10	" "	$ 430	$ 309 00
8 1 74	" Visa Agco	$ 75	$ 234 00
7 22 74	" Sick Rec	$ 255	$ NONE
	" "	$	$

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

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

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

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

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

Signed .....

Witness .....

Address .....

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

RECORD OF FUNERAL

Total No. 123 Yearly No. 16 Date of Entry June 30 19 74

Name of Deceased WILLIAM L HARTMAN JR

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

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1513 FORBES AVE Lgb 15

Charge to Jane Hartman Estate

Address Same

Order given by (or informant)

How secured

If Veteran, Name of War WWII

Occupation Retired T.V. Sales & Service (Social Security Number)

Employer and Address Self 1513 Forbes

Date of Death JUNE 30 (Mo.) (Day) 19.74 (Yr.) (Hour)

Date of Birth Sept 23 (Mo.) (Day) 1897 (Yr.) Age 76 (Yrs.) (Mos.) (Days)

Name of Father WILLIAM L HARTMAN

His Birthplace

Maiden Name of Mother MARY TARBELL

Her Birthplace

Date of Funeral 7-1-74 (Date) (Day of Week) (Hour) M.

Services at Memorial (Address)

Clergyman

Religion of the Deceased Friends

Birthplace Coal Run Ohio

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death LA

Cause of Death Cancer of Stomach

Contributory Causes

Certifying Physician DWIGHT C HANNA (or Coroner)

His Address 4915 LIBERTY AVE

Motor / Ship } Remains to

Size of Casket Economic (State Color and Number)

Manufactured by

~~Cemetery~~ / Crematory } Memorial

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Prop. Director		385.00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Limousines, Pallbearers MEAVOY FUNERAL HOME		
(Names of Newspapers)		
Sales Tax June 30 74		
Total Footing of Bill	$	385.00
Less PER Balance	$	
Entered into Ledger, page or below.		

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 1224 Yearly No. 17 Date of Entry 7/28/74 19

Name of Deceased WILLIAM E. ILGENFRITZ (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of } ..... Age of Husband or Wife (if living) ..... Years

Residence 4205 WINTERBURN AVE. PGH. 7

Charge to WM. E. ILGENFRITZ

Address 3 same

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War NA

Occupation SYSTEMS ANALYST 204-30-3569 (Social Security Number)

Employer and Address .....

Date of Death July 28 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12-8-40 Age 33 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WM. E. ILGENFRITZ

His Birthplace —

Maiden Name of Mother BETTY McKINNEY

Her Birthplace .....

Date of Funeral 7-31-74-Wed. M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman .....

Religion of the Deceased EPIS.

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP

Cause of Death DIABETES MELLITUS

Contributory Causes STATUS POST HYPOPHYSECTOMY

Certifying Physician T. WEAR (or Coroner)

His Address MERCY HOSP

Motor / Ship } Remains to .....

Size of Casket 523 Wd Shpton Empress (State Color and Number)

Manufactured by 12222-8.0

Cemetery / Crematory .....

ILGENFRITZ
William E., on Sunday, July 28, 1974, at 4205 Winterburn Avenue, beloved husband of Janet Miller Ilgenfritz; beloved father of William E. Jr., age 4½; also brother of Mrs. Clara Carlucci and the late Robert. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, on Monday from 7-9 p.m. and Tuesday from 2-4 and 7-9 p.m. Mass of Resurrection from the Church of the Epiphany on Wednesday at 10:00 a.m.
IMHOFF

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	1700 00
Casket Prepaid from		1480 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $ C.T.		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		12 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Rosedale PO		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Rosedale PO		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notice in Post Pgh Sun-Tel (Names of Newspapers)		26 00
Sales Tax 8.1/2%		
Total Footings of Bill	$	1738 00
Less	$	38 00
Balance	$	1700 00

MCAVOY FUNERAL HOME

PER .....

Entered into Ledger, page 1 or below.

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 123 Yearly No. 18 Date of Entry July 29 1974

Name of Deceased MARY B KALAS (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... of Age of Husband or Wife (if living) ..... Years

Residence 1832 LOCUST ST

Charge to JAMES KALAS

Address Same

Order given by ANN TODD - MARY DEGRAZIA (or Informant)

How secured

If Veteran, Name of War N.A.

Occupation HOUSE WIFE (Social Security Number)

Employer and Address

Date of Death July 29 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 15 1901 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JAMES KALAS

His Birthplace

Maiden Name of Mother ANNA GEORGE

Her Birthplace

Date of Funeral AUG 1 1974 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR LOST (Address)

Religion of the Deceased CATHOLIC

Birthplace PA GREEK

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death 1832 LOCUST

Cause of Death CANCER

Contributory Causes

Certifying ~~Physician~~ DR WEIR (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 216 42 Cloth Top 09X185 (State Color and Number)

Manufactured by

Cemetery / Crematory }

KALAS
Suddenly, on Monday, July 29, 1974, (Fina Caryl) beloved wife of James Kalas; also several nieces and nephews. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thursday at 9:30 a. m. Mass of Resurrection in the Church of Epiphany at 10 a.m. Visitations beginning Tuesday 2-4 and 7-9 p.m.
KAUP

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 7 Pkg. Bronze		1395 00
Burial Vault or Box Clay Pt (State Kind)		
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)		
6 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 Closing Vault		50 00
Flowers, $ 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 / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers		55 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1567 00
Less	$	
Balance	$	

JOSEPH M. McAVOY FUNERAL HOME

PAID

PER

Entered in Ledger, page 7 or below.

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Address

126

RECORD OF FUNERAL

Total No. 126 Yearly No. 19 Date of Entry AUG 2 19 74

Name of Deceased JAMES A BACH

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 712 CEDAR AVE PGH 12

Charge to JAMES A BACH

Address Address

Order given by PHILIP MAHRAC (or informant)

How secured 2025 TUSTIN

If Veteran, Name of War ....

Occupation Maintenance (Social Security Number)

Employer and Address ....

Date of Death AUG 2 74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 12 46 Age 32 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JAMES A BACH

His Birthplace PA

Maiden Name of Mother ELLEN LESICK

Her Birthplace PA

Date of Funeral 8/6/74 - M. (Date) (Day of Week) (Hour)

Services at Ch

Clergyman ..... (Address)

Religion of the Deceased L.C.A.

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Montefiore Hosp

Cause of Death Subarachnoid Hemorrhage

Contributory Causes Hypertension Copd

Mary Pfleiderer

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to Edgebrook

Size of Casket Cloth (State Color and Number)

Manufactured by Batesville Bronze

Cemetery / Crematory } Elizabeth Cem Assoc

BACH
James A., Jr., suddenly on Friday, Aug. 2, 1974, beloved son of James A. Bach Sr. and the late Ellen Lesicks; brother of William and Gloria. Services from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 1 p.m.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket Professional Service	600 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ O.T. Ambulance, $	50 00
Limousines to Cemetery ..... @ $ ~~.....~~	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
..... Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	125 00
Lining Grave, $ ..... Lowering Device, $	45 00
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	20 00
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
8 line Death Notices in 2 Papers (Name of Newspapers)	16 00
Sales Tax 8/14/74	
Total Footing of Bill	$ 1051 00
Less ..... Balance	$ ~~.....~~

McAVOY FUNERAL HOME PER

Entered into Ledger, page ..... or below.

Misc. .....

Date		Amount Paid	Balance
Aug 2	To Above Balance	209 20	$
"	By Payment	$ 62 88	$ total
Aug 3	" "	$ 100 00	$ 44 57 88
	" "	$	$
	" "	$ 35 00	$
3	" "	$ 50 00	$

Date		Amount Paid	Balance
8 14	James Bach To Balance Forward	593 12	$ None
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 127 Yearly No. 20 Date of Entry Aug 26 19 74

Name of Deceased MARY A KNIGHT ☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1423 LIVERPOOL ST Pgh 33. ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to JOHANNA PARK

Address 30 LAWSON AVE Pgh 15205

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NO

Occupation COOK (Social Security Number)

Employer and Address Retired

Date of Death AUG 26 (Mo.) (Day) 1974 (Yr.) (Hour)

Date of Birth ..... Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral AUG 28 (Date) 74 (Day of Week) M. (Hour)

Services at FH

Clergyman J McCONNELL (Address)

Religion of the Deceased PRST

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death John J Kane

Cause of Death Cerebral Embolism

Contributory Causes A.S.H.D.

A.F.S. Granulated

Certifying Physician J Ward (or Coroner)

His Address Scott Twp 15243

Motor / Ship Remains to .....

Size of Casket CLOTH (State Color and Number)

Manufactured by E.R.I.E.

Cemetery / Crematory SMITHFIELD

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays) $		
Casket	271	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	40	00
Slippers, $ ..... (State Kind and Color) Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $	160	00
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	15	00
Railroad or Motor Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
5 line Death Notices in 1 Papers	5	34
(Names of Papers) McCAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill $	699	34
Less $		
Balance $		

PAID Aug 15, 74

Entered into Ledger Page ..... or below.

PER .....

Misc. .....

Date		Amount Paid	Balance
	To Above Balance		
9/8 74	By Payment John Kane	255 50	$434 84
	By Payment	$179 84	$255 00
11-20 74	" "	$255 00	$ Hand E
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I 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. 128 Yearly No. 21 Date of Entry Sept 9 19 74

Name of Deceased RAYMOND ANTHONY FRANKERT c. 17 094-939
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 300 ATWOOD ST 15213 ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to FRANK C. FRANKERT

Address 3439 DAWSON Pgh 15213

Order given by Children (or Informant)

How secured

If Veteran, Name of War Korea 13521117821

Occupation Farmer Inmate 203-22-0215 (Social Security Number)

Employer and Address Cupboard Factory

Date of Death Sept 9 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25 1900 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FRANK FRANKERT

His Birthplace

Maiden Name of Mother MAT WEAPLER

Her Birthplace

Date of Funeral Sept 12 1974 Thurs 10 A.M. (Date) (Day of Week) (Hour)

Services at ST. AGNES

Clergyman (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 300 Atwood

Cause of Death Cardiac

Contributory Causes

Certifying Physician Welsh (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

21-530 1 comm/commercial VA
719-721 in 55

Complete Funeral (except outlays)	$
Casket Protector Monument Bronze	680 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress C.O.M. (State Kind and Color)	65 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ Use of Chapel, $	40 00
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Vets	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	20 00
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
4 line Death Notices in 3 Papers	22 50
P.G. P.P. P.T. (Names of Newspapers)	
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 1028 50
Less 11/13/74	$
Balance	$

Entered into Ledger, page ..... or below.

PER

Misc.

Date		Amount Paid	Balance
9-12 74	To Above Balance	315	$ 408 50
10-24 74	By Payment Welfare	$ 75	$ 333 50
11-8 74	" " SS	$ 255 00	$ 278 50
11-13 74	" " VA	$ 400 00	$ — —
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 129 Yearly No. 22 Date of Entry Sept. 14 19 74

Name of Deceased THOMAS M FARINA (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1633 FORBES Sgle. Lg.

Charge to Wadley Funeral Home

Address Monaca 261-6351

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War WW II

Occupation ..... 33 349 477 (Social Security Number)

Employer and Address Retired

Date of Death 9-11-74 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12/25/20 (Mo.) (Day) (Yr.) Age (Yrs.) 53 (Mos.) (Days)

Name of Father .....

His Birthplace .....

Maiden Name of Mother JOAN MALONE

Her Birthplace Pgh.

Date of Funeral 9-18-74 (Date) (Day of Week) (Hour) M.

Services at St. Philip's

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Pa.

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death A.S.C.V.D.

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 77 1/2 (State Color and Number) OAK 1320

Manufactured by Cunningham

Cemetery / Crematory } Calvary

Lot No. 46

Grave No. 5

Section No. MA

Block No. X Aisle

Owner .....

21-530 Venn Funeral Home

Complete Funeral (except outlays)	$	1800
Casket Contemporary Americana		1495 00
Burial Vault or Box Lic. (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		45 00
~~Suit or Dress~~ SUIT (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		20 00
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Forest Lawn		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Grave		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		25 00
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 2 Papers		29 92
(Names of Newspapers) Post		
McAVOY FUNERAL HOME		
Sales Tax	$	1809 92
Total Footing of Bill	$	9 92
Less Balance Due 7, 1971	$	1800 00
Entered into Ledger, page ..... for below.		
PER		
Misc.		

FARINA

On Saturday, September 14, 1974, Thomas M., beloved husband of Nancy Valenti; father of Mrs. Patricia Schoenberger, Mrs. Kathleen McKee of Fortville, Ind. and Christopher Farina; brother of Mrs. Nancy Civello, Mrs. Clara Mollise, Mrs. Lena Archer, Mrs. Mary Lampo, also Frank and John Farina; survived by five grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Avenue, on Wednesday at 9:30 a.m. Mass of the Resurrection from Church of The Epiphany at 10:00 a.m. Visitation with family 1-5 p.m. and 7-9 p.m.

Date			Amount Paid	Balance
9/27		To Above Balance INS	1500 00	$ 309 82
12/7		By Payment	$ 309 82	$ —
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I 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. 120 Yearly No. 23 Date of Entry Sept 23 1974

Name of Deceased Mary A LEE
☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)
Age of Husband or Wife (if living) ..... Years

Residence 1717 FARBES Pgh Pa

Charge to Peter Lee

Address Edmund

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War NA

Occupation House DUTIES 184147624 (Social Security Number)

Employer and Address .....

Date of Death Sept 23 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 25 15 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Patrick Lee

His Birthplace Ireland

Maiden Name of Mother ANN HORAN

Her Birthplace Ireland

Date of Funeral Sept 26 74 M. (Date) (Day of Week) (Hour)

Services at the Chapel

Clergyman Cash (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 John J Kane

Cause of Death Broncho Pneumonia

Contributory Causes Pulmonary Fibrosis
Chronic Bronchitis

Certifying Physician Verycon (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket Cloth (State Color and Number)

Manufactured by Ford

Cemetery / Crematory } Calvary

10 X 2

Diagram of Lot or Vault

Lot No. 255
Grave No. 6
Section No. H
Block No. .....
Owner Peter Lee

Misc. .....

Complete Funeral (except outlays)	$	
Casket Prot Guaranteed Bronze	850	00
Burial Vault or Box (State Kind)	190	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	50	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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 Mt James		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers	18	00
(Names of Newspapers) Pittsburgh		
Sales Tax		
Total Footing of Bill	$ 1139	00
Less McAVOY FUNERAL HOME	$	
Balance	$	

Entered into ledger, page ..... of below

Misc. 10/2/74

BER J McAvoy

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
9/24	74	To Above Balance	750	00	$				To Balance Forward			$	
10/1	74	By Payment	$ 207	94	$				By Payment	$		$	
10/3	74	" "	182	—	$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....
Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 139 Yearly No. 24 Date of Entry 9-[illegible]-25 1974

Name of Deceased AGNES STANCEC

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2033 TUSTIN ST.

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to CATHERINE RICHARDSON

Address ca advance 471-8550

Order given by (or informant)

How secured

If Veteran, Name of War

Occupation Married Duties 205/46/3584 (Social Security Number)

Employer and Address

Date of Death Sept 25 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 4 1890 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL ELZOVIC

His Birthplace

Maiden Name of Mother EVA KOSHI

Her Birthplace

Date of Funeral Sept 28 (Date) (Day of Week) (Hour) M.

Services at St Cyprians Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace YUGOSLAVIA

Resided in the State [illegible] (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Gen. Hosp.

Cause of Death MYOCARDIAL INFARCTION

Contributory Causes Coronary Arteriosclerosis

Certifying Physician H. SINGH M.D. (or Coroner)

His Address 3059 5th Ave

Motor / Ship } Remains to #1323 AZTEC GOLD (Style Color and Number)

Size of Casket [illegible]

Manufactured by [illegible] Maynard

Cemetery / Crematory } Calvary

STANCEC

On Wednesday, September 25, 1974, Agnes Gizdic, beloved wife of the late Stephen Stancec; mother of Mrs. Anne Spence, Mrs. Barbara Tabor, Mrs. Catherine Richardson and the late Joseph Stancec; survived by four grandchildren and four great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Saturday at 9:30 a.m. Mass at the Resurrection from St. Agnes Church at 10 a.m. Visitations 2-4 and 7-9.

Lot No. 271

Grave No. FIVE

Section No. 5

Block No.

Owner X Deep

Misc.

Complete Funeral (except outlays)	$	
Casket		1470 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		46 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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 [illegible]		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		20 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 4 Papers (Names of Newspapers)		44 80
Sales Tax		
Total Footing of Bill 11/7/24	$	1782 80
Less	$	
Balance	$	

Entered in Ledger, page [illegible] below.

JOSEPH M. McAVOY FUNERAL HOME

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

132

RECORD OF FUNERAL

Total No. 132 Yearly No. 25 Date of Entry Sept 27 19 74

Name of Deceased ANNA MARINO

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 67 MARION ST ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to SUSIE MARINO

Address Above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation home duties (Social Security Number)

Employer and Address NONE

Date of Death SEPT 27 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 27 1893 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANTONIO MARINO

His Birthplace .....

Maiden Name of Mother MARIE JOSEPHA

Her Birthplace .....

Date of Funeral SEPT 30 - 1974 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman .....

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State VA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL

Cause of Death ACUTE CHRONIC MI

Contributory Causes FAILURE

Certifying Physician Dr ..... (or Coroner)

His Address .....

Motor / Ship Remains to .....

Size of Casket 93" 44" Bronze Elite Casso (State Color and Number)

Manufactured by 236 (32114)

Cemetery / Crematory CALVARY

Diagram of Lot or Vault

~~Lot No.~~ Row 19

Grave No. 30

Section No. 13

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	2330
Casket		1850 00
Burial Vault or Box (State Kind)		395 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Blue Knit Matching (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		
2 Certif. Copies of Death Certificates No. (State Number and District)		4 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		~~100 00~~
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 line Death Notices in 1 Papers (Names of Newspapers)		7 92
Sales Tax		
Total Footing of Bill	$	2376 92
Less	$	46
Balance	$	2330 00

Entered into Ledger, page 1 1 1 1 or below.

Misc. .....

BER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 137 Yearly No. 26 Date of Entry Oct 1 19 74

Name of Deceased PETER V LEE (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 1717 Fordham Ave Lb 431-2458 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Jones Bros

Address Jones

Order given by Owner (or Informant)

How secured "

If Veteran, Name of War N.O.

Occupation Retired City Pen. 184-14-7577M (Social Security Number)

Employer and Address City Pen

Date of Death Oct 1, 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8-9-1891 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PATRICK LEE

His Birthplace Portland

Maiden Name of Mother ANN HALLORAN

Her Birthplace

Date of Funeral Oct 4, 1974 M. (Date) (Day of Week) (Hour)

Services at E.P.P. Chap

Clergyman Fr Cust (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 Long Beach Memorial Hospital

Cause of Death Cardio respiratory Arrest Heart Disease

Contributory Causes Pneumonia

Fall Broken Hip

Certifying Physician West

His Address Catalina Island (or Coroner) Monrovia

Motor / Ship } Remains to

Size of Casket 930 Mahogany Velvet Lined (Style Color and Number)

Manufactured by Batesville Casket Co

Cemetery / Crematory } Forest Lawn Estate Space

Lot No. 255

Grave No. 6

Section No. 11

Block No. Without Name

Owner

Diagram of Lot or Vault

Misc. 255 25 to owner

24497 Pension fund to Cem

1490 03 Cemetery 255 in 75

Complete Funeral (except outlays)	$	850 00
Casket Fr Non-guaranteed Bronze		190 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ Shirt Tie		7 00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 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, $		21 20
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
9 Line Death Notices in 4 Papers		34 68
(Names of Newspapers)		
Sales Tax Paid 1/15/75		
Total Footing of Bill	$	1130 88
Less ..... Balance	$	
Entered into Ledger, Page ..... Folio	$	
Misc. 2/5/75		

McAVOY FUNERAL HOME

PER J McAvoy

Date			Amount Paid	Balance
10/3	74	To Above Balance	418 —	$ 490 03
10/16	74	By Payment	222 —	$ 268 03
10/24	74	Pension fund	$ 244 97	$ 23 06
11/5	75	" " Cem	$ 23 06	$ 00 00
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 134 Yearly No. 27 Date of Entry OCT 26 1974

Name of Deceased ERNEST ZIRON (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of } Age of Husband or Wife (if living) Years

Residence 7 MARION ST

Charge to MRS CHAS C BAKER

Address 1226 E WINDSOR AVE PHOENIX ARIZONA 85006

Order given by (or informant)

How secured CHAS SAWATSKY MORTUARY

If Veteran, Name of War WWII 33 30798 Class AA

Occupation 55 209-10-1823 (Social Security Number)

Employer and Address

Date of Death OCT 24 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 28 1923 Age 50 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UNK

His Birthplace

Maiden Name of Mother UNKNOWN

Her Birthplace

Date of Funeral OCT 29 1974 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR LOST (Address)

Religion of the Deceased CATHOLIC

Birthplace ARIZONA

Resided in the State 50 (or U.S. or City or County) (Years) (Months)

Place of Death Valley Mem Comm Board

Cause of Death RESPIRATORY INSUFFICIENCY

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor Ship } Remains to Embalming

Size of Casket Cloth 00096 No 8 (State Color and Number)

Manufactured by Grand

Cemetery Crematory } Columbarium

Diagram of Lot or Vault

Lot No. 25 LIME

Grave No. 34

Section No. 61

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1190
Casket 8 Prop Mahog		715 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $ Hearse		30 00
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		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 Sodding		
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 HOME Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1800 00
Less	$	
Balance	$	

Entered in Ledger, page 25 or below.

MEMORIAL HOME

Misc. VA 8/14 PAID NOT ON

Date			Amount Paid	Balance
10 23		To Above Balance	350 00	$ 1800 00
2 14	75	By Payment VA	$ 475 00	$ 1325 00
2 14	75	" " COUNTY VET	$ 75 00	$ 1250 00
		" "	$ ~~350~~	$ Paid
		" "	$	$
		" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

135

Total No. 135 Yearly No. 29 Date of Entry 10-22 19 74

Name of Deceased ROSE ALBERTI

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 584 EAST END AVE Pgh Pa ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to MRS GLORIA ISTVAN

Address 3 A.M.E. 243-0607

Order given by ... (or informant) #

How secured

If Veteran, Name of War NO

Occupation NONE Ghr SS (Social Security Number)

Employer and Address N.A.M.E.

Date of Death Oct 22 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ... Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace -

Maiden Name of Mother Unk

Her Birthplace -

Date of Funeral Oct 25 1974 M. (Date) (Day of Week) (Hour)

Services at F.H.

Clergyman (Address)

Religion of the Deceased LUTH GR EVANGELICAL METHODIST

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP

Cause of Death PULMONARY EMBOLISM

Contributory Causes CANCER fracture

Certifying Physician Unk (or Coroner)

His Address Morgue

Motor / Ship Remains to Verona Cem

Size of Casket STD ML Gray Interior (State Color and Wood)

Manufactured by F. Bush Bel Coupe 241.3.2.5.3.B

Cemetery / Crematory Verona Cem Oakmont PA

ALBERTI
On Tuesday, Oct. 22, Rose; beloved wife of the late Joseph Alberti; mother of Salvatore and Mrs. Gloria Istvan; grandmother of George J. Istvan of Concord, Cal.; also nieces and nephews. Funeral services Friday at 11 a.m. from JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Visitation 2-4 & 7-9. Interment private. She was a member of the Smithfield St. Congregational Methodist Church.

Lot No. 11

Grave No. 3 0 4 7

Section No. Range 6

Block No. F

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Prod Lowered	1665 00
Burial Vault or Box (State Kind)	1950
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	5
Suit or Dress (State Kind and Color)	48 00
Slippers, $ 7 Hose $ 5	12 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)	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 Mausoleum	175 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 2 Papers (Names of Newspapers) McAVOY FUNERAL HOME	22 88
Sales Tax Nov 18, 74	
Total Footing of Bill	$ 2114 88
Less	$
Balance	$

Entered in Ledger, page ... or below.

Date		Amount Paid	Balance
NOV 18	74 To Above Balance	2114 88	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ...

Address ...

Printed by W. W. Feineman, Long Beach, California

136

RECORD OF FUNERAL

Total No. 138 Yearly No. 29 Date of Entry Nov 23 1974

Name of Deceased MICHAEL F DOBSON

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Ridgelawn APTS # 611 ☐Husband ☐Wife ☐Widow or ....of Age of Husband or Wife (if living) ....Years

Charge to John P Dobson

Address 607 HARING ROAD METAIRIE LA

Order given by ....(or Informant) 70002

How secured ....

If Veteran, Name of War WWII 33305228

Occupation Pur. Water Clerk 167-36-1216 (Social Security Number)

Employer and Address U S P O

Date of Death Nov 23 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 31 1905 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH DOBRZANSKI

His Birthplace ....

Maiden Name of Mother MARYANNE MONECKA

Her Birthplace ....

Date of Funeral Nov 27 74 (Wed.) M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman Bishop McDowell (Address)

Religion of the Deceased CATHOLIC

Birthplace Pgh Pa

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Bilateral Bronchopneumonia

Contributory Causes Senility Arteriosclerosis

Certifying Physician Wm B Coates (or Coroner)

His Address Mercy Hosp

Motor / Ship Remains to ....

Size of Casket 771 142 B (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory Queen of Heaven

Lot No. 42

Grave No. 3

Section No. 9

Block No. 14

Owner Dad

Complete Funeral (except outlays)	$	
Casket Pur Passamaid Bronze	1330	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No.	8	00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb F.A.M.J.V.P.D.	2	2
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		
12 line Death Notices in 3 Papers	47	12
1 Post 2 Courier (Names of Newspapers)		
McAVOY HOME		
Sales Tax		
Total Footing of Bill	$	1605 00
Less	$	
Balance	$	

Entered Inter Ledger, page ....or below.

BER

Misc. ....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					Forward	1000 00	$
				11/26	$ 605 00		$
					$		$
					$		$
					$		$
					$		$

M. Dobson, Ex-Clerk, 69

A funeral mass for Michael F. Dobson, retired postal clerk will be offered by the Most Rev. John B. McDowell, auxiliary bishop of the Catholic Diocese of Pittsburgh, at 10 a.m. tomorrow in Epiphany Church, near the Civic Arena.

Mr. Dobson, 69, died Saturday, Nov. 23 in Mercy Hospital. He resided in the Bigelow Apartments, Downtown.

He worked for the Pittsburgh Post Office for more than 30 years until he retired in 1966.

Mr. Dobson was an invested lay person, a nonclergyman permitted under special provisions of Vatican II to dispense Holy Communion in Catholic churches.

He is survived by a brother, John P.

Friends will be received from 10:30 a.m. to 10 p.m. today at the Joseph McAvoy Funeral Home, 1700 Forbes Ave., Uptown.

Burial will be in Queen of Heaven Cemetery, Peters Township.

Insurance ....

I hereby authorize the ....cent that I have sufficient resources Legally available to ....(Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ....days from date. Interest to accrue from maturity at the rate of ....% per annum.

Witness .... Signed ....

Address ....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 137 Yearly No. 30 Date of Entry Nov. 26 19 74

Name of Deceased EMMA BALOG

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1703 BROADWAY Pgh. 16 ☐Husband ☐Wife ☐Widow } of } Age of Husband or Wife (if living) Years

Charge to RUDOLPH BALOG

Address 2412 WALNUT ST

~~Order given~~ by WAUKEGAN ILL 60085 (or Informant)

How secured 4

If Veteran, Name of War NO

Occupation LAB ASSISTANT 191-12-7143 (Social Security Number)

Employer and Address MERCY HOSPITAL

Date of Death NOV 26 - 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 1-1920 Age 54 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father STEPHEN BALOG

His Birthplace

Maiden Name of Mother Jos

Her Birthplace

Date of Funeral NOV 29 - 1974 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP DOA

Cause of Death ACUTE MYOCARDIAL

Contributory Causes INFARCTION WITH PERFORATION CARDIAC TAMPONADE

SECONDARY THROMBOSIS - ATHERO SCLEROSIS

Certifying Physician Meehan (or Coroner)

His Address Marquette 4th & Mass

Motor / Ship } Remains to

Size of Casket 132 3/4 A 27 CC 6 6 & D 153 B (State Color and Number)

Manufactured by AURORA

Cemetery / Crematory } CALVARY

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. Mary Hasp Transp Inc

Complete Funeral (except outlays)	$
Casket X PROFESSIONAL SERVICE	1365 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
~~Suit or~~ Dress (State Kind and Color)	45 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	20 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot FAMILY	
Cremation	
Flowers, $ Palms, $ Matting, $	33 00
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	25 00
Railroad / Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
9 line Death Notices in 2 Papers (Names of Newspapers) P-G	12 96
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 1715 96 PD
Less Jan 3,75	$
Balance	$
Entered into Ledger page or below	
PER	
Misc.	

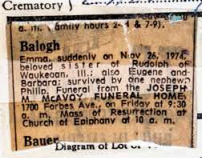


Diagram of Lot or ...

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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

138

RECORD OF FUNERAL

Total No. 1388 Yearly No. 31 Date of Entry Dec 5 1974

Name of Deceased HARRY KELLY

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race) W

Residence 343 McKee Place Pg 13

☐ Husband ☐ Wife ☐ Widow } of { Age of Husband or Wife (if living) ..... Years

Charge to BEVERLY MISKO KELLY

Address above

Order given by Agnes (or informant)

How secured

If Veteran, Name of War NA

Occupation MAINTENANCE

(Social Security Number)

Employer and Address Unemployed

Date of Death Dec 5 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 12 1933 Age 38 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Raymond Kelly

His Birthplace

Maiden Name of Mother CECILIA JORDAN

Her Birthplace

Date of Funeral Dec 7 1974 (Date) (Day of Week) (Hour) M.

Services at Encinal

Clergyman E T Fitzgerald (Address)

Religion of the Deceased Catholic

Birthplace Pgh

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death VA Hosp Univ Mass 15240

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 1323 Metal 156 (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory } Calvary

Lot No. 130

Grave No. 6

Section No. 30

Block No.

Owner

KELLY

On Thursday, Dec. 5, 1974, Harry, of Oakland, beloved husband of Gail Misko; son of Raymond and Cecilia Jordan Kelly; father of Kimberly Ann; brother of Ray, John, Tom, Clarence, Paul, Mike, Dorothy and Mrs. Anna McDonald; also several nieces and nephews. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Notice of time later.

Complete Funeral (except outlays)	$	1657 20
Casket Professional Services		1380 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt Tie Cuff Links (State Kind and Color)		15 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
8 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		8 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1.5 line Death Notices in 3 Papers (Names of Newspapers) McAvoy Chapel Post HOME		36 20
Sales Tax 5 17 11 2.75		
Total Footing of Bill	$	1659 20
Less	$	
Balance	$	

Entered in Ledger, page ..... or below.

Misc. 1 L Baptist 4 pr

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Mch 15	75	To Above Balance	255	00	$ 1402	20			To Balance Forward			$	
5/7	75	By Payment	1657	20	$ Equals				By Payment			$	
		" "			$				" "			$	
		" "			$				" "			$	
		" "			$				" "			$	
		" "			$				" "			$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

139

Total No. 139 Yearly No. 32 Date of Entry Dec 8 1974

Name of Deceased JOSEPHINE TERESI

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... (What Race)

Residence 65 VAN BRAAM ST Pgh 19 Age of Husband or Wife (if living) ..... Years

Charge to VINCENT TERESI

Address 4705 CHESTNUT RD

Order given by IHDEPENDENCE OHIO 44131 (or Informant)

How secured -

If Veteran, Name of War -

Occupation HOUSE DUTIES 209-36-6058 (Social Security Number)

Employer and Address

Date of Death Dec 8 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 13, 1899 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LUISE PRIHO ROMANO

His Birthplace -

Maiden Name of Mother UNK

Her Birthplace

Date of Funeral Dec 11-1974 (Date) (Day of Week) (Hour) M.

Services at EPIPH CHY

Clergyman FR COST

Religion of the Deceased CATHOLIC (Address)

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death CARDIO PULMONARY RESP ARREST

Cause of Death Bronchial Hem Pgh.

Contributory Causes

Certifying Physician N.P. Campbell (or Coroner)

His Address Forbes Hospital

Motor / Ship Remains to

Size of Casket B 200 210 B (State Color and Number)

Manufactured by STAHL Heather 1409

Cemetery / Crematory

TERESI
On Sun., Dec. 8, 1974, Josephine (Giuseppina) Romano; wife of the late Antonio; mother of Mrs. Marianna Romano, Mrs. Theresa Rokovitz, Joseph, Vincent, Thomas and the late Santa Teresi; sister of Joseph Romano and Mrs. Lena Farina; also 18 grandchildren and 17 great-grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wed. at 10:30 a. m. Mass of Resurrection from Church of the Epiphany at 11 a. m. Family hours 2-4, 7-9.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket T Seal		1475 00
Burial Vault or Box		325 00
Embalming Body (State Kind)		
Barber, $ Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ Underwear, $		
Suit or Dress 1 Un Misc (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)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		12 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 1 Singers, $ Organist, $		25 00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 3 Papers (Names of Newspapers)		36 20
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	2123 20
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

Witness

Revised by W. W. Feineman, Long Beach, California

140

RECORD OF FUNERAL

Total No. 14 Yearly No. 33 Date of Entry Dec 9 1974

Name of Deceased MADELINE HICKSON

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 4735 DOYLE ROAD Pgh 27

Charge to ELIZABETH THERESA AMEDURE

Address Aurora TU 4-1864

Order given by " (or informant)

How secured "

If Veteran, Name of War No

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address HOME

Date of Death Dec 9 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 7 1901 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FRANK CERRA

His Birthplace

Maiden Name of Mother MARY McCARTHY

Her Birthplace

Date of Funeral Dec. 14 1974 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR FITZGERALD (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 SHADYSIDE HOSPITAL

Cause of Death CARDIAC ARREST

Contributory Causes DIABETES

Certifying Physician

His Address SHADYSIDE (or Coroner)

Motor / Ship } Remains to

Size of Casket

Manufactured by 1170 132 B AURORA (State Color and Number)

Cemetery / Crematory } CALVARY

Lot No.

Grave No.

Section No.

Block No.

Owner

HICKSON
(Amedure-Mastriano)
Madeline, on Mon., Dec. 9, 1974; wife of the late Thomas (Darby) Hickson; mother of Elizabeth Amedure, Mrs. Tresa LoMantio, Mrs. Mary LoMantio, Mrs. Rachel Dettinger, Mrs. Yolanda O'Connell, Anthony, Frank, Richard, Salvatore, Joseph Amedure and Ralph Mastriano; also 30 grandchildren and nine great-grandchildren. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 709 Forbes Ave. beginning Wed. at noon. Services from the funeral home beginning at 8:30 a.m. Saturday. Mass of the resurrection from the Church of the Epiphone at 9 o'clock.

Complete Funeral (except outlays)		1574 —
Casket 9 pc Ref Insured Liner		1275 60
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		45 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)		
6 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 ..... Extra		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 2 Papers		47 52
McAVOY FUNERAL HOME (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	1599 52
Less	$	25 52
Balance	$	1574 00

Jan 15 75

Entered into Ledger, page ..... or below.

Misc. Bill 116175

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 141 Yearly No. 34 Date of Entry Dec 11 19 74

Name of Deceased L. A. P SPAHMAN

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 315 E. 1 S. T. St. Pgh. Pa. 15219

Charge to ADALINE BAXTER

Address R.D. 1 Box 375 Apollo Pa.

Order given by 15613 (or Informant)

How secured

If Veteran, Name of War NO

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address —

Date of Death Dec. 11 1974 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12-31-89 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HENRY HELMIC

His Birthplace

Maiden Name of Mother Unk

Her Birthplace

Date of Funeral Dec 14-74 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. O.R. Bast 1st Presbyterian (Address) Church

Religion of the Deceased

Birthplace Pa

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Montefiore Hosp. Pgh.

Cause of Death Respiratory Arrest

Contributory Causes C.V.A. Cerebral Hemorrhage

Cardiac Arrhythmia Arteriosclerosis

Certifying Physician R. G. Canapp (or Coroner)

His Address Monteflore

Motor / Ship } Remains to

Size of Casket 579 HL Keystone Necessal 259 (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood

Po.
SPAHMAN
On Wed., Dec. 11, 1974, Lillie P. (Pearl); stepmother of Mrs. Marie McCafferty; also several nieces and nephews. Friends invited at McAVOY FUNERAL HOME, 1700 Forbes Ave., Fri., 2-4, 7-9 p. m. Funeral services Saturday 11:30 a. m.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Professional Service	1900	00
Burial Vault or Box Tilted Top (State Kind)	435	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Mochrie Clothing Shirt & Tie (State Kind and Color)	24	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	12	00
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $	31	80
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Trumbly P.O.		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	20	00
Railroad / Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Newspapers) Press Sun-T.	14	08
McAVOY FUNERAL HOME		
Sales Tax	$	
Total Footing of Bill	$ 2486	88
Less Jan 6, 75	$ 2400	00
Balance		

Entered in Ledger, page 57 of below.

PER J. McAvoy 12/14/74

Misc. Paid in Full

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

W. W. Edgman, Long Beach, California

142

RECORD OF FUNERAL

Total No. 142 Yearly No. 1 Date of Entry JAN 3 19 75

Name of Deceased MARY A KLIM

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 386 STONE ST 814 536 7785

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to JOHNSTOWN PA 15906

Address

Order given by MICHAEL KLIM HUSBAND (or informant)

How secured ELEANOR CASSI 391-0964

If Veteran, Name of War N.A.

Occupation (Social Security Number)

Employer and Address

Date of Death JAN 3 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3-2-1914 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANGELO CASSI

His Birthplace

Maiden Name of Mother FLORA HOUSCHOLDER

Her Birthplace

Date of Funeral TUES JAN 7 1975 (Date) (Day of Week) (Hour) M.

Services at CHAPEL

Clergyman PASTOR THOMPSON (Address)

Religion of the Deceased LUTH.

Birthplace PA

Resided in the State PA (Johnstown CAMBRIA COUN.) (or U.S. or City or County) (Years) (Months)

Place of Death LEE HOSPITAL

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 577HL ROYAL BLUE 233 233B (State Color and Number)

Manufactured by AURORA KLIM

Cemetery / Crematory } ALLEGHENY

KLIM (CASSI)
On Friday, Jan. 3, 1975, Mary Angela Cassi, beloved wife of Michael Klim; sister of Raymond Kosek, Mrs. Eleanor Hofinsky and Norman Cassi; also one nephew, Lawrence Weisberg. Funeral services from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Tuesday at 9:30 a.m.

KOPENAC

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Lee HOSPITAL JOHNSTOWN PA. 814-536-7541

Complete Funeral (except outlays)	$ 2344 —
Casket Professional Rentals	1675 00
Burial Vault or Box (State Kind)	325 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $ ..K	10 00
Suit or Dress (State Kind and Color)	45 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from JOHNSTOWN PA.	30 00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 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	225 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ 100	— —
Railroad or Motor { Tickets, $ ..... Aero- plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 2 Papers	22 10
(Names of Newspapers) MEMORIAL PARK CEMETERY JOHNSTOWN PA.	
4 mos.	
Sales Tax	
Total Footing of Bill ..... $	2384 10
Less ..... $	40 00
Balance ..... $	2344 00

Entered into Ledger, page 11 for below. BER JMC 6

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

143

Total No. 143 Yearly No. 2 Date of Entry 01/14/75 19 75

Name of Deceased LEAH P WEHLING

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 25 COURTENAY CIRCLE (PITTSFORD NY 14534)

☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to ZORNO F.H. PITTSFORD NY

Address 21 LINCOLN AVE 14534

Order given by EDW R WEHLING (or Informant)

How secured 25 COURTENAY CIRCLE PITTSFORD

If Veteran, Name of War NO

Occupation HOUSEWIFE 061-20-5389 (Social Security Number)

Employer and Address

Date of Death 01-14-75 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 25 1927 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SAMUEL F. PLINGER

His Birthplace

Maiden Name of Mother EDITH VANETTEN

Her Birthplace

Date of Funeral JAN 18, 1975 (Date) (Day of Week) (Hour) M.

Services at PENFIELD N.Y. MONROE COUNTY

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace NY

Resided in the State NY (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP ROCH

Cause of Death CONGESTIVE MYOCARDIAL

Contributory Causes

Certifying Physician (or Coroner)

His Address

~~Motor~~ Ship } Remains to ROCHESTER NY

Size of Casket LINER (Sullen AIR Seal) (State Color and Number)

Manufactured by

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box		
Embalming Body (State Kind) & Professional Services (Name of Embalmer)	125	00
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
6 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, $		
~~Railroad~~ or Motor Tickets, $ Aero-plane Service, $	213	75
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	$	350 75
Less PER Balance	$	
Entered into Ledger, page or below.		

MAYO FUNERAL HOME

2/14/75

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

Revised by W. W. Feineman, Long Beach, California

144

RECORD OF FUNERAL

Total No. 144 Yearly No. 3 Date of Entry Jan 14 19 75

Name of Deceased INFANT WALTER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 930 IRWIN DRIVE

Charge to D. P. M. Mrs

Address Sister Gertrude Barbara

Order given by V (or informant)

How secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death Jan 14 (Mo.) (Day) 75 (Yr.) STILL (Hour)

Date of Birth 1-1-74 (Mo.) (Day) (Yr.) Age 2 YRS 13 DAYS (Yrs.) (Mos.) (Days)

Name of Father Howard Herbert Walter

His Birthplace PA

Maiden Name of Mother Ella E RIDER

Her Birthplace PA

Date of Funeral Jan 15 -75 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Pittsburgh

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death Prematurity

Contributory Causes Premature Labor

Premature Rupture of Membranes Placenta Previa

Certifying Physician Dr. Shirley (or Coroner)

His Address Irvine

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Cedarbrook

Diagram of Lot or Vault

Lot No. 5

Grave No.

Section No. 22

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Crucifix Bassinette		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 ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
..... Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		35 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
McAVOY FUNERAL HOME		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	85 00
Less PER	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Mar 7	To Above Balance	85 00	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

145

Total No. 145 Yearly No. 4 Date of Entry JAN 19 1975

Name of Deceased MIKE BUTKEWICZ

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2015 BLVD ALLIES PGH PA

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to ALEX BUTKEWICZ

Address 1626 BROOKLINE BLVD PGH 26

Order given by (882-2259) (or Informant)

How secured

If Veteran, Name of War N.G.

Occupation LABORER (Retired) 192-07-8420A (Social Security Number)

Employer and Address

Date of Death JAN 16 (Mo.) (Day) 1975 (Yr.) (Hour)

Date of Birth Feb 17 1891 (Mo.) (Day) (Yr.) Age 83 (Yrs.) (Mos.) (Days)

Name of Father UNK

His Birthplace Russia

Maiden Name of Mother UNK

Her Birthplace

Date of Funeral JAN 22, 1975 (Date) (Day of Week) (Hour) M.

Services at ST. MICHAELS RUSSIAN ORTHODOX

Clergyman REV. ---- (Address)

Religion of the Deceased GREEK ORTHODOX

Birthplace Russia

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Home of Friend

Cause of Death Heart Failure

Contributory Causes Arteriosclerosis Hardening of the Arteries

Certifying Physician ---- (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket 1919 COLONIAL VELVET 298 312B (State Color and Number)

Manufactured by

Cemetery / Crematory St. George Russian Orthodox

BUTKEWICZ

On Sunday, Jan. 19, 1975, Mike, of Sally, husband of the late Stella Karabin Butkewicz; father of Alex and the late Sophie and Mary; also survived by one grandchild, Linda Lee Wagner. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral mass from St. Michael's Russian Orthodox Church on Wednesday at 10:30 a. m. Interment St. George's Serbian Orthodox Cemetery.

Lot No. STEWART LOT

Grave No.

Section No. MCAVOY FUNERAL HOME

Block No.

Owner

Feb 23, 75

PER

Complete Funeral (except outlays)	$ 1973	
Casket 1 Professional Services	18 95	00
Burial Vault or Box (State Kind)	150	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Family Plot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Family		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 2 Papers	24	70
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 2073	70
Less ..... PAID STEWART	$ 100	00
Balance	$ 1973	00

Entered into Ledger, page ..... or below.

Misc. 3.5 721 716 IN (222 13 Johnstown NUT IN Yet)

Misc. 2.55 to Comm

Date		Amount Paid		Balance
2 15	75	To Above Balance	222 13	$ 1973 00
3 20	75	By Payment	$ 1495 85	$ 255 00
3 21	75	" "	$ 255 —	$ 1973 00
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid		Balance
		To Balance Forward			$
		By Payment	$		$
		" "	$		$
		" "	$		$
		" "	$		$
		" "	$		$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feinerman, Long Beach, California

146

RECORD OF FUNERAL

Total No. 146 Yearly No. 5 Date of Entry JAN 24 1975

Name of Deceased BURDETT-DODFORD-COTTRILL

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of (What Race)

Residence Homestead Apts 10 E Homestead Rd Age of Husband or Wife (if living) 68 Years

Charge to Lily COTTRILL (WIFE)

Address ~~Co Attorney~~ 995 4205 Homestead

Order given by James COTTRILL (BRO.) (or informant)

How secured 562-2379

If Veteran, Name of War NO

Occupation Ret Tel. 171-18-6912 (Social Security Number)

Employer and Address

Date of Death JAN 24-1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4-25-1909 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father BURTON A. COTTRILL

His Birthplace

Maiden Name of Mother LOUISE CLARK

Her Birthplace

Date of Funeral JAN 27-1975 MON 10 A M. (Date) (Day of Week) (Hour)

Services at E.P.B.Chap

Clergyman F.R. Coal (Address)

Religion of the Deceased CATHOLIC

Birthplace VA VA

Resided in the State CA (or U.S. or City or County) (Years) (Months)

Place of Death Homestead Hospital O.V.S. S. Hills Health System

Cause of Death ACUTE MYOCARDIAL

Contributory Causes INFARCTION

Certifying Physician D.R. FLOM (or Coroner)

His Address 3457 WARD ST. SPR13 Ca

Motor / Ship } Remains to

Size of Casket 20VGmm 120/20B

Manufactured by (State Color and Number)

Cemetery / Crematory } 28H.

COTTRILL

In Friday, Jan. 24, 1975, Burdett, beloved husband of Lily Cottrill, brother of Mrs. Madeline Frogman, Mrs. Alice Kosiki, Mrs. Freda Mancini and Burton Cotrill. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Monday at 9:30 a.m. Mass of Resurrection in Church at Eolohane at 10:00 a.m. Visitation starting Saturday from 2-4 and 7-9.

Lot No.

Grave No.

Section No.

Block No.

Owner Cathell Read

Misc.

Lottie Cromwell

882 7387

Lily 885 4205

Complete Funeral (except outlays)	$ 1390 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
52 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, $	25 00
Railroad / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 3 Papers	32 78
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill 2-20-1975	$ 1457 78
Less	$
Balance	$

McAVOY FUNERAL HOME

Entered into Ledger, page ... or below.

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Above Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 1437 Yearly No. 6 Date of Entry Feb 3 1975

Name of Deceased SAMUEL ROBERTS
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1712 FORBES AVE Pgh 19 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to Sue ROBERTS - 520 DORCHESTER
Address P.O. - Pgh 26 PA
Order given by ALICE PRISBY 1025 FORBES (or informant)
How secured
If Veteran, Name of War WW II 175-18-4340
Occupation Retired (Social Security Number)
Employer and Address
Date of Death Feb 3 - 1975 (Mo.) (Day) (Yr.) (Hour)
Date of Birth March 25 15 Age 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Name of Father FRANK ROBERTS
His Birthplace
Maiden Name of Mother JENNIE PETZA
Her Birthplace
Date of Funeral Feb 6 - 1975 (Date) (Day of Week) (Hour) M.
Services at ZION Hung
Clergyman (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 M.E.C.Y. Hospital Pgh
Cause of Death Hypertensive Heart
Contributory Causes Coronary Ofclerosis

Certifying Physician Wm H. Prunga (Hosp.) (or Coroner)
His Address
Motor / Ship } Remains to
Size of Casket VG2 - 771 HLB 132 B (State Color and Number)
Manufactured by Aurora Mfg.
Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 202
Grave No. [illegible] 6
Section No. 11
Block No.
Owner

Misc. 829 845 1674

Complete Funeral (except outlays)	$	
Casket	1380	00
Burial Vault or Box (State Kind)	225	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
7 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 Granite		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ... Singers, $ ... Organist, $	25	00
Railroad / Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers (Names of Newspapers) 2 Pgh 1 Roma	31	27
Sales Tax		
Total Following Bill	$	1675 27
Less	$	
Balance	$	

McAVOY FUNERAL HOME
May 9, 1975

Entered into Ledger, page ... or below.

Misc. PER J M McAvoy

Date			Amount Paid	Balance
Feb	16	To Above Balance	$829 43	$845 84
Mar	3	By Payment Alice Prisby	$ 50 00	$795 84
Mar	12	" Allegheny Vita	$ 75 —	$725 84
Mar	24	" Fad	$400 00	$325 84
APR	3	" Alice Prisby	$ 50 00	$275 84
MAY	5	" " Dora	$ 20 84	$255 —

Date			Amount Paid	Balance
5/7	75	To Balance Forward	255 00	$ Mem.
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Witness

Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 158 Yearly No. 7 Date of Entry Feb 27 1975

Name of Deceased GARNETT JENKINS (7782-7732)

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 625 Wampum "ELLWOOD CITY

☐ Husband ☐ Wife ☐ Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to WATSON-AMEDURE

Address 341-5196 2824 W. LIBERTY

Order given by Attend

How secured (or Informant) Bobby ave

If Veteran, Name of War 16

Occupation Appl. Cleaning (Social Security Number)

Employer and Address

Date of Death Feb 22 - 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2/18/04 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Pa

Maiden Name of Mother CLARA RANKIN

Her Birthplace

Date of Funeral Monday 1 1975 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman W R Murdoch (Address)

Religion of the Deceased Protestant

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Co Home

Cause of Death Coronary Occlusion

Contributory Causes Coronary Sclerosis Arteriosclerotic Heart Disease

Certifying Physician Dr Klingensmith (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket M M 120B 5 1/4 Velvet (State Color and Number)

Manufactured by

Cemetery / Crematory UNITED CEM. Rustic Twp

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1728	35
Casket Professional Bronze	1185	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)	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 Elwood City	35	00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 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	165	00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	15	00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges	50	00
Personal Service		
11 line Death Notices in 3 Papers (Names of Newspapers)	32	35
Sales Tax		
Total Footing of Bill	$ 1728	35
Less	$	
Balance	$	

McAVOY FUNERAL HOME

Entered in Ledger, page or below

Misc.

Date			Amount Paid	Balance	Date		Amount Paid	Balance
9/31	75	To Above Balance	1586 88	$ 141 47		To Balance Forward		$
12/20		By Payment	$ 43 76	$		By Payment	$	$
		" "	$ 22 —	$		" "	$	$
		" "	$ 11 00	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 149 Yearly No. 8 Date of Entry MARCH 1975

Name of Deceased JAMES J DEDES JR (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of } Age of Husband or Wife (if living) Years

Residence 1114 ARKANSAS AVE 96

Charge to GEORGIA DEDES

Address ABOVE

Order given by EDWARDS (or Informant)

How secured

If Veteran, Name of War N.C.

Occupation Student 176-30-2532 (Social Security Number)

Employer and Address

Date of Death MARCH 1 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3-23-1941 Age (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days) 33

Name of Father JAMES J DEDES SR

His Birthplace -

Maiden Name of Mother GEORGIA DAMIS

Her Birthplace PA

Date of Funeral 3-4-75 TUE M. (Date) (Day of Week) (Hour)

Services at CHAPEL

Clergyman (Address)

Religion of the Deceased GREEK (H.P.)

Birthplace PA

Resided in the State PA (or U.S. or City or Country) (Years) (Months)

Place of Death 1114 ARKANSAS AVE

Cause of Death CARDIAC ARREST

Contributory Causes BRONCHIAL ASTHMA

11:50 am 3/1/75

Certifying Physician A.J. CARRAHA (or Coroner)

His Address 401 Lexington Bldg 4138 Jackson

Motor / Ship } Remains to

Size of Casket 7 FT. 4 IN. CAP VAULT 0132B (State Color and Number)

Manufactured by

Cemetery / Crematory } Jefferson Memorial

DEDES
On Saturday, March 1, 1975, James J. Dedes Jr., age 33, beloved father of Kimberly, Marie and Jason; beloved son of Georgia Dedes; brother of Mrs. Kathleen Raffaie. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Tuesday at 10 a.m.

Diagram of Lot or Vault

Lot No. 229A

Grave No. 4

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays) $	
Casket 6 Professional Bronze	1330 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	25 00
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notice in FUNERAL PAPER (Names of Newspapers)	29 00
Sales Tax 3/18/75	
Total Footing of Bill $	1585 00
Less $	
PER Balance $	

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

150

RECORD OF FUNERAL

Total No. 150 Yearly No. 9 Date of Entry March 10 19 75

Name of Deceased CORNELIUS O'NEILL

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2041 Pine Ave. Long Beach Calif. ☐Husband ☐Wife ☐Widow of ... of ... Age of Husband or Wife (if living) ... Years

Charge to Bertha O'Neill

Address Edwards

Order given by Edwards (or Informant)

How secured

If Veteran, Name of War NO

Occupation AXLE MAKER (U.S.) Ret. (Social Security Number)

Employer and Address 574-03-4695 P

Date of Death MARCH 10, 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 28 1898 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL O'NEILL

His Birthplace IRELAND

Maiden Name of Mother ELLEN MURPHY

Her Birthplace IRELAND

Date of Funeral MARCH 13, 1975 (Date) (Day of Week) (Hour) M.

Services at ST AGNES (Address)

Clergyman FR. Dempsey

Religion of the Deceased Catholic

Birthplace IRELAND

Resided in the State Cal. (or U.S. or City or County) (Years) (Months)

Place of Death St. Mary's

Cause of Death Pneumonia

Contributory Causes Generalized Arterio Hypertensive Cardiovascular Disease

Certifying Physician Jean Klock (or Coroner)

His Address 2644 E. 7th St. Long Beach 15 243

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by Ernie

Cemetery / Crematory Pierce

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. Slumber 15

Block No.

Owner Evans

Misc. Pallbearers & Clergy Usual

Complete Funeral (except outlays)	$	953 76
Casket 5 Cap Basswood Square		794 —
Burial Vault or Box Rush for 5 Vaults (State Kind)		80 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Shirt Underwear (State Kind and Color)		12 00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 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 Earthquake Square Plate V		75 00
~~Cremation~~ Cremation Force & Workshop		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		25 00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Newspapers)		13 76
Sales Tax		
Total Footing of Bill	$	1003 76
Less	$	50 00
Balance PBR	$	953 76

McAVOY FUNERAL HOME

3/18/75

Entered into Ledger, page ..... or below.

Misc.

Date		Amount Paid	Balance
3 17 75	To Above Balance	660 76	$ 293
3 18 75	By Payment	$ 630 37	$ NONE
	" "	$	$
	Change PD	$ 337 37	$
	PD Mrs	$	$
	Bal	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ... Address ...

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 15 1 Yearly No. 10 Date of Entry MARCH 22 1975

Name of Deceased SALLY BELLE BROWN

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 843 BEECH AVE Pgh 12

Charge to RALPH ROBERTO

Address 1612 LOCUST Pgh 19 (261 2827)

Order given by R.R.T. STANLEY CUNNINGHAM (or informant)

How secured TO IRISH CLUB MARKET ST

If Veteran, Name of War NO

Occupation WAITRESS

Employer and Address IRISH CLUB (Social Security Number) CLUB MEMBERS

Date of Death MARCH 22 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 22 1888 (86) (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace —

Maiden Name of Mother Unk

Her Birthplace —

Date of Funeral MARCH 26 1975 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY CHURCH

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace VIRGINIA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death JOHN L. KANE HOSP.

Cause of Death CONGESTIVE HEART FAILURE

Contributory Causes MYOCARDIAL INFARCTION

ARTERIO SCLEROTIC CORONARY HEART DISEASE

Certifying Physician RAMELLO E. SAGUIN (or Coroner)

His Address Johnstown Pa. PA 15243

Motor / Ship } Remains to .....

Size of Casket 11 7C III 21 LV VG 81208 (State Color and Number)

Manufactured by BURIAL

Cemetery / Crematory } CALVARY

John the Baptist Church of ... Visitations 2-4 and 7-9 p.m.

BROWN

On Saturday, March 22, Sally (Blount), dear friend of Cecelia (Sis) Roberto. She was employed by the Irish Club, downtown Pgh. for the past 38 years. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Wednesday at 9:30 a.m. Funeral mass from Church of Epiphany at 10 a.m. Visitations 1 p.m. to 9 p.m.

Lot No. 244

Grave No. 1

Section No. M

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$ 1822	40
Casket A PROFESSIONAL SERVICES	1380	00
Burial Vault or Box (State Kind)	325	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress SLIPPERS, HOSE, UNWEAR (State Kind and Color)	70	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ROBERTO CEMETERY		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb P.O.B. CH. P.O.		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers		
(Names of Newspapers) 2 Press 2 Post Gazette T.R.I.B.	34	40
Sales Tax		
Total Footing of Bill	$ 1842	40
Less ..... DIS	$ 20	40
Balance	$ 1822	40

Entered into Ledger Page ..... or below.

3/27/75

PKR

Misc. .....

Date			Amount Paid	Balance
3	2	75	To Above Balance 1000 00	$ 822 40
4	21	75	By Payment $ 366 00	$ 456 40
5	7	75	" " 30 4 $ 255 00	$ 201 40
5	21	75	" " $ 201 —	$ 140
			" " $	$
			" " $	$

Date			Amount Paid	Balance
			To Balance Forward	$
			By Payment $	$
			" " $	$
			" " $	$
			" " $	$
			" " $	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum. Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 152 Yearly No. 11 Date of Entry APRIL 16 1975

Name of Deceased LOUIS GLUMAC (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1831 BLVD OF ALLIES

Charge to IRENE GLUMAC

Address Above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War U.S.

Occupation STEAM FITTER (Social Security Number)

Employer and Address Local 449 168-18-1425

Date of Death APRIL 16 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth SEPT 12 22 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LOUIS GLUMAC

His Birthplace .....

Maiden Name of Mother ESTELLE RYAN

Her Birthplace .....

Date of Funeral APRIL 19 75 M. (Date) (Day of Week) (Hour)

Services at CHAPEL

Clergyman ..... (Address)

Religion of the Deceased ORTHODOX

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL

Cause of Death CANCER ABDOMEN

Contributory Causes —

Certifying Physician Daniel J. Thomas (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to .....

Size of Casket 77 HL CAMEO G 135 135 B (State Color and Number)

Manufactured by Above

Cemetery / Crematory } Calvary

GLUMAC

On April 16, 1975, Louis; beloved husband of Irene McDonald; father of Mrs. Linda Willmeart, Mrs. Theresa Zmuda, John Glumac, Mrs. Roberta Donahey, Louis Glumac Jr. and Mrs. Mary Grumlinaz; brother of George Glumac, Stanley Glumac and Mrs. Helen Geyer; also eight grandchildren. Funeral services from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Saturday morning at 9:30 a. m. He was a member of Steamfitters Union Local No. 449.

Lot No. .....

Grave No. .....

Section No. 16

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	1600	00
Casket		1365	00
Burial Vault or Box (State Kind)		195	00
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress Lot (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains 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)		12	00
Pall Bearer Service, $ ..... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Family			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ ..... of Temporary Vault, $			
Opening of Grave or Tomb Extra			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergymen, $ ..... Singers, $ ..... Organist, $ Elem		7	7
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
15 line Death Notices in 5 Papers		42	75
(Names of Papers)			
Sales Tax			
Total Fo[illegible]	$	1614	75
Less [illegible]	$	14	75
[illegible] balance	$	1600	00

McAVOY FUNERAL HOME

Entered into Ledger, page ..... or below.

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

Removal See Page 146

RECORD OF FUNERAL

153

Total No. 153 Yearly No. 12 Date of Entry 4-25- 19 75

Name of Deceased BURDETT CATTRILL (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence .....

Charge to Lily Cattrill

Address 4A.C. Beachview 3785 GARDENA Cal 37

Order given by Above Phone (or Informant) 538-4205

How secured 1718 E CARSON

If Veteran, Name of War No

Occupation Retired (Social Security Number)

Employer and Address .....

Date of ~~Death~~ Death Jan 24 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4-25-09 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Burdett R. Cattrill

His Birthplace .....

Maiden Name of Mother Louisa Claudia

Her Birthplace .....

Date of ~~Funeral~~ Removal Removal 4/25/75 M. (Date) (Day of Week) (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace WVA

Resided in the State 65 (or U.S. or City or County) (Years) (Months)

Place of Death Memorial Hospital

Cause of Death Ref. Page 146

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to Calvary Cemetery Fm

~~Size of Casket~~ From Memorial Chapel (State Color and Number)

Manufactured by .....

Cemetery / Crematory } To Calvary Cemetery

Calvary Cem

Diagram of Lot or Vault

Lot No. E-74

Grave No. 26

Section No. 20

~~Block No.~~ X Addn

Owner Lily Cattrill

Misc. .....

.....

.....

.....

Complete Funeral (except outlays)	$	
Casket	395	00
Burial Vault ~~or Box~~ Memorial Chg (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 Greenwood		
~~Taking Remains to~~ DISINTERMENT Chg	175	00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
.....Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ~~Taking~~ Calvary	165	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Ex X Reopening	255	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax 9/3/75		
Total Footing of Bill	$	940 00
Less	$	
PER ..... Balance due Chg	$	

McAVOY FUNERAL HOME

Entered into Ledger, page ..... or below.

Misc. .....

.....

.....

.....

Date			Amount Paid	Balance
4/20	75	To Above Balance	295 00	$ 695 00
5/5	75	By Payment	$ 140 00	$ 555 00
6/3	75	" "	$ 140 00	$ 415 00
7/2	75	" "	$ 157 28	$ 257 72
7/26	75	" "	$ 100 00	$ 157 72
9/3	75	" "	$ 53 —	$ NONE

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 7 % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

154

RECORD OF FUNERAL

Tue

Total No. 154 Yearly No. 13 Date of Entry June 12 1975

Name of Deceased Infant Sykes (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of Age of Husband or Wife (if living) Years

Residence 3909 Meadowbrook Road

Charge to DPA Allegheny North County

Address

Order given by Robt Sweeney (or Informant)

How secured Col E.M. Dir. Phila

If Veteran, Name of War No

Occupation Retired (Social Security Number)

Employer and Address

Date of Death June 12 75 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8/31/75 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph Sykes

His Birthplace

Maiden Name of Mother Sykes

Her Birthplace

Date of Funeral June 19 75 1 hrs P.M. (Date) (Day of Week) (Hour)

Services at Holy Child Church

Clergyman Cook (Address)

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy

Cause of Death Asphyxia

Contributory Causes

Certifying Physician Wecht (or Coroner)

His Address Examiner

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by Ewald

Cemetery / Crematory } St. Catholic

Diagram of Lot or Vault

Lot No.

Grave No. 383

Section No. 10

Block No.

Owner

Misc.

Sec 10 - Row L

Grave 6

Complete Funeral (except outlays)	$
Casket Infant Mahogany	280 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	70 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
time No Charge	
line Death Notices in Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 350 00
Less SAVOY FUNERAL HOME	$
Balance	$

Entered into Ledger, page 20 or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 155 Yearly No. 14 Date of Entry June 23 19 75

Name of Deceased MICHAEL ANDRICIK JR.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 201½ TUSTIN

Charge to MICHAEL ANDRICIK SR

Address 201½ TUSTIN

Order given by Mrs Mary Nelson (or Informant)

How secured

If Veteran, Name of War NO

Occupation housewife 193-34-3413 (Social Security Number)

Employer and Address

Date of Death 6-23-75 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 7-5-14 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Michael Andricik

His Birthplace

Maiden Name of Mother Mary Yurko

Her Birthplace

Date of Funeral June 26 1975 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Presbyterian

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death 201½ E. Tustin

Cause of Death Hypertension TB

Contributory Causes

Certifying Physician D.A. Wiest (or Coroner)

His Address 542 4th Corona

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Holly Crest Lot 16 Block 5



Diagram of Lot or Vault

Lot No.

Grave No. X a

Section No.

Block No.

Owner

Misc. Grave Condition

1444 Alabama Unit 16

Complete Funeral (except outlays)	$
Casket Bronze Liner	1680 00
Burial Vault or Box (State Kind)	325 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	Linen
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery Charges	350 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
8 line Death Notices in 3 Papers NO	24 00
Chron. Herald Tribune (Names of Newspapers)	
Additional Pages	
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 2386 00
Less June 26 75	$
Balance	$
Entered into Ledger, page ..... or below.	2362 00

PAID

PER

Misc.

Date		Amount Paid	Balance
7/16/75	To Above Balance	2384 36	$
	By Payment	$ 21 36	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

156

RECORD OF FUNERAL

Total No. 158 Yearly No. 15 Date of Entry July 18 1975

Name of Deceased RAYMOND P HICKEY
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3433 PEDRARIA VICH OR Light ☒ Husband ☐ Wife ☐ Widow of Age of Husband or Wife (if living) Years

Charge to MARY A HICKEY

Address Above

Order given by (or Informant)

How secured

If Veteran, Name of War No

Occupation Ret Bookkeeper Social Security Number 201166351

Employer and Address Wash. Tr. Co

Date of Death July 18 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 18-06 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Hickey

His Birthplace

Maiden Name of Mother Alice Kearney

Her Birthplace

Date of Funeral July 21, 1975 (Day) (Day of Week) (Hour) M.

Services at Episcopal

Clergyman Rev. Fr. Reynolds (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State 10 (or U.S. or City or County) (Years) (Months)

Place of Death Georgetown Post Office

Cause of Death Ca. Basal Pneumonia

Contributory Causes

Certifying Physician Peter Mansfield (or Coroner)

His Address Above

Motor / Ship Remains to Calvary Cem.

Size of Casket 93 Allegheny 216 00 Bronze Gray Copper (Name Color and Number)

Manufactured by Zuppardi Bros Phila

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

SS Dept 18

Complete Funeral (except outlays)	$ 1945
Casket Professional Bronze	1675 00
Burial Vault of Box Tel Seal - Elite (Name Kind)	345 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Family (Name Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (Name Number and District)	
4 Certif. Copies of Death Certificates No. (Name Physician's or Coroner's)	$ 8 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ F Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Fam Tolem.	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ 10 Singers, $ Organist, $ 10	20 00
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
2 Time Death Notices in Papers (Names of Newspapers) Newspaper Service	12 00
Sales Tax McAVOY FUNERAL HOME	
Total Footing of Bill	$ 3845 00
Less [illegible]	[illegible]
Balance	$ 1945 —

Entered into Ledger Page 5 Note below.

Misc. Ber JMcA

Date			Amount Paid	Balance	Date		Amount Paid	Balance
8/14	76	To Above Balance	1001 00	$ 945 00		To Balance Forward		$
10/4	76	By Payment	$ 600 00	$ 345 00		By Payment	$	$
11/21	76	" "	$ 345 —	$ HOME		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 153 Yearly No. 16 Date of Entry July 20 1975

Name of Deceased CLARENCE U KELLEY

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 207 Washington St

Charge to Mrs Susan Kelley

Address above PHONE

Order given by Ray Kelley for 471 2031 (or Informant)

How secured

If Veteran, Name of War N/A

Occupation Coach 196307209 (Social Security Number)

Employer and Address T Smith

Date of Death July 20 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 22 37 Age 37 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Raymond Kelley Sr.

His Birthplace

Maiden Name of Mother Carmichael

Her Birthplace

Date of Funeral July 24 1975 M. (Date) (Day of Week) (Hour)

Services at Greenleaf

Clergyman Fitzgerald (Address)

Religion of the Deceased Catholic

Birthplace Va

Resided in the State Va (or U.S. or City or County) (Years) (Months)

Place of Death Central Chemung Hospital

Cause of Death Pulmonary Edema & Shock Substernal Poisoning (Fumes)

Contributory Causes

MANNER OF DEATH - UNDETERMINED

Certifying Physician Dr Kosbab (or Coroner)

His Address Same as Chemung Insurance

Motor / Ship } Remains to

Size of Casket 20 81/2 Rite Title 6001 4600 Pt 1/2 (State Color and Number)

Manufactured by Universal

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 130

Grave No. 6

Section No. 30

Block No.

Owner

Misc.

55 sent to beneficiary

MAT Life Acc - 615-749-1000

(Nashville Tenn)

Complete Funeral (except outlays)	$	
Casket 0 Professional Plan	1485	00
Burial Vault or ~~Box~~ P.B. 001 (State Kind)	215	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $ Soapy		
Dressing Body, $ Underwear, $ 5	5	00
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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 P.111. The Family		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 20 ~~Singers~~, $ Organist, $	20	00
Railroad or Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 line Death Notices in TJ ~~Papers~~ Dixie to Newspapers Bank (Name of Newspaper)	12	00
MCAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1741	00
Less 9/7/75	$	
Balance	$	

Entered into Ledger, page ..... or below.

PER JM Levy

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 .....

158

RECORD OF FUNERAL

Total No. 168 Yearly No. 17 Date of Entry July 27 1975

Name of Deceased MARGARET E KNOWLAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } ..... (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 5330 FERN ST Pgh 15224

Charge to Patricia A. Good (DTR.)

Address 434 WALNUT AVE GREENSBURG PA

Order given by 937-1954 (or Informant)

How secured .....

If Veteran, Name of War ?

Occupation WAITRESS 165-26-2750 (Social Security Number)

Employer and Address WHITE TOWER

Date of Death July 27 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 12 1909 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHARLES E NOLAN

His Birthplace .....

Maiden Name of Mother MARGARET M. TEPE

Her Birthplace .....

Date of Funeral JULY 31 1975 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR COST (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 West Penn Hosp Pgh

Cause of Death ACUTE MYOCARDIAL INF

Contributory Causes Emph. HT FLR PUL. EDEMA

Certifying Physician Cyril Hurcht M.D. (or Coroner)

His Address 542 4th Ave Pgh PA 15219

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by AURORA (State Color and Number)

Cemetery / Crematory } ALVARY MAUS

KNOWLAN (GOOD)
On Sun., July 27, 1975, Margaret E., mother of Patricia A. Good; sister of Charles F. Knowlan; father-in-law of Mrs. Elsie Knowlan; also several nieces and nephews. Funeral from the JOSEPH H. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Thurs. at 9:30 a.m. Mass of Resurrection from Church of the Epiphany at 10 a.m. Memorial contributions to your favorite charity will be appreciated.

Lot No. Lot 545
Grave No. 1 2 3 4 5 6
Section No. 5
Block No. X N
Owner Pat Good
Name of Lot or Vault

Misc. (1) Mass Tom Mon 10 a.m. Epiphany
White Tower 5.5.255
Mother 243 Mother 2 Son

Complete Funeral (except outlays)	$	2954	28
Casket Gold Bronze		2495	00
Burial Vault or Box (State Kind)		385	00
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress Complete (State Kind and Color)		65	00
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		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 Forms Vol P.P.			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergymen, $ ..... Singers, $ ..... Organist, $		35	00
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
13 line Death Notices in 3 Papers (Names of Newspapers) 2 Pgh Post 1 Pgh Sun 12-77		34	71
Sales Tax			
Total Footing of Bill	$	3016	71
Less	$	57	43
Balance	$	2959	28

Entered into Ledger, page ..... for below.

McAVOY FUNERAL HOME
8/11/75

Misc. PER Mr. Mrs. 315 A 255 Anthony
5 St Sons M

Date		Amount Paid	Balance
8/11/75	To Above Balance	243 13	$ 2773 58
8/14/75	By Payment	$ 2086 98	$ 686 60
8/29/75	"	$ 273 63	$
8/29/75	"	$ 100 00	$ 255 00
9/11/75	"	$ 255 00	$ Paid
	" "		$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from
maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

159

Total No. 159 Yearly No. 18 Date of Entry Aug 09 1975

Name of Deceased SAM HARVEY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1815 LOCUST ST Bldg ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to BERNADETTE HARBEY

Address SAME 261-2769

Order given by ... (or Informant)

How secured ...

If Veteran, Name of War NA

Occupation HUCKSTER Ret - 175-16-3451A (Social Security Number)

Employer and Address ...

Date of Death AUG 9 - 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/25/1898 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH HARBEY

His Birthplace LEBANON

Maiden Name of Mother UNK

Her Birthplace LEB

Date of Funeral AUG 11 - 1975 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR NAGY SYR ORTH CATHEDRAL (Address) From

Religion of the Deceased MARONITE CATHOLIC

Birthplace LEBANON

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL PGH

Cause of Death A.S. H.D.

Contributory Causes COMP HT BLOCK STATUS POST LAKEMAKER INSERTION - GEN ART

Certifying Physician W R BAILEY JR SCLEROSIS (or Coroner)

His Address MERCY HOSP

Motor / Ship Remains to ...

Size of Casket 6 9 7 8 HH 1 98 0000 Manufactured by NUNAN (State Color and Number)

Cemetery ... Crematory ... Columbarium

HARVEY (Harbey)
On Saturday, August 9, 1975, Sam, husband of the late Catherine Harvey, father of Joseph Harvey, Mrs. Audrey Laughlin, Bernadette Harvey and the late Mrs. Emmitty Hoffman, brother of Mrs. Jennie Charles and Mrs. Sally Wheeler also survived by 5 grandchildren and great-grandchild. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1200 Forbes Ave., on Monday at 9:30 a.m. Mass of the resurrection from the Church of the Epiphany at 10 a.m. Pgh.

Lot No. ...
Grave No. 20
Section No. 28 upper Section
Block No. 14 POW Block 16 HARBEY
Owner BERNADETTE

Misc. 55 - Sent to - Rec'd 8/29/75

Complete Funeral (except outlays)	1896
Casket 7 PRUF STAINLESS STEEL	1685 00
Burial Vault or Box RB 20100 B (State Kind)	210 00
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $ ...	
Dressing Body, $ ... Underwear, $ 5	
Suit or Dress F (State Kind and Color)	
Slippers, $ F Hose, $ F	
Folding Chairs, $ ... Tarpaulin, $ ...	
Candelabrum, $ ... Candles, $ ...	
Door Spray, $ ... Gloves, $ ...	
Funeral Car, $ ... Ambulance, $ ...	
Limousines to Cemetery @ $ ...	
Extra Limousines @ $ ...	
Autos to R. R. Station @ $ ...	
Getting Remains from ...	
Taking Remains to ...	
Trip to Coroner's Inquest ...	
Delivering Box to ...	
Deliver Flowers to ...	
Removal Charges ...	
Procuring Burial Permit ...	
2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ ... Use of Chapel, $ ...	
Gross Total for Sales Tax $ ...	
Outlay for Lot FAM OWNED	
Cremation ...	
Flowers, $ ... Palms, $ ... Matting, $ ...	
Rental of Tent, $ ... of Temporary Vault, $ ...	
Opening of Grave or Tomb Rite of Entom	
Lining Grave, $ ... Lowering Device, $ ...	
Outlay for Shipping Charges ...	
Clergymen, $ ... Singers, $ ... Organist, $ Fee	20 00
Railroad or Motor Tickets, $ ... Aeroplane Service, $ ...	
Telegr., Phone, Cable or Radio Charges ...	
Cash Advanced ...	
Out of town Funeral Director's Charges ...	
Personal Service ...	
14 line Death Notices in 1 Papers (Names of Newspapers) SUN PRESS MCAVOY FUNERAL HOME	17 64
Sales Tax	1936 64
Total Footing of Bill	100 00
Less	1836 64
Balance	

Entered into Ledger, page ... or below.

Misc. PD Com $190 ORIG W 255 CK'S 07 9630 - 1926 0

Date			Amount Paid	Balance	Date			Amount Paid	Balance
8/11	75	To Above Balance	2 60	$ 1934 64			To Balance Forward		$
8/26	75	By Payment 55	$ 255 —	$ 1679 64			By Payment	$	$
8/28	75	PRUDENTIAL	$ 833 20	$ 845 84			" "	$	$
		" "	$ 745 —	$ 745 00			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

160

RECORD OF FUNERAL

Total No. 1160 Yearly No. 19 Date of Entry Aug 26 1975

Name of Deceased MARY E LOHMAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 44446 Santa Clara St Niles Ohio

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Nella Rapada

Address 519 Robbins Ave Niles O. 44446

Order given by Mr. Willis U.S. 2895 Hazelwood Ave Akron Ohio 44301 (or informant)

How secured

If Veteran, Name of War

Occupation Factory Worker 209-01-2715 (Social Security Number)

Employer and Address

Date of Death Aug 21 1975 1 A.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 13 1887 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Evans

His Birthplace

Maiden Name of Mother Jones

Her Birthplace

Date of Funeral Aug 25 1975 M. (Date) (Day of Week) (Hour)

Services at Episcopal

Clergyman F R Cost (Address)

Religion of the Deceased Episcopal

Birthplace Pa

Resided in the State Ohio (or U.S. or City or Country) (Years) (Months)

Place of Death Trumbull Memorial Hospital Warren Ohio

Cause of Death Pneumonia

Contributory Causes

Certifying Physician D.P. Tang Virginia Ave Niles O. (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 3/6 H 40 177 L.T. 1409 EGBal Copp (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Elm

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket Transferred from Mass.	1460	00
Burial Vault of Box ...P.P. (State Kind)	200	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 11.46		
Suit or Dress J.C.W. Co. (State Kind and Color)	45	00
Slippers, $ ..... Hose, $ 1.00		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Warren Ohio		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges From Warren Ohio (State Number and District)	146	40
Procuring Burial Permit per P.C. 210 (a)		
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	190	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ Singers, $ ✓ Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers (Names of Newspapers) Sun Press Sun Times Post	38	74
Sales Tax 8.74		
Total Footing of Bill 1612	$	2110 14
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. 35 sent 1.M 9/10/75

Date		Amount Paid		Balance	
8/21/75	Equitable Method To Above Balance	647	58	$ -	-
9/19/75	By Payment	$ 672	56	$	
	" Jones Hearse	$ 487	60	$	
	"	$ 139	70	$ 244	74
10/30/75	" " 55	$ 255	—	$ None	
	" "	$		$	

Date		Amount Paid		Balance	
	To Balance Forward	$		$	
	By Payment	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 16 8 Yearly No. 20 Date of Entry Aug 26 1975

Name of Deceased EMMA WEISS (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence RD 2 Box 22 VALENCIA PA 16059

Charge to JOHN A WEISS 391-7243

Address 309 61ST ST PGH 15206

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NA

Occupation Cook (RA) (Social Security Number)

Employer and Address .....

Date of Death Aug 26 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10 28 95 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace —

Maiden Name of Mother Unk

Her Birthplace —

Date of Funeral Aug 28 1975 Sun 9 30 M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev Wayne Powell (Address)

Religion of the Deceased Presbyterian

Birthplace Austria

Resided in the State PA (or U.S. or City or Country) (Years) (Months)

Place of Death PASSAVANT HOSP Pgh PA

Cause of Death ASCVD

Contributory Causes .....

Certifying Physician EXPIRE Weeks Coroner (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 107"HL 00184 ASTRO Blue LT Blue (State Color and Number)

Williams Crepe

Manufactured by .....

Cemetery / Crematory } CHARTIERS VAL PRES MIDDLESEX TWP BOULEVARD



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. SS Sent 9/4 8/28/75

Complete Funeral (except outlays)	2248 05
Casket 2 Professional Bearers	1730 00
Burial Vault or Box RS (State Kind)	275 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
~~Dressing Body, $~~ ..... Underwear, $ 15 @	55 00
Suit or Dress ✓ @ 45 (State Kind and Color)	
Slippers, $ 15 Hose, $ ✓	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to ~~Cemetery~~ ..... @ $ CLINTON	40 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	
5 Certif. Copies of Death Certificates No. ..... (State Number and District) (State Physician's or Coroner's)	10 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	20 00
Lining Grave, $ ✓ ..... Lowering Device, $ ✓	35 00
Outlay for Shipping Charges	
Clergymen, $ ✓ ..... Singers, $ ..... Organist, $	15 00
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
McAVOY FUNERAL HOME	
13 line Death Notices in 2 Papers	38 05
(Names of Newspapers) 9/1 3/5	
Sales Tax	
Total Footing of Bill	$ 2228 05
Less PER ..... Balance	$ 30 05
	$ 2248 05

Entered into Ledger, page ..... or below.

Misc. .....

Date		Amount Paid	Balance
CHK 9/4/75	To Above Balance	1,174 24	$ 1038 81
9/13 75	By Payment Insurance	$ 1072	$ ~~1072~~ None
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

162

RECORD OF FUNERAL

Total No. 162 Yearly No. 21 Date of Entry Sept 4 1975

Name of Deceased JAMES P BROWN (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2010 TUSTIN ST 19

Charge to THERESA BROWN WIFE

Address Address

Order given by (or Informant)

How secured

If Veteran, Name of War NO

Occupation STEEL WORK RET 210-07-7893A (Social Security Number)

Employer and Address S P R HARBOR

Date of Death SEPT 4 - 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 29 1902 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UNK

His Birthplace

Maiden Name of Mother JULIA LAVELLE

Her Birthplace

Date of Funeral SEPT 6-1975 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR COST

Religion of the Deceased CATHOLIC (Address)

Birthplace VA

Resided in the State CA (or U.S. or City or Country) (Years) (Months)

Place of Death MERCY HOSP LOM

Cause of Death MYOCARDIAL INF

Contributory Causes ASHD 13 YRS

Certifying Physician HENRY SELTZER MD

His Address 2005 CARSON PKWY (or Coroner)

Motor / Ship } Remains to

Size of Casket 1232 HL MOPAR PLATED SIDE

Manufactured by PANELS ROYAL BLUE STEEL CASE 00215 HL (State Color and Number)

Cemetery / Crematory } ENLVARY

Lot No.

Grave No.

Section No. 16 XD

Block No.

Owner

Diagram of Lot or Vault

Misc BROWN

GIBBS

Complete Funeral (except outlays)	$	2064 92
Casket GPROFESSIONAL SEAL		1695 00
Burial Vault or Box TOP SEAL (State Kind)		345 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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)		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 FCEM		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 15 Singers, $ Organist, $ 10		25 00
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers		18 92
(Names of Newspapers) FRI POST HERALD		
FRI PRESS TELEGRAM		
Sales Tax		
Total Footing of Bill	$	2089 92
Less Allow 30 Days	$	25 00
Balance	$	2064 92

Entered into Ledger, page or below.

Misc. A/C Copy

ESAS - 1921 sent in 9/10/75

Paid 9/22/75

Date		Amount Paid	Balance	Date		Balance
	To Above Balance		$		To Balance Forward	$
	By Payment	$	$		By Payment	$
	" "	$	$		" "	$
	" "	$	$		" "	$
	" "	$	$		" "	$
	" "	$	$		" "	$

McAVOY FUNERAL HOME

10/4/75

PER

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 165 Yearly No. 22 Date of Entry Sept 7 19 75

Name of Deceased THERESA CERMINARO (What Race)
☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 55 VAN BRAAM ST

Charge to SANTO CERMINARO (HUSBAND)

Address SAME

Order given by DOMINICK CERMINARO (or informant)

How secured

If Veteran, Name of War NO

Occupation HOUSEWIFE (RES.)

Employer and Address NONE (NONE) (Social Security Number)

Date of Death SEPT 3 1975 4:45 AM EST
(Mo.) (Day) (Yr.) (Hour)

Date of Birth [redacted] 1/10/03 72
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SALVADOR TALLERICO

His Birthplace ITALY

Maiden Name of Mother MARY LOGRANDE

Her Birthplace ITALY

Date of Funeral SEPT 11-75 10 M.
(Date) (Day of Week) (Hour)

Services at EPIPHANY
(Address)

Clergyman FITZGERALD

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP

Cause of Death MYOCARDIAL INFARCTION

Contributory Causes ARTERIOSCLEROTIC STROKE

BRAIN STEM INFARCT

Certifying Physician JAMES J. [illegible] (or Coroner)

His Address MERCY HOSP

Motor / Ship } Remains to

Size of Casket 518HL CHR PLATED HL252HL (State Color and Number)

Manufactured by

Cemetery / Crematory } Cemetery



Lot No.

Grave No. 75 69

Section No. 50

Block No.

Owner Same

Misc.

Complete Funeral (except outlays)	2378 —
Casket Professional Funeral	1995 —
Burial Vault or Box (State Kind)	345 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	50 —
Suit or Dress	57 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 BELL, ME	
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
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Same	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Same	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ 4 Organist, $	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers	48 45
(Names of Newspapers)	
McAVOY FUNERAL HOME	
Sales Tax	$ 3478 45
Total Footing of Bill	$ 100
Less ..... Balance	$ 2378 00

Entered into Ledger, page ..... or below.

BR

Misc. 55 19-8 21 Search for 9/19/75

Date		Amount Paid	Balance
Oct 10 75	UNION NAT'L To Above Balance	818 93	1659 52
	By Payment	1554 52	$
	" "	$ 2395 45	$ PAID
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 114 Yearly No. 23 Date of Entry Sept 7 19 75

Name of Deceased ANNA M MAYER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 222 BURBANK ST PHX AZ

Charge to ADAM C MAYER PHX ARIZ

Address 2695 WINCHESTER DR PHX AZ

Order given by Mrs (or Informant) WILLIAM MAYER

How secured OTR BY TEL 882-8838

If Veteran, Name of War .....

Occupation ..... 608-36-8497 (Social Security Number)

Employer and Address Not Employed

Date of Death Sept (Mo.) 7 (Day) 75 (Yr.) 348PM (Hour)

Date of Birth Jan (Mo.) 14 (Day) 1883 (Yr.) Age 92 (Yrs.) (Mos.) (Days)

Name of Father ADAM MAYER

His Birthplace .....

Maiden Name of Mother MARTHA MEYER

Her Birthplace .....

Date of Funeral Sept (Date) 9 75 (Day of Week) M. (Hour)

Services at FH

Clergyman COST (Address)

Religion of the Deceased CATH

Birthplace Ills

Resided in the State AZ (or U.S. or City or County) (Years) (Months)

Place of Death PHX AZ Hosp

Cause of Death Acute Coronary Occlusion

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket Cloth 6 FST 59 (State Color and Number)

Manufactured by ERIE

Cemetery / Crematory } MT CARMEL

Lot No. 294

Grave No. 2

Section No. .....

Block No. .....

Diagram of Lot or Vault

MAYO FUNERAL HOME

Owner

9/9/75

PER

Misc. .....

Complete Funeral (except outlays)	$	
Casket 8 PROFESSIONAL SERV		550 00
Burial Vault or Box (State Kind)		195 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 1 PC (State Kind and Color)		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 (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		150 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 1 Singers, $ ..... Organist, $		10 00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in 1 ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	994 —
Less Advanced 9/8/75	$	500 00
Balance	$	494 —

Entered into Ledger, page ..... or below.

Misc. 3S 1.9.21.M. 10.9.175

Date		Amount Paid	Balance	Date		Amount Paid	Balance
9/8 75	To Above Balance	494 —	None		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 165 Yearly No. 24 Date of Entry Sept 13 1975

Name of Deceased INFANT PETRISKO

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 812 PINECREST DR MCKEESPORT PA

Charge to ESTATE of CATHERINE PETRISKO

Address 812 PINECREST MCKEESPORT 15135

Order given by (or Informant)

How secured Murray H.S.P.

If Veteran, Name of War

Occupation STILL BORN INFANT (Social Security Number)

Employer and Address

Date of Death 9/13/75 (Mo.) (Day) (Yr.) (Hour)

Date of Birth " Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father David

His Birthplace "

Maiden Name of Mother JOYANN PETRISKO

Her Birthplace PA

Date of Funeral 9-16-75 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased Cath

Birthplace PA

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Murray HOSPITAL

Cause of Death IMMATURE D.INC HSPTLIA

Contributory Causes TIGHT NUCHAL CORD

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket EXPTOCRIB (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary Row 2 Lot No.

Grave No. 8

Section No. 17

Block No.

Owner

Diagram of Lot or Vault

Misc.

Complete Funeral (except outlays)	$	
Casket Emplomb. Infants	55	—
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 Gen. Cemetery	25	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor { Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in (Names of Newspaper)		
Sales Tax		
Total Footing of Bill	$	80 00
Less PER Balance	$	
Entered into Ledger, page or below.	$	

HANNON 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)

for the ... agree to pay the same within ... days from date. Interest to accrue from

166

RECORD OF FUNERAL

Total No. 166 Yearly No. 25 Date of Entry Sept 17 1975

Name of Deceased CAROLINE EBERT (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2317 Mohawk Pgh 13 ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Clarence E Bent

Address Akron

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War .....

Occupation home duties (Social Security Number)

Employer and Address .....

Date of Death Sept 17-75 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8/17/15 (Mo.) (Day) (Yr.) Age 60 (Yrs.) (Mos.) (Days)

Name of Father Robert Bloomer

His Birthplace .....

Maiden Name of Mother unk

Her Birthplace .....

Date of Funeral Sept 20-75 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman .....

Religion of the Deceased Protestant (Action)

Birthplace Pa

Resided in the State Pa (If U.S. or City or County) (Years) (Months)

Place of Death VA Mercy Hosp.

Cause of Death Asthd.

Contributory Causes Diabetes Mellitus

.....

Certifying Physician P. W Henle (or Coroner)

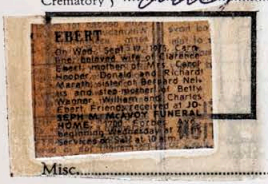
His Address 3510 - 5th Ave.

Motor / Ship } Remains to .....

Size of Casket 127 HL 211 Colonial Silv (State Color and Number)

Manufactured by Mayor Metro Steel Pgh

Cemetery / Crematory } Allegheny



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	2000 00
Casket Prot Guaranteed Stainless		1730 00
Burial Vault or Box N.B. (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Dressed & Casket Lt (State Kind and Color)		55 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		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 Fam		- -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ Fam		
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		
13 line Death Notices in 3 Papers		
(Names of Newspapers) Pitt Press Examiner		37 05
1 4 3 6 / 75		
Jan 12 76		
Sales Tax		
Total Footing of Bill	$	2021 05
Less PER	$	20 05
Balance	$	2000 00

Entered into Ledger, page ..... of below.

Misc. Send Proof for col equal
Same funeral 55 for Dress

Date			Amount Paid	Balance		Date			Amount Paid	Balance
9/30	75	To Above Balance	740 —	$				To Balance Forward		$
10/3	75	By Payment Calvert Fl	1000 —	$ 255	00			By Payment	$	$
1/12	76	" "	$ 255	$ NONE				" "	$	$
		" "	$	$				" "	$	$
		" "	$	$				" "	$	$
		" "	$	$				" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

167

(Total No. 169) Yearly No. 26 Date of Entry Sept 27 19 75

Name of Deceased DENISE ANN GALLO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1216 AMANDA ST Lyn 15210 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to RONALD GALLO

Address Home

Order given by Steve (or informant)

How secured

If Veteran, Name of War

Occupation STUDENT (Social Security Number)

Employer and Address

Date of Death Sept 27 75 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 1 - 63 Age 12 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father RONALD GALLO

His Birthplace Pgh

Maiden Name of Mother DOLORES PTASIENSKI

Her Birthplace PA

Date of Funeral Sept 30 - 1975 M. (Date) (Day of Week) (Hour)

Services at St Basils (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pgh

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death McKeesport HOSP.

Cause of Death CRANIAL CEREBRAL INJURIES

Contributory Causes ST RUPT Bypass TO

Certifying Physician [illegible] (or Coroner)

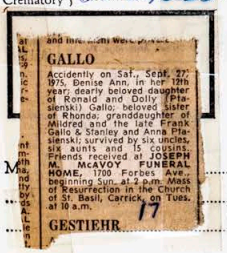
His Address

Motor / Ship Remains to 565-7808 Burial

Size of Casket Cloth (State Color and Number)

Manufactured by

Cemetery / Crematory ST BASILS



GALLO

Accidently on Sat., Sept. 27, 1975, Denise Ann, in her 12th year; dearly beloved daughter of Ronald and Dolly (Ptasienski) Gallo; beloved sister of Rhonda; granddaughter of Mildred and the late Frank Gallo & Stanley and Anna Ptasienski; survived by six uncles, six aunts and 15 cousins. Friends received at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Sun. at 2 p.m. Mass of Resurrection in the Church of St. Basil, Carrick, on Tues. at 10 a.m.

17

GESTIEHR

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	1795 —
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)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		11 00
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		23 22
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 line Death Notices in 2 Papers (Names of Newspapers) (P.G. in full)		37 53
Sales Tax		
Total Footing of Bill	$	1955 75
Less McAVOY FUNERAL HOME Balance	$	100 00
Entered into Ledger, page ... or below.	$	1855 75
Misc.		

PAID 9/30/75

PER JMM

Date		Amount Paid	Balance	Date		Amount Paid	Balance
9/30	To Above Balance	1855 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 (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

168

RECORD OF FUNERAL

Total No. 168 Yearly No. 27 Date of Entry Sept 28 1975

Name of Deceased FLORENCE SALINE

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 717 EMERSON - Apt 6

Charge to Leo Saline

Address Ward

Order given by V. Kathleen Sample (or Informant)

How secured D.T.R.

If Veteran, Name of War

Occupation Nurses Aides (Social Security Number)

Employer and Address

Date of Death Sept 28 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 25 32 Age 43 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father OLIVER LEE S. MEYER

His Birthplace Pa

Maiden Name of Mother Zook

Her Birthplace

Date of Funeral Oct 2 75 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev Mc Goth (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 West Penn Hosp

Cause of Death Hemorrhage following surgery

Contributory Causes Lung Ca

Certifying Physician Dr. Mortimer (or Coroner)

His Address West Penn

Motor / Ship } Remains to

Size of Casket 1130 HL Gil VAN Gy. F120B (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. H 0

Block No.

Owner

Misc.

Complete Funeral (except outlays) ..... $	
Casket 1 Poly Sup	1085 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	40 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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 / Motor { Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 2 Papers (Names of Newspapers)	24 70
Sales Tax 10/10/75	
Total Footing of Bill ..... $	1349 70
Less ..... $	
Balance ..... $	

McAVOY FUNERAL HOME

PER

Entered into Ledger, Page ..... or below.

Misc. V.A. [illegible]

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 169 Yearly No. 28 Date of Entry OCT 9 19 75

Name of Deceased LEO R. SALINE

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... (What Race)

Residence 217 EMERSON ST PGH 6 Age of Husband or Wife (if living) ..... Years

Charge to KATHLEEN T SALINE DTR

Address Karen Ashley DTR 220 Emmerson St

Order given by 234 Plymouth St (or Informant)

How secured Pgh 15211

If Veteran, Name of War ..... No. .....

Occupation BREWERY WORKER (Social Security Number)

Employer and Address .....

Date of Death OCT 9 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 6 1926 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HARRY SALINE

His Birthplace .....

Maiden Name of Mother ALMA KUNKEL

Her Birthplace .....

Date of Funeral MON OCT 13-75 10A M. (Date) (Day of Week) (Hour)

Services at Chapel (Address)

Clergyman FR. McGrath

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Pleasant Valley Hosp Pgh PA

Cause of Death LIVER FAILURE

Contributory Causes CIRRHOSIS OF LIVER

.....

Certifying Physician DR LAVOT (or Coroner)

His Address .....

Motor / Ship Remains to .....

Size of Casket 11 Ga Mah 3144 Mang M1208 (State Color and Number)

Manufactured by ALKARA

Cemetery / Crematory ST MARYS

SALINE — Suddenly on Thurs., Oct. 9, 1975, Leo, husband of the late Florence Rothermel Saline and the late Mary Saline; father of Mrs. Karen Ashley, Mrs. Kathleen Sample and Mary Saline; brother of Frank, Nicholas and Kenneth Saline; father-in-law of Greg Sample; also two grandchildren, Greg Sample and Erin Ashley. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. beginning Sun. at 2 p.m. Funeral on Mon. with Blessing service at 10 a.m. Visitation with family 2-4 & 7-9.

Lot No. .....

Grave No. .....

Section No. 40

Block No. .....

Owner .....

3144 Mah 88042337

12/15/75 to Mgr Semple

Complete Funeral (except outlays)	$
Casket Cloth panel and Trimmings	1270 00
Burial Vault or Box (State Kind)	195 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress 4 piece (State Kind and Color)	49 20
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	20 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 Forbes	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Aero- Tickets, $ ..... plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 3 Papers (Names of Newspapers) FRI-SAT-SUN Pgh Press	36 88
JOSEPH M. McAVOY FUNERAL HOME	
Sales Tax 1700 FORBES AVENUE	
Total Footing of Bill PITTSBURGH, PA. 15219	$ 1590 88
Less PHONE: 391-0667	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc. Vets in

McAVOY FUNERAL HOME

PAID

Date		Amount Paid	Balance
12/5/75	To Above Balance	400 —	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" " PER Mgr	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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 .....

170

RECORD OF FUNERAL

Total No. 178 Yearly No. 29 Date of Entry Oct 24 1975

Name of Deceased EDNA E HANEY (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐Husband ☐Wife ☐Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 3012 GLENDALE AVE Pgh 27

Charge to BETTY E MURRAY

Address above

Order given by Ellen Jantovich 885 3743 (or informant)

How secured

If Veteran, Name of War

Occupation CITY OF Pgh

Employer and Address

(Social Security Number) 170-01-3476A

Date of Death Oct 24 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 16 1915 Age 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father REGIS McKENZIE

His Birthplace

Maiden Name of Mother EDNA McFALLS

Her Birthplace

Date of Funeral Oct 27 1975 (Date) MON (Day of Week) AM (Hour) M.

Services at EPIPHANY

Clergyman F R HARVEY (DIOCESAN BLDG.) (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 MONTEFIORE HOSP

Cause of Death CARDIO PULMONARY ARREST

Contributory Causes LYMPHOMA MALIGNA OF WATER & LIVER METASTASIS

Certifying Physician GARY D LICHTEN (or Coroner)

His Address MONTEFIORE HOSP Pgh

Motor / Ship Remains to

Size of Casket 978 HL GRAYLINE 1304 20 GA (State Color and Number)

Manufactured by FLOSH

Cemetery / Crematory CEMETERY

Lot No. 469

Grave No.

Section No. R

Block No.

Owner

HANEY

On Oct. 24, 1975, Edna E., beloved wife of the late George Haney; beloved mother of Mrs. Joanne Bolar, Mrs. Eileen Lanzkovick, Mrs. Bette Murrey, Mrs. Georgeanne Brutscher, Mrs. Christine Zoller; beloved daughter of Mr. and Mrs. Regis McKenzie, Sr.; sister of Mrs. Frances Chappell, Mrs. Viola Grabski, Mrs. Marion Duffy, Mrs. Irene Lutz, Regis McKenzie, Jr. and the late Patrick McKenzie, also survived by four grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. on Mon. at 9:30 a.m. Mass of Resurrection in the Church of the Epiphany at 10 o'clock.

Complete Funeral (except outlays)	$
Casket Lined Sealed	1995 00
Burial Vault or Box R.B. (State Kind)	250 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	65 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)	
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 Cemetery	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	35 00
Railroad / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
2 line Death Notices in 2 Papers	6 5 56
Sat Pa Sun Pa (Names of Newspapers) MCAVOY FUNERAL HOME	
JOSEPH M. McAVOY FUNERAL HOME 1700 FORBES AVENUE PITTSBURGH, PA. 15219 PHONE 391-0667	
Sales Tax	
Total Footage of Bill	$ 2410 56
Less	$
	$
Entered in Book below.	
Misc. Equitable Life Assur (Okay) Pay 171	

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

REMOVAL

Total No. 178 Yearly No. 30 Date of Entry Oct 28 19 75

Name of Deceased (Thomas E Hayden)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 118 Mitchborough (former) (What Race)

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Potter Memory

Address 3012 Glendale Ave Pgh 27

Order given by Albert (or Informant)

How secured

If Veteran, Name of War —

Occupation (Social Security Number)

Employer and Address

Date of Death Nov 26 - 66 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 23 19 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace Pgh

Maiden Name of Mother Ida Marshall

Her Birthplace

Date of ~~Funeral~~ Removal 10/28/75 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death Acute Coronary Occlusion

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Parkhaven

Removed from Soldiers Plot

Diagram of Lot or Vault

Lot No. 469

Grave No.

Section No. R

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket		
Burial Vault ~~or Box~~ Concrete (State Kind)		195 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
..... Certif. Copies 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		125 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for ~~Shipping~~ Charges Vault Co		175 00
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in ..... Papers		
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	345 —
Less Nov. 10 21	$	25 00
Balance	$	490

Entered into Ledger ~~paid~~ ..... or below.

PER Jmcfy

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

172

RECORD OF FUNERAL

Total No. 172 Yearly No. 31 Date of Entry OCT 27 1975

Name of Deceased BERNARD H DAUGHERTY (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 207 SAGA MORE Pgh 15204

Charge to MARY C DAUGHERTY

Address above

Order given by C.L.A.plan # 04360030 (or informant)

How secured

If Veteran, Name of War WWII - 330303774

Occupation STEEL WORKER (Social Security Number)

Employer and Address

Date of Death OCT 27 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth NOV 26 1916 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH DAUGHERTY

His Birthplace PA

Maiden Name of Mother MARGUE GRIFFITH

Her Birthplace PA

Date of Funeral OCT 30 1975 M. (Date) (Day of Week) (Hour)

Services at F.H.

Clergyman FR FITZGERALD (Address)

Religion of the Deceased CATHOLIC RC Am

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Allegheny Gen Pgh

Cause of Death

Contributory Causes

Certifying Physician DR WARM Coroner (or Coroner)

His Address 542 4th Ave Pgh 15219

Motor / Ship } Remains to

Size of Casket 57 HL Bluetone Covered 229B (State Color and Number)

Manufactured by

Cemetery / Crematory } Homewood

Lot No.

Grave No.

Section No.

Block No.

Owner

DAUGHERTY On Mon., Oct. 27, 1975, Bernard H., beloved husband of Mary Gazella; beloved father of Mrs. Evelyn Fuchs of Chicago, Bernard, Daughters, Joanne Kraszewski, Josephine Daugherty, Mrs. Mary Helen Sedlosi; brother of Thomas, Charles and Richard Daugherty, Mrs. Marie Kenders, Mrs. Kelly Guercio, Rita Tamiesi and the late Joseph Daugherty; also survived by many grandchildren. Funeral from the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Blessing service on Thurs. at 7:45 a.m.

Complete Funeral (except outlays)	$	
Casket Prefabricated Bronze	1680	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)	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 (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 ..... Vets Grave		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb ..... Vets Grave		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ 25 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		
18 line Death Notices in 3 Papers (Names of Newspapers)	28	60
Sales Tax		
Total Footing of Bill	$ 1988	60
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc 475 Vets to Comm ?
255 to go to Widow
Assign Comm = 1523.60 Am Plan 11/2.DS

Date			Amount Paid	Balance
11-20	75	Amer Plan To Above Balance	1523 60	$ 475 —
CK #		6607826 By Payment	$	$
		" "	$	$
12/10	75	" " Vets 88583680	$ 400 —	$ 75 —
01/20/76		" "	$ 75	$
		" "	$	$

Date			Amount Paid	Balance
		Nursing Home		
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 173 Yearly No. 32 Date of Entry Oct 28 1975

Name of Deceased MARGARET M. BROPHY

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1960 HIERRA ISLES Hollywood Calif

Charge to S.S.T.A.M. MAC DAVID

Address 201 MCCADDEN RD Pg. 1.5205

Order given by Clara (or informant)

How secured .....

If Veteran, Name of War NO

Occupation Nursing Home Asst 160-22-1449A (Social Security Number)

Employer and Address N.A.

Date of Death OCT 28 - 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 23 87 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas M. Brophy

His Birthplace .....

Maiden Name of Mother MARY BRACKEN

Her Birthplace .....

Date of Funeral OCT 30 - 1975 M. (Date) (Day of Week) (Hour)

Services at ST LAWRENCE Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Queen of Angels Hollywood

Cause of Death Coronary Thrombosis Pulmonary Embolus Cerebro Vascular acc

Contributory Causes .....

MYOCARDIAL Arteriosclerotic

Certifying Physician L.A. Pascual (or Coroner)

His Address .....

Motor } Ship } Remains to .....

Size of Casket 12 28 - 4 L 193 HL (State Color and Number)

Manufactured by .....

Cemetery } Crematory } St Mary's 45th St

BROPHY
On Tues., Oct. 28, Margaret, sister of Loretta Dwyer of Cal., Sr. M. Magdalen, R.S.M., and the late Mary B. Moser of Bellevue, also survived by three nephews and four nieces. Funeral from the JOSEPH M. MCAVOY FUNERAL HOME, 1700 Forbes Ave., on Thurs. at 10:30 a.m. Mass of Resurrection from St. Lawrence O'Toole Church, 5323 Penn Ave., at 11:30 a.m. Interment St. Mary's Cemetery. Contributions may be made to the Cancer Fund.

Lot No. .....

Grave No. .....

Section No. 0

Block No. .....

Owner .....

Misc .....

Complete Funeral (except outlays)	$	
Casket Tan Bronze	1068	
Burial Vault or Box N.A. (State Kind)	185	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress Complete (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)		
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	190	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 3 Papers	40	05
2 Times Tribune 1 Post Herald (Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 1560	05
Less	$	
Balance	$	

PAID Nov 12 1975

Entered into ledger, page ..... or below.

PER .....

Misc .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 174 Yearly No. 33 Date of Entry Nov 11 19 75

Name of Deceased BARTO J. ANTHONY

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2052 HANOVER DRIVE CLEVELAND

☐Husband ☐Wife ☐Widow } of { 41 (What Race)

Age of ~~Husband~~ or Wife (if living) 41 Years

~~Charge to~~ MIGHTS O- 44112 - Beauty & Mem

Address Benny LaVine 214 Duncan St

Order given by Advance 471-4877 (or Informant)

How secured

If Veteran, Name of War WWII (CLAIMED Bumped on sce

Occupation Burglar Chauffeur Soc Sec 186707 (Social Security Number)

Employer and Address

Date of Death Nov 11 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 24 1923 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH DEPIETRANTONIO

His Birthplace Italy

Maiden Name of Mother Deasa

Her Birthplace Italy

Date of Funeral Nov 15 - 75 M. (Date) (Day of Week) (Hour)

Services at ST. JOHN

Clergyman Fr. Kiggins Bl. Sacrament (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State CLEVELAND (8 YRS) (or U.S. or City or County) (Years) (Months)

Place of Death HURON RD HOSP 2222 E 105 S

Cause of Death Accident

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 1170 #1 SILVER 120 BB (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 40

Block No.

Owner

Misc.

Complete Funeral (except outlays)	1100	00
Casket 1 Prop Square	900	00
Burial Vault or Box (State Kind)	180	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color) Mendes		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District) OHIO		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's) 4	4	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	~~Exempt~~	
Outlay for Lot Lake View Cem. Grant		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	125	00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
17 line Death Notices in 3 Papers (Names of Newspapers) Free PLAIN DEALER PRESS NC for PRESS THURS-NOV 13	142	89
Sales Tax		
Total Footing of Bill McAVOY FUNERAL HOME	1367	89
Less	267	89
Balance	1100	00
Entered into Ledger, page ..., $ ... or below.		
Misc.		

11/13/75

BER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 175 Yearly No. 34 Date of Entry Dec. 7 1975

Name of Deceased CATHERINE V. WALSH

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1929 - FIFTH AVE Apt 19

Charge to AHHA L. SCARPINO SISTER

Address Church 477-4482

Order given by Church (or Informant)

How secured

If Veteran, Name of War

Occupation SALES CLERK 187-20-2646 (Social Security Number)

Employer and Address L.A.M. Bros. Retired

Date of Death Dec 7 - 1975 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 4 1897 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN LAMB

His Birthplace

Maiden Name of Mother BRIDGET MURRAY

Her Birthplace

Date of Funeral Dec 10 - 1975 10 a.m. (Date) (Day of Week) (Hour)

Services at St. Pius Church (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pa.

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death 1929 5th Ave Apt 19 1 9

Cause of Death Natural

Contributory Causes

Certifying Physician DR Webb Coroner (or Coroner)

His Address

Motor / Ship } Remains to Mt. Olivet Cemetery Vans Road

Size of Casket (State Color and Number)

Manufactured by Church

Cemetery / Crematory } North Calvary

Mt. Olivet Cemetery. Joint Section
WALSH
Catherine V. on Dec. 7, 1975, wife of the late John Robert Walsh; sister of Mrs. Anna L. Scarpino. Friends received beginning Tues. at noon, at the JOSEPH M. McAVOY FUNERAL HOME 1700 Forbes Ave. Funeral Mass from Church of the Epiphany on Wed. at 10 a.m.

Diagram of Lot or Vault

Lot No. R.W. 23

Grave No. 50

Section No. 17

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Mahog. Monarch	1085	00 X
Burial Vault or Box (State Kind)	195	— X
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Complete (State Kind and Color)	65	00 X
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)		
4 Certif. Copies of Death Certificates No. ..... Use of Chapel, $	8	00 ✓
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	150	00 X
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers (Names of Newspapers) Press Post	9	50
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1587 50
Less Amts. Received	$	
Balance	$	

Entered into Ledger, page ..... or below.

PER

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

176

RECORD OF FUNERAL

AIR Shipping

Total No. 176 Yearly No. 35 Date of Entry Dec 22 1975

Name of Deceased MARY BUCK GARDNER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence Residential Arizona Apts

~~Charge to~~ Allison Pitts Pa

Address

Order given by Crowley Mortuary (or Informant)

~~How secured~~ High Point NC

If Veteran, Name of War no

Occupation Nursing Assistant 240 26 3005 (Social Security Number)

Employer and Address

Date of Death Dec 20 (Mo.) 75 (Day) (Yr.) (Hour)

Date of Birth Nov 3 (Mo.) Age 54 (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Leroy W. Buck

His Birthplace

Maiden Name of Mother Nancy Parker

Her Birthplace

Date of ~~Funeral~~ removal 12/23/75 (Date) (Day of Week) (Hour) M.

Services at Mt. Carmel

Clergyman (Address)

Religion of the Deceased

Birthplace NC

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Pa

Cause of Death Diffuse Sympathetic Case

Contributory Causes Emphysema

Certifying Physician J. P. Jennette (or Coroner)

His Address Mt. Airy, N.C.

Motor / Ship Remains to Mt. Carmel

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)	$	80 00
~~Casket~~ Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		50 00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to A.I.R.P.A.T.		25 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
.....Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $ 272		272 00
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	$	422 00
Less	$	
PER Balance	$	

Entered into Ledger, page ..... or below.

McAVOY 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)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feiserman, Long Beach, California

1976

RECORD OF FUNERAL 1976 / 177

Total No. 177 Yearly No. 1 Date of Entry Jan 19 1976

Name of Deceased Dorothy A McCAFFREY

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 5319 HIGHGROVE ROAD Zip 92626 (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Paul McCaffrey

Address Arbonne

Order given by " (or informant)

How secured "

If Veteran, Name of War "

Occupation housewife 557-12-1455 (Social Security Number)

Employer and Address

Date of Death Jan 19-1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12/4/1904 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Edward J Condreay

His Birthplace

Maiden Name of Mother Dorothy Kluss

Her Birthplace Pa

Date of Funeral Thurs Jan 22-76 10 A.M. (Date) (Day of Week) (Hour)

Services at Epis Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State 71 (or U.S. or City or County) (Years) (Months)

Place of Death Irvine Hosp

Cause of Death

Contributory Causes

McAVOY FUNERAL HOME

Certifying Physician 1/23/76 (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory } Calvary

McCAFFREY
On Monday, Jan. 19, 1976, Dorothy A. Crowley, beloved wife of Paul McCaffrey; daughter of Bernard Crowley and the late Dorothy Crowley. Friends received beginning Tuesday at 2 p.m. at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Liturgical mass on Thursday from the Church of the Epiphany at 10 a.m. Visitation with family 2-4 & 7-9.

Lot No. 563

Grave No. 1 in 2

Section No. F

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	1845 —
Casket Prest Bronze		1385 —
Burial Vault or Box (State Kind)		195 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress Complete (State Kind and Color)		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 (State Number and District)		
3 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 Y. Chap		285 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad { Tickets, $ ..... Aero-plane Service, $		
or Motor {		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers — Expt & Press Jan 20 - Press Jan 21 (Names of Newspapers)		35 75
Sales Tax		
Total Footing of Bill	$	1976 75
Less D.I.S.C.	$	131 75
Balance	$	1845 00
Entered into Ledger, page ..... or below.		TOTAL

Misc. 297.16 Bal of 35 in Paid

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
1/20	76	To Above Balance Paid	500	00	[illegible]				To Balance Forward			$	
2/7	76	By Payment Paid	$ 792	84	$ 53 91				By Payment	$		$	
3/7	76	" Proceeds	$ 291	1	$ 1345	—			" "	$		$	
		" "	$		$ 552	16			" "	$		$	
		" "	255	—	296	16			" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

178

RECORD OF FUNERAL

Total No. 178 Yearly No. 2 Date of Entry Feb. 2 19 76

Name of Deceased FREDERICK M KERR (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 35 MILTENBERGER ST 15219

Charge to FREDERICK M KERR JR

Address 717 SHADYCREST CT PGH 16

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War II 6890-499 SERIAL #

Occupation RETIRED # 14 14H 301-55 Employer and Address RA (Social Security Number) 140-22-7306

Date of Death Feb. 2 1976 6 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4/24/18 Age 6 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Robt Kerr

His Birthplace .....

Maiden Name of Mother Jones

Her Birthplace .....

Date of Funeral Feb 5 - 76 (Date) (Day of Week) (Hour) M.

Services at CHAPEL (Address)

Clergyman A.D. MCMYLON

Religion of the Deceased PROT

Birthplace PA

Resided in the State CAL 9 PA (or U.S. or City or County) (Years) (Months)

Place of Death ST FRANCIS

Cause of Death M. INFARCTION

Contributory Causes .....

Certifying Physician Capt Keck (or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to .....

Size of Casket 72 HL Blanchard RPB (State Color and Number)

Manufactured by NUNLEY

Cemetery / Crematory } Homewood Pgh

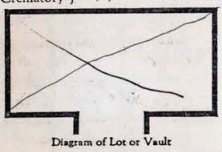


Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. Vets

Block No. .....

Owner .....

Misc. .....

		$	
Complete Funeral (except outlays)		1476	80
Casket	Prod Samuel	1495	—
Burial Vault or Box	(State Kind)	225	—
Embalming Body	(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress	(1) (State Kind and Color)	65	00
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $	(2)		
Extra Limousines ..... @ $ 5.5	(2)	55	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)		
3 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, $	(4)	25	00
Railroad / Aeroplane Tickets, $ ..... Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service			
1 3 line Death Notices in 3 Papers	(3)	36	80
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	1907	80
Less	$		
Balance	$		

Entered into Ledger, page ..... or below.

Misc. Apply to SS 9 (Pd ~~Pd~~ - Applied)

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
Feb 2	76	To Above Balance	500	00	$1402	80			To Balance Forward			$	
Feb 13	76	By Payment	$ 500	00	$ 902	—			By Payment	$		$	
6/1/2	76	" "	$ 75	—	$ 831	80			" "	$		$	
6/13/1	76	" "	$ 400	—	$ 431	—			" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 179 Yearly No. 3 Date of Entry 2-3- 19 26

Name of Deceased ALMA E. CARNEY

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1934 FORBES AVE

☐ Husband ☐ Wife ☐ Widow (What Race)

or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to WILLIAM CARNEY

Address 616 Bayou Ave Lynn

Order given by Son (or Informant)

How secured

If Veteran, Name of War

Occupation N.A. (Social Security Number)

Employer and Address N.A.

Date of Death 2/3/26 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4/15/60 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Carroll Conway

His Birthplace

Maiden Name of Mother Nash

Her Birthplace

Date of Funeral Sat 2-5-26 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman F.R. Comer (Blessing) (Address)

Religion of the Deceased Cath.

Birthplace Pa.

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp.

Cause of Death Cor. Pulmonary

Contributory Causes

Certifying Physician E. ORTALDO (or Coroner)

His Address Mercy

Motor / Ship Remains to Cathedral

Size of Casket C.U.B. AR (State Color and Number)

Manufactured by S. Scanlan

Cemetery / Crematory Cathedral

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Fancy Bronze Plush	280	00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Complete (State Kind and Color)	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 (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Box Interment fee	105	—
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	20	00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in 1 Papers	10	00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 350	00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. D.B.A. Est. Sandblm

Date		Amount Paid	Balance
2/3/26	To Above Balance	180 00	$ 350 00
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

180

RECORD OF FUNERAL

Total No. 182 Yearly No. 4 Date of Entry Feb 17 1976

Name of Deceased RAFFAELE RIZZA

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1720 FORBES AVE Pgh 19 PA ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Conn Naughton Co. 346 MAIN ST. MANSFIELD

Address Pgh 20 Pa

Order given by above (or Informant)

How secured

If Veteran, Name of War N/A

Occupation Cook (Ret.) Social Security Number 211-14-9025

Employer and Address Retired

Date of Death Feb (Mo.) 17 (Day) 1976 (Yr.) (TUE) (Hour) 0245 am

Date of Birth May (Mo.) 20 (Day) 1885 (Yr.) Age 90 (Yrs.) (Mos.) (Days)

Name of Father UNK

His Birthplace ITALY

Maiden Name of Mother UNK

Her Birthplace ITALY

Date of Funeral Feb 21 1976 (SAT.) (Date) (Day of Week) (Hour) M.

Services at Fairmeny (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace ITALY

Resided in the State PA (or U.S., or City or County) (Years) (Months)

Place of Death Mercy Hosp Pgh

Cause of Death Congestive Ht Failure

Contributory Causes Acute Myo. Infc. Renal Failure 2nd to Acute Tubular Necrosis

Certifying Physician Louis P Zacharia (or Coroner)

His Address Mercy Hosp

Motor / Ship Remains to

Size of Casket 46 HL - U00 (State Color and Number) Rose overlay & Gold Spray Lace Supper

Manufactured by

Cemetery / Crematory tentatively

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 2297 00
Casket 8 Progressive Bronze	1980 00
Burial Vault or Box Sealed T&P (State Kind)	350 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Family Supp. (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. 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)	8 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Fam Eq	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ✓ Singers, $ ✓ Organist, $ ✓	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers. (Names of Newspapers) PPress Wed Sun PPost Gaz 19-20	34 20
Sales Tax	
Total Footing of Bill	$ 2397 20
Less PVSL Contribution	$ 100 00
Balance	$ 2297 20

Entered into Ledger, page ..... or below.

Misc. SS DUE applied for 3/10/76

Date			Amount Paid	Balance
3/10	76	To Above Balance	2042 20	$ 255 —
4/1	76	By Payment	$ 255 —	$ HOME
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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

181

Total No. 187 Yearly No. 5 Date of Entry Feb 24 19 76

Name of Deceased CATHERINE HENTON
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Residence 122 MOUNTAIN ST Pg Bch
Charge to PHILIP HENTON
Address 11-2HD ST EXT CARMONT WVA
Order given by Clarence (or Informant)
How secured
If Veteran, Name of War
Occupation Bird Inc 187-20-2502 (Social Security Number)
Employer and Address Unemployed Hosp
Date of Death 2 27 76 (Mo.) (Day) (Yr.) (Hour)
Date of Birth 10 10 13 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Name of Father Unk
His Birthplace
Maiden Name of Mother KANAWHA JACKSON
Her Birthplace
Date of Funeral Feb 27 76 (Date) (Day of Week) (Hour) M.
Services at SHIP Beaty
Clergyman FR Hagy (Address)
Religion of the Deceased Catholic
Birthplace WV
Resided in the State WV (or U.S. or City or County) (Years) (Months)
Place of Death Res Home
Cause of Death Emphysema
Contributory Causes

Certifying Physician DR FIELDLANDER (or Coroner)
His Address

Motor / Ship } Remains to
Size of Casket 578 Hl White Blue (State Color and Number)
Manufactured by Cleveland Metal Prod Co
Cemetery / Crematory } Cabin Creek EVN

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Misc.

Complete Funeral (except outlays)	$	
Casket 1 Prof Transfer Shuttle (State Kind)	1895	—
Burial Vault or Box	250	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Complete (State Kind and Color)	60	—
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
13 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	26	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	—
Railroad / Motor / Aero-plane } Tickets, $ ..... Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers)	14	63
Sales Tax		
Total Footing of Bill Insurance 2370	$ 2370	63
Less	$	
Balance	$	

MCAVOY FUNERAL HOME

Entered into Ledger, page 1 ... below.
PER

Misc. 35 721-719 Ins Co 4/1/76

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from
maturity at the rate of ..... % per annum.

Signed .....
Witness .....
Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 184 Yearly No. 6 Date of Entry APRIL 12 1976

Name of Deceased ELIZABETH POLENAVITCH (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 34 61ST ST. LONG BEACH

Charge to ANDREW POLENAVITCH

Address C/O Above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NO

Occupation Nurse Retired (Social Security Number)

Employer and Address .....

Date of Death APRIL 12 1976 10:00 am (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 8 1894 Age 82 (Mo.) (Day) (Yr.) Yrs.) (Mos.) (Days)

Name of Father THOMAS BOZ

His Birthplace .....

Maiden Name of Mother HELEN PASTERNAK

Her Birthplace Russia

Date of Funeral APRIL 15 1976 9:30 A.M. (Date) (Day of Week) (Hour)

Services at ST. PHILIPS CHURCH

Clergyman Bishop Mc Donnell (Address)

Religion of the Deceased Catholic

Birthplace Penna.

Resided in the State Penna. (or U.S. or City or County) (Years) (Months)

Place of Death Memorial Hosp.

Cause of Death Hypertensive Cardiovascular Dis.

MI Acute Obstruction Possible

Contributory Causes .....

Pertinent Intercurrent Diseases .....

Certifying Physician D.J. Shaffer MD (or Coroner)

His Address Memorial Hosp.

Motor / Ship } Remains to .....

Size of Casket 978 HL 198208 B (State Color and Number)

Manufactured by Aurora Plush Bedding Co.

Cemetery / Crematory } Montrose (Park)

Lot No. .....

Grave No. XD 6 3

Section No. MM

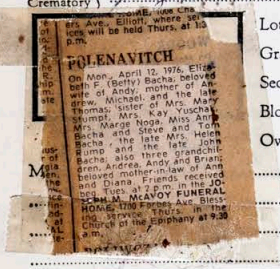
Block No. .....

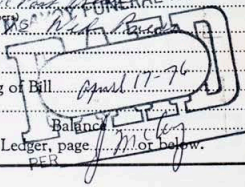
Owner Andrew Polenavitch

Complete Funeral (except outlays)	$	
Casket Prof. Professional Bronze	1185	00
Burial Vault or Box (State Kind)	325	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ✓ (State Kind and Color)	25	00
Slippers, $ ✓ Hose, $ ✓		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines 1 @ $ 50	50	00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $	-	-
Opening of Grave or Tomb Family		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges ✓		
Clergymen, $ ✓ Singers, $ ..... Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
20 line Death Notices in 3 Papers Register	53	40
(Names of Newspapers) Press Telegram		
Sales Tax		
Total Footing of Bill April 17 76	$	2207 40
Less	$	
Balance	$	

Entered into Ledger, page ..... PER

Misc. .....


POLENAVITCH
On Mon., April 12, 1976, Elizabeth (Betty) Bacha, beloved wife of Andy, mother of Andrew, Michael, and the late Steve, and the late Mrs. Mary Thomas; sister of Mrs. Kay Yuschak, Mrs. Marge Noga, Miss Anna Stumpf, Mrs. Helen Bacha and Steve and Tom Bacha, the late Mrs. Helen Bacha, the late John Bacha; also three grandchildren, Andrea, Andy and Brian; beloved mother-in-law of Ann Bacha; also three grandchildren, Andrea, Andy and Brian. Friends received at the Mc-Avoy Funeral Home, 1700 Peralta Ave. Blessing will be held Thurs. at 10 a.m. in the John F. McAVOY FUNERAL HOME, 1700 Peralta Ave. Blessing will be held Thurs. at 10 a.m. in the above named church. Funeral of the Epiphany at 9:30 a.m.



Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Edgeman, Long Beach, California

RECORD OF FUNERAL

183

Total No. 183 Yearly No. 7 Date of Entry APRIL 25 1976

Name of Deceased JAMES PEDRETTI

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1920 5th Ave Apt 19

Charge to MRS JULIA McCARTHY

Address 1629 FORBES Pgh 19

Order given by Relatives (or Informant)

How secured

If Veteran, Name of War NO

Occupation TRUCK DRIVER 206 05 5722 (Social Security Number)

Employer and Address Ret

Date of Death April 25 1976 6:45 PM EDT (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 20 1899 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father —

His Birthplace

Maiden Name of Mother —

Her Birthplace

Date of Funeral April 28 Wed 9 30 A M. (Date) (Day of Week) (Hour)

Services at McAvoy's Blessing

Clergyman Father Clarence Carlin (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Metastatic Ca of Liver

Contributory Causes PRIMARY UNKNOWN

Septic Shock

Certifying Physician Jashon V. Bavinga (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket Silver Longhand (State Color and Number) OPEN

Manufactured by Acme

Cemetery / Crematory } Calvary

PEDRETTI

On Sun., April 25, James, dear friend of Julia McCarthy, also survived by relatives in Italy. Friends received beg. Mon. at 7 p.m. at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Blessing service Wed. at 9:30 a.m.

Diagram of Lot or Vault

Lot No.

Grave No. 95

Section No. 16

Row

Block No. 15

Owner

Misc.

Complete Funeral (except outlays)	$ 1200	00
Casket 7 Ga Companion Brand	887	80
Burial Vault or Box (State Kind)	150	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$ 1137	80
Outlay for Lot	115	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	21	20
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb FAMILY MEM	—	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Papers)	17	00
McAVOY FUNERAL HOME		
Sales Tax June 25	$ 12	16
Total Footing of Bill	$ 1200	00
Less ..... Balance	$ 1200	00

Entered into Ledger, page ..... or below.

PER

Misc. SS Check SS Final bill OFFICE

Date		Amount Paid	Balance
APRIL 29	To Above Balance	945 00	$ 255 00
June 14	By Payment SS	$ 255 00	$ 1200 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 184 Yearly No. 8 Date of Entry APRIL 30 19 76

Name of Deceased SAMUEL W. BIRKHIMER

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 122 MAULTRIE ST.

Charge to CHARLES J. BIRKHIMER

Address 204 BASS AVE JOHNSTOWN PA

Order given by 814-266-2261 PH) 15904 (or Informant)

How secured

If Veteran, Name of War R.R. Ret. # 144-2656

Occupation Engineer (Railroad) (Social Security Number)

Employer and Address Penna Central R.R.

Date of Death April 30 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 8 1913 Age 63-3-22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Samuel J. Birkhimer

His Birthplace

Maiden Name of Mother Jessie Schroegost

Her Birthplace

Date of Funeral 5/3/76 (Date) (Day of Week) (Hour) M.

Services at Chapel (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death Mountain View

Cause of Death COPD HARY OCC

Contributory Causes PNEUMONITIS

Certifying Physician Allen

His Address Mountain View (or Coroner)

Motor / Ship } Remains to Johnstown Pa

Size of Casket Std. Navy I.E.H.

Manufactured by J.H. Wood (State Color and Number)

Cemetery / Crematory } Benshoff Cem. Cambria Co. Johnstown Pa

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	1615 00
Casket 4 Pine panneled Panels		1395 —
Burial Vault or Box (State Kind)		135 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Johnstown		75 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
11 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		105 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		15 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
6 line Death Notices in 1 Papers (Names of Newspapers) McAvoy Tribune Journal		19 00
Sales Tax March 15, 76		
Total Footing of Bill	$	1752 00
Less	$	137 00
Balance	$	1615 00

Entered into Ledger, page ..... or below.

PER

Misc. Pd SS (R.R. m)

10

BIRKHIMER

On Friday April 30, 1976, Samuel W., husband of Ruth E. Birkhimer; father of Mrs. Donna Lahys of Fla. and Darlene Petill of New Jersey. Brother of Charles, Mrs. Lillian Neisner and Mrs. Mary Gilmore, all of Johnstown. Friends received beginning Saturday at 7 p.m. at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Services Sunday 7:30 p.m. Interment Benshoff Cemetery, Johnstown, Pa.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Edgeman, Long Beach, California

RECORD OF FUNERAL

Total No. 185 Yearly No. 5 Date of Entry MAY 3 1976

Name of Deceased MARGARET R. ECKERT

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Residence # 713 CARLTON House 850 Ewing

Charge to PETER T. BONACCI

Address 550 Grant ST Apt 713 C house

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War NO

Occupation Exam't Desk Clerk 160 12 2390 (Social Security Number)

Employer and Address Retired

Date of Death MAY 3 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APRIL 19 1906 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PETER M. BONACCI

His Birthplace ITALY

Maiden Name of Mother MARY CLARK

Her Birthplace .....

Date of Funeral MAY 5 1976 (Date) (Day of Week) (Hour) M.

Services at ST PAUL'S MONASTERY

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death HYPERTENSION

Contributory Causes COPD

Certifying Physician Cyril Wright Coroner (or Coroner)

His Address 440 4th Ave.

Motor / Ship } Remains to .....

Size of Casket SILVER VANGUARD (State Color and Number)

Manufactured by Wilmore $3025

Cemetery / Crematory } ST Mary's 45th ST

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. Billed 5/14/76

Complete Funeral (except outlays)	1566 —
Casket	1160 00
Burial Vault or Box (State Kind)	195 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete Clothing (State Kind and Color)	65 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	12 00
Pall Bearer Service, $ ..... Use of Chapel, $	PD
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	200 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	Family
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1 Line Death Notice in 2 Papers	20 00
.....	
.....	
Sales Tax June 22 76	1.62 90
Total Footing of Bill	36 60
Less	
Balance	1566 90

McAVOY FUNERAL HOME (Name of Newspaper)

PER ..... Entered into Ledger, page ..... or below.

Misc. Darkin 35 in May 19-1976

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
5/19	76	To Above Balance	844	94	$		~~5/27~~	~~76~~	To Balance Forward	~~1160~~	~~00~~	$ 85	00
		By Payment	$		$		6/22	76	By Payment 35	$ 255	—	$ Heirs	
		" " 1146 91	$		$				" "	$		$	
5/19	6	" "	$ 616	97	$ 190	99			" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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 .....

186

RECORD OF FUNERAL

Total No. 186 Yearly No. 10 Date of Entry MAY 9 1976

Name of Deceased ROBERT M BEACOCK

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3436 FRAZIER ST Blvd 3 ☐Husband ☐Wife ☐Widow of ..... of Age of Husband or Wife (if living) ..... Years

Charge to FRANCES BROWN BEACOCK

Address Casa

Order given by DR. HICK LAUDATO

How secured (682-8129) (for informant) (624-6388)

If Veteran, Name of War NO

Occupation Teacher

Employer and Address Brownsville Mex (Social Security Number)

Date of Death MAY 9 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8/23/31 Age 44 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father JOSEPH A BEACOCK

His Birthplace

Maiden Name of Mother NNB

Her Birthplace

Date of Funeral 5/15/76 SAT - 9 A.M. (Date) (Day of Week) (Hour)

Services at St Ursula Cathedral

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace MISSISSIPPI

Resided in the State 44 (or U.S. or City or County) (Years) (Months)

Place of Death LAZARO CARDENAS MICHOACAN MEXICO

Cause of Death Asphyxiation

Contributory Causes

Due to Drowning

Certifying Physician ENRIQUE LUNA C.U.M.D.

His Address LAZARO CARDENAS (or Coroner) MEXICO

Motor / Ship Remains to

Size of Casket Heavy - from Mexico (State Color and Number)

Manufactured by S.D.H. #2

Cemetery / Crematory Calvary

Complete Funeral (except outlays)	$	500 00
Casket		
Burial Vault or Box (State Kind)		195 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ Included		100 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 From Crematory		45 -
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		10 00
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
18 line Death Notices in 2 Papers		25 70
(Names of Newspapers) 2 papers		
Sales Tax 5/11/76		
Total Footing of Bill	$	900 70
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

McAVOY FUNERAL HOME

PEN



Lot No. 110

Grave No. 4

Section No. 20

Block No.

Owner

Misc.

Misc. 35 in 6/4/76 721-19

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 189 Yearly No. 11 Date of Entry MAY 26 1976

Name of Deceased WILLIAM WINBERRY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5701 Ridley St Ph 15206

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Rosario Gregory TWIN CIRCLE Inc

Address RD 1 MILLINGTON TENN 38053

Order given by A Rosario (or Informant)

How secured

If Veteran, Name of War

Occupation Lithuanian Painter 411518 7173 (Social Security Number)

Employer and Address Loc 4119 Winberry

Date of Death MAY 24 - 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 29 1914 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MARVIN WINBERRY

His Birthplace

Maiden Name of Mother LUIA V. ADAMS

Her Birthplace

Date of Funeral June 1, 1976 Tu 11 A.M. (Date) (Day of Week) (Hour)

Services at Temple

Clergyman DR Fraser (Address)

Religion of the Deceased Methodist

Birthplace Tennessee

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital U.S.A.

Cause of Death Laboratory Pneumonia Acute

Contributory Causes to Subdural Hematoma of Frontal & Ventricular Due to fall

Certifying Physician Coroner Weeks (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket #2550 FE108 6PA (State Color and Number)

Manufactured by SPARTAN

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	1305	60
Casket 2 Composition Armed	1100	00
Burial Vault or Box (State Kind)	190	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ 1 piece Black Jacket (State Kind and Color)	60	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (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		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	20	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 Line Death Notices in 1 Papers		
(2 - 1 for ms Sun & Mon 30 words) (Names of Newspapers)	12	00
Sales Tax		
Total Footing of Bill	1342	60
Less	87	00
Balance	1305	60

Entered into Ledger, page ..... or below.

Misc. 5 transfusions

Date		Amount Paid	Balance
6/17/76	To Above Balance Liver	1050	$ 342 60
7/8/76	By Payment 55	$ 255	$ ~~87 60~~
	" "		$ 87
	" "	$ 1305	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

188

RECORD OF FUNERAL

Total No. 188 Yearly No. 12 Date of Entry MAY 28 1976

Name of Deceased FRANK VULIANO
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1918 - 5th Ave Pgh 15219 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to D. P. A.

Address Hill Dist.

Order given by ALEX Vens 1918-5th Ave 15219 (or Informant)

How secured

If Veteran, Name of War NO

Occupation Laborer 168-07-6896 (Social Security Number)

Employer and Address

Date of Death May 28 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 8 1893 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Salvatore Josbrano

His Birthplace Italy

Maiden Name of Mother Grazia Mancuso

Her Birthplace Italy

Date of Funeral June 3 1976 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mon River Smithfield St

Cause of Death Asphyxiation

Contributory Causes Drowning

Certifying Physician Coroner Kush (or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to

Size of Casket Spider 1A 2 TOP PD (State Color and Number) 6123

Manufactured by

Cemetery / Crematory } Calvary Cem. 1A

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	255 00 T Coll
Casket Traditional Bronze		330 —
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, $		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		
(Names of Newspapers) 6/2/76		
Sales Tax		
Total Footing of Bill	$	350 —
Less	$	45 00
ER Balance	$	255 00

Entered into Ledger, page ..... or below.

Misc. APA - Dues up. Waiting for SS
Claimed call them on this 6/14/76 DPA
called SS 6/21/76 SS OK - 95 coming for

Date		Amount Paid	Balance
8/2/76	To Above Balance 45	255 —	$ 95 —
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

RECORD OF FUNERAL

Total No. 139 Yearly No. 13 Date of Entry June 16 1976

Name of Deceased BRANDON (BABY) FAZIO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 11368 AZALEA DRIVE

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Thomas Fazio

Address as above

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War .....

Occupation (Baby) (Social Security Number)

Employer and Address .....

Date of Death 6-16-76 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 6-16-76 Age 5 min. O. Born (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Fazio

His Birthplace Pgh

Maiden Name of Mother MARY F. FRAZIER

Her Birthplace Pgh

Date of Funeral June 17 1976 M. (Date) (Day of Week) (Hour)

Services at ..... (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Pgh. Mercy Hosp.

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp.

Cause of Death Natural Cond

Contributory Causes .....

Certifying Physician DR. E ORTIZ (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory Calvary

Diagram of Lot or Vault

Lot No. Sec. 3

Grave No. 78

Section No. 16

Block No. .....

Owner .....

Misc. Wm Cooper 7/26/62

Complete Funeral (except outlays) $	
Casket 9 Bronze	53 00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
1 Certif. Copies of Death Certificates No.	2 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	25 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, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
McAVOY FUNERAL HOME	
line Death Notices in ..... Papers	
(Names of Newspapers)	
June 16 76	
Sales Tax $	8 00
Total Footing of Bill $	
Less PER Balance $	

Entered into Ledger, page ..... or below.

Misc. .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 190 Yearly No. 14 Date of Entry June 16 1976

Name of Deceased YUEI (INFANT) CHANG

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 6 BAYARD RD. - Apt. 13

Charge to DR. Yuei Ling CHANG

Address Strong Phone 687-6413

Order given by Mrs. Ahmad Jamal

How secured Walker Memorial Hospital (or informant)

If Veteran, Name of War .....

Occupation Infant (Social Security Number)

Employer and Address .....

Date of Death June 16, 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 16 Age 0 - 5 - 11 - 0 (Mo.) (Day) (Yr.) (Hrs.) (Mos.) (Days)

Name of Father DR. Yuei Ling CHANG

His Birthplace TAIWAN

Maiden Name of Mother Michelle YANG CHANG

Her Birthplace TAIWAN

Date of Funeral June 19 1976 M. (Date) (Day of Week) (Hour)

Services at .....

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Pa

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death Muncy Hospital

Cause of Death Prolapse of Cord

Contributory Causes Partial Placenta Previa

Pneumia

Certifying Physician Dale Rubasch (for Coroner)

His Address Muncy Hospital

Motor / Ship } Remains to Williamsport

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. 10

Section No. 17

Block No. Row 2

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket 1 Infant		53 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		25 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	80 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. BILLED 7/4/76 8/18/76

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 19 B Yearly No. 15 Date of Entry June 19 1976

Name of Deceased EDWARD T HOLLAND 1968 Chev 4 door
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 113 LINDEN PLACE Pgh 15212 ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to JOHN E HOLLAND

Address Cs Above

Order given by Above (or Informant)

How secured .....

If Veteran, Name of War II - 33677393

Occupation Cook 206-03-9268 (Social Security Number)

Employer and Address VA

Date of Death June 19 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 7 1915 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father — Geo VA

His Birthplace VA

Maiden Name of Mother Mary CARNEY

Her Birthplace .....

Date of Funeral June 22 1976 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman ..... (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 VA Hosp

Cause of Death Gen Con VA

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Motor } Ship } Remains to THOMAS COPPERTONE R.I.P.

Size of Casket 10 3 1/2 11 (State Color and Number)

Manufactured by AURORA 114 V 36116

Cemetery } Crematory } Calvary

HOLLAND
On Saturday, June 19, 1976, Edward T., husband of the late Mary Jordan; father of John Edward; brother of Mrs. Madeline Schipani, Mrs. Mildred Lucerne, Mrs. Dolores Bilinski, Mrs. Mary Kelly, Mrs. Mercedes Johnson, and Robert and Gerald. Holland. Friends received beginning noon Sunday at the JOSEPH A. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mass, Tuesday, from the Church of the Epiphany at 10 a.m.

Lot No. .....

Grave No. 35

Section No. V-75 #61

Block No. Row 29

Owner .....

Complete Funeral (except outlays)	$ 1284 60
Casket 1 PROFESSIONAL GRADE	154 00
Burial Vault or Box (State Kind)	125 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 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 Vet	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Vet	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ — Singers, $ ..... Organist, $ —	25 00
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1 Line Death Notices in 2 Papers (Names of Newspapers)	48 60
Sales Tax	$ 18 14 60
Total Footing of Bill	$ 30 00
Less	$ 1284 60
Balance	

Entered into Ledger, page ..... or below.

Misc VA $$ all in to Apprvd
to Insured

Date			Amount Paid	Balance
7/5	76	To Above Balance	1054 60	$ 730 —
7/1	76	By Payment JA	$ 400 —	$ 330
8/21	76	" " 55	$ 255 —	$ 75
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

192

RECORD OF FUNERAL

Total No. 192 Yearly No. 16 Date of Entry JUNE 25 1976

Name of Deceased WILLFIELD S WOOD JR

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Residence GATEWAY TOWERS APT# 12 H Age of Husband or Wife (if living) ..... Years

Charge to VIRGINIA NATIONAL BANK

Address 320 FT DUG BLVD VA 23

Order given by Relative (or Informant)

How secured

If Veteran, Name of War N.A.

Occupation Postal SUPERVISOR (Social Security Number)

Employer and Address U.S. P.O. Dept. Richmond

Date of Death JUNE 15 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APRIL 16 1921 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SCOTT WOOD SR.

His Birthplace

Maiden Name of Mother ADELINE BERRY

Her Birthplace

Date of Funeral JUNE 28 1976 1:00 P.M. (Date) (Day of Week) (Hour)

Services at EPISCOPAL CHURCH

Clergyman MSGR BRENNAN (Address)

Religion of the Deceased CATHOLIC

Birthplace VA

Resided in the State 55 (or U.S. or City or County) (Years) (Months)

Place of Death AT RESIDENCE

Cause of Death NSHD

Contributory Causes

Certifying Physician THOMAS J CENTOR MD (or Coroner)

His Address 5402 4th Ave

Motor / Ship } Remains to

Size of Casket 10 32 HL TRIDIAN COPPER (State Color and Number)

Manufactured by R L P

Cemetery / Crematory } CEDARLAWN

Lot No. 104

Grave No. 123

Section No. 2

Block No.

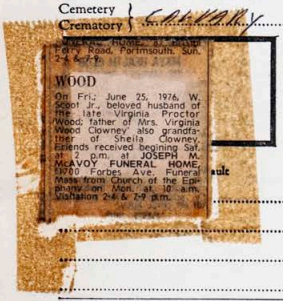
Owner

Complete Funeral (except outlays)	$
Casket J Rob Fleming & Sons	1585 00
Burial Vault or Box P.P. (State Kind)	210 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	34 45
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Richmond Co.	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
6/16 MET 6027 - 5	
17 line Death Notices in 3 Papers	41 72
(Names of Newspapers)	
Sales Tax $ 1.1.76	
Total Footing of Bill	$ 1906 17
Less	$
Balance	$

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Misc. bill ed 7/27/76

McAVOY FUNERAL HOME


Funeral Home, 4 Dunedin Ferry Road, Portsmouth, Sun. 2-4 & 7-9.

WOOD

On Fri., June 25, 1976, W. Scott Jr., beloved husband of the late Virginia Proctor Wood; father of Mrs. Virginia Wood Clowney also grandfather of Sheila Clowney. Friends received beginning Sat. at 2 p.m. at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mass from Church of the Epiphany on Mon. at 10 a.m. Visitation 2-4 & 7-9 p.m.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed

RECORD OF FUNERAL

193

Total No. 198 Yearly No. 17 Date of Entry June 26 1976

Name of Deceased CANDITA GIOVANNINI

☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of { (What Race)

Residence 57 VAN BRAAM ST. Age of Husband or Wife (if living) ..... Years

Charge to Arego Giovannini

Address Advance

Order given by (or Informant)

How secured

If Veteran, Name of War No

Occupation Retired 186-40-0457 (Social Security Number)

Employer and Address

Date of Death June 26 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 7 1890 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LOUIS MERCATO

His Birthplace ITALY

Maiden Name of Mother MARIA PECCINI

Her Birthplace ITALY

Date of Funeral June 29 1976 (Date) (Day of Week) (Hour) M.

Services at E.P.B.C.

Clergyman F. Rayon (Address)

Religion of the Deceased Catholic

Birthplace ITALY

Resided in the State 70 (or U.S. or City or County) (Years) (Months)

Place of Death Meadow Side Hospital

Cause of Death Cerebral C.V.S. hypertension

Contributory Causes Renal Failure Cor. Pulmonale

Remarks D.T. Bleeding Esophagus

Certifying Physician Dr. Wilkinson M.D. (or Coroner)

His Address 1501 Pennsylvania

Motor / Ship } Remains to Cremation

Size of Casket

Manufactured by Cremo 5824L 36546 (State Color and Number) IVO

Cemetery / Crematory } Cremation PRV

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	2225	40
Casket Professional Line	1845	00
Burial Vault or Box (State Kind)	210	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	55	00
Slippers, $ (State Kind and Color) Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 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 Forest Lawn		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	95	40
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Forest Lawn		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 3 Papers	48	50
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$ 2284	90
Less	$ 55	00
Balance 76	$ 2229	90
Entered into Ledger, page ..... for below.		
Misc. PER		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

194

RECORD OF FUNERAL

Total No. 194 Yearly No. 18 Date of Entry June 28 1976

Name of Deceased ALBERT J D'ALESSIO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 161 Fox Chase Rd Warminster 18947

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to John Dalessio

Address Edwards

Order given by Ernest A 5231578 4 (or informant)

How secured

If Veteran, Name of War Korean Conflict

Occupation Insurance agt 166 36 1263 (Social Security Number)

Employer and Address

Date of Death June 28 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 9 1931 (Mo.) (Day) (Yr.) Age 44 (Yrs.) (Mos.) (Days)

Name of Father John D'Alessio

His Birthplace Italy

Maiden Name of Mother Josephine Desta

Her Birthplace Italy

Date of Funeral July 2 1976 (Date) (Day of Week) M. (Hour)

Services at St. Pius Church

Clergyman F. A. Reagni (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 Abington Mem. Hosp.

Cause of Death

Contributory Causes

Certifying Physician Edward P Wechsler (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 45 8 44 - 18 6 4 4C (State Color and Number)

Manufactured by Ulm

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	2988 45
Casket Prod. Burial		2740 00
Burial Vault or Box F. I. (State Kind)		230 00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		Ver.
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Granwood Memorial		50 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		45 00
Opening of Grave or Tomb Evans Inc		F
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		
		48 45
line Death Notices Papers		
(Names of Newspapers)		
McAvoy Funeral Home 6-11-76		
Sales Tax		
Total Footing of Bill	$	3038 45
Less PER	$	100 —
Balance	$	2938 45

Entered into Ledger, page ..... or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Aug 1 76	To Above Balance	2563 45	475 —		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Shipping from Texas

195

Total No. 195 Yearly No. 19 Date of Entry Sept 8 1976

Name of Deceased HILDA DEVLIN

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence ST FRANCIS VILLAGE FORT WORTH TEXAS ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Charge to ED SMITH

Address .....

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation .....

Employer and Address ..... (Social Security Number)

Date of Death 9-8-76 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12-10-90 (Mo.) (Day) (Yr.) Age 75 (Yrs.) (Mos.) (Days)

Name of Father AUGUST BAUER

His Birthplace .....

Maiden Name of Mother MGT POST

Her Birthplace .....

Date of Funeral 9/13/76 (Date) (Day of Week) (Hour) M.

Services at ST AUGUSTINES

Clergyman .....

Religion of the Deceased CATHOLIC (Address)

Birthplace PA

Resided in the State TEXAS (or U.S. or City or County) (Years) (Months)

Place of Death FT WORTH

Cause of Death CEREBRAL HEMORRHAGE

Contributory Causes HYPERTENSION

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)	325	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
Slippers, $ (State Kind and Color) Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $ Hearse	60	—
~~Extra~~ Limousines ..... @ $ ~~Hearse~~	50	—
Autos to R. R. Station ..... @ $		
Getting Remains from Airport	35	00
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies 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	200	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
	125	—
..... line Death Notices in ..... Papers (Names of Newspapers)	19	80
McAVOY FUNERAL HOME		
PAID 9/13/76		
Sales Tax		
Total Footing of Bill	$	
~~Less~~	1611	$ 849 80
Balance	$	

Entered in Ledger, Page ..... or below.

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

196

RECORD OF FUNERAL

Total No. 196 Yearly No. 20 Date of Entry OCT 2 1976

Name of Deceased ANTONIA BUTERA (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1725 BEDFORD AVE Pgh 15219 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to JOHN BUTERA Hum 261-4787 169500 T

Address SAME

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War n/a

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address NONE

Date of Death OCT 2 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 25 1888 Age 91 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FRANK TARTORICE

His Birthplace ITALY

Maiden Name of Mother MARIA SANFILIPPO

Her Birthplace ITALY

Date of Funeral OCT 5 1976 TUES 10 a M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman .....

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State 91 (or U.S. or City or County) (Years) (Months)

Place of Death MONTEFIORE Hosp PGH PA

Cause of Death Pneumonia

Contributory Causes Old age

.....

Certifying Physician W R Bailey Jr (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to .....

Size of Casket SILV VANG (State Color and Number)

Manufactured by .....

Cemetery .....

Crema .....

BUTERA

On Saturday, October 2, 1976, Antonia (Nellie); mother of Louis, Rose, and John Butera; sister of Mrs. Fannie Inzinga and Joseph Tortorice; also survived by three grandchildren. Friends received beginning Sunday at 4 p.m. at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral mass from Church of Epiphany on Tuesday at 10 a.m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays) $	1155 —
Casket Transportation Service	115 00
Burial Vault or Box (State Kind)	25 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress 1	50 —
(State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
8 Certif. Copies of Death Certificates No. 5	16 00
(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 2	200 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ 1	25 —
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
13 line Death Notices in 2 Papers 13	31 20
3 ins McAVOY FUNERAL HOME (Names of Newspapers)	
Sales Tax OCT 17 76	
Total Footing of Bill $	1772 20
Less $	77 20
Balance $	1695 —

Entered into ~~Ledger~~ Page ..... or below.

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 199 Yearly No. 21 Date of Entry Nov 7 1976

Name of Deceased MABLE C. DAVID

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1714 TUSTIN Pgh 15219 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to ANTHONY DAVID

Address same

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War NO

Occupation housewife (Social Security Number)

Employer and Address .....

Date of Death Nov 7 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 6 1949 Age 27 3 11 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HAROLD GRAZIER

His Birthplace .....

Maiden Name of Mother MARY PETERS

Her Birthplace "

Date of Funeral Nov 11 THUR 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY CHURCH

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace Pgh Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL

Cause of Death .....

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 978HL202 (State Color and Number)

Manufactured by AURORA

Cemetery / Crematory } Calvary Cem.

Complete Funeral (except outlays)	$	1725 00
Casket 7 PROFESSIONAL SERVICE		1380 00
Burial Vault or Box (State Kind)		240 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		56 —
(State Kind and Color) Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
/ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ..... Use of Chapel, $		— —
Gross Total for Sales Tax	$	— —
Outlay for Lot		
Cremation		
Flowers, $ ..... 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 / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
18 line Death Notices in 3 Papers		64 80
(Names of Newspapers)		
Sales Tax Proof on file	$	172 00
Total Footing of Bill 11/12/76	$	4
Less ..... Balance	$	1925 00


DAVID
On Sun., Nov. 7, 1976, Mable C. Grazier David, beloved wife of Anthony David; daughter of Harold and Mary Grazier; sister of Mrs. Donna Kraus, Mrs. Kathleen Lassiter, Donald Grazier, Mrs. Mary Pares, Gary, Michelle and Michael Grazier; mother of Anthony Jason, David and Justina Tamara David. Friends received Tues. 2-4 and 7-9 p.m. at the J. J. McAVOY FUNERAL HOME, 1701 Forbes Ave. Funeral Mass in the Church of the Epiphany on Thurs. at 10 o'clock.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

McAVOY FUNERAL HOME

Entered into Ledger, page ..... or below.

Misc. 11/12/76

PER

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

198 766 4/28

RECORD OF FUNERAL

Total No. 198 Yearly No. 22 Date of Entry NOV 12 1976.

Name of Deceased MARGARET SWENSON

☐ Married ☐ Single ☐ Widowed ☐ Divorced 1512F ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 6316 HELEN ST LIBRARY PA Age of Husband or Wife (if living) ..... Years

Charge to JOSEPH SWANSON

Address 528 DIVISION AVE PGH 02

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War ..... (Social Security Number)

Occupation Factory Work 175122253

Employer and Address WARNER CO

Date of Death NOV 12 76 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 30 05 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL JORDAN

His Birthplace PA

Maiden Name of Mother NELLIE SHEPPER MOH.

Her Birthplace PA

Date of Funeral NOV 15 76 - 10am M. (Date) (Day of Week) (Hour)

Services at FUNERAL

Clergyman FR JOE (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death PA

Cause of Death CONGESTIVE HEART FLR.

Contributory Causes .....

Certifying Physician W.R. BAILEY (or Coroner)

His Address MERCY HOSP.

Motor / Ship } Remains to .....

Size of Casket RC (State Color and Number)

Manufactured by .....

Cemetery / Crematory } CALVARY


SWENSON (Swanson)
On Fri., Nov. 12, 1976 Margaret Jordan, wife of the late Cyril Swenson; mother of John and Joseph Swenson and Larry Swenson; sister of Mrs. Cecile Kelley and Michael Jordan and the late Nora Schiebe and the late Mary Hollandi; survived by nine grandchildren and five great-grandchildren. Funeral from the JOSEPH A. McAVOY FUNERAL HOME, 4700 Forbes Ave., on Mon. at 9:30 a.m. Funeral Mass in Church of Epiphany at 10 a.m. Visitation Sat. & Sun. 2-4 & 7-9

Lot No. ..... McAVOY FUNERAL HOME (Name of Newspapers)

Grave No. .....

Section No. 41

Block No. .....

Owner .....

PER .....

Complete Funeral (except outlays)		1913 75
Casket	6 Lamp Serv Ind Acc	1365 00
Burial Vault or Box	(State Kind)	235 00
Embalming Body	(Name of Embalmer)	
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 2 pc	(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		
2 Certif. Copies of Death Certificates No.	(State Number and District)	7 00
Pall Bearer Service, $ ..... Use of Chapel, $	(State Physician's or Coroner's)	
Gross Total for Sales Tax	$	
Outlay for Lot		~~200~~ ~~00~~
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		200 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
17 line Death Notices in 3 Papers		56 95
Sales Tax		
Total/Footing of Bill 4/11/77	$	1940 75
Less	$	27 00
Balance	$	1913 75

Entered into Ledger, page ..... or below.

Misc. 410 - KLUE
486 KLUE
762 00 Cash

Date		Amount Paid	Balance	Date		Amount Paid	Balance
NOV 25 76	To Above Balance	1658 75	$ 255 —		To Balance Forward		$
APRIL 1 77	By Payment	$ 255 —	$ NONE		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 199 Yearly No. 23 Date of Entry Nov 13 19 76

Name of Deceased PHILLIP MARRAWAY Cert # 3972819

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1917 FORBES AVE Pgh 19

Charge to MARGT MURRAWAY

Address Edgewood

Order given by 618 CALLOWAY AVE Pgh 16 (or informant)

How secured 344-4381 Phone (Social Security Number)

If Veteran, Name of War II

Occupation Retired Steel Wkr

Employer and Address ret'd

Date of Death NOV 12 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 7 1912 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PAUL MARRAWAY

His Birthplace LEBANON

Maiden Name of Mother CECILIA BARNET

Her Birthplace LEBANON

Date of Funeral NOV 16 76 10 am Tues M. (Date) (Day of Week) (Hour)

Services at Our Lady of Victory

Clergyman Ft Des WAYX (Address)

Religion of the Deceased Catholic Eastern Rite

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death 4 pm

Contributory Causes

Certifying Physician (or Coroner)

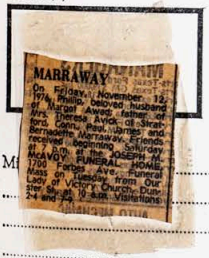
His Address

Motor / Ship } Remains to

Size of Casket 5 7 74 L TROOP Cremated (State Color and Number)

Manufactured by 1403 SILVER MILAM EPA

Cemetery / Crematory } Chapel



Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	2039	70
Casket T Bronzes	1630	00
Burial Vault or Box (State Kind)	385	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress F		
Slippers, $ (State Kind and Color) Hose, $ F		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	V	ET
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Cum	-	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	Family	
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 3 Papers (Names of Newspapers)	42	70
Sales Tax 3/5/77		
Total Footing of Bill	$ 2064	70
Less ..... Discount	$ 25	
Balance	$ 2039	70

Entered into Ledger, page ..... or below.

Misc. 2nd N 11/4/76 cc Pitt Wire

75 Envelopes from County Vets

Date		Amount Paid	Balance
01/4/77	To Above Balance	400 —	$ 1639 —
1/4/77	By Payment	1564 70	$ 75 —
3/5/77	" County Vet	$ 75	$ None
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

200 1976

RECORD OF FUNERAL

Collected 1976

Total No. 200 Yearly No. 24 Date of Entry NOV 14 1976

Name of Deceased ROSS COUSINS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ..... (What Race)

Residence APT 176 CHATHAM Center Towers Age of Husband or Wife (if living) ..... Years

Charge to Ray McDONALD 391-79

Address ABAKE 9.6

Order given by SAME (or Informant)

How secured

If Veteran, Name of War

Occupation WATCH WORKER (Social Security Number)

Employer and Address

Date of Death NOV 14 1976 SUN 11:10 AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth MARCH 13 00 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father HENRY COUSINS

His Birthplace PA

Maiden Name of Mother ELIZABETH KOONEY

Her Birthplace

Date of Funeral NOV 17 WED 1030 A.M. (Date) (Day of Week) (Hour)

Services at MCAVOY CHAPEL

Clergyman DR JACK MUNYAN (Address)

Religion of the Deceased PROTE STANT

Birthplace PENNA

Resided in the State PENNA (or U.S. or City or County) (Years) (Months)

Place of Death JOHN KANE MEM SCOTT PAV

Cause of Death CANCER OF BLADDER METAS. Contributory Causes POST SURGERY RADICAL EXCISION OF PENIS SCROTUM & TESTES, ASHD

Certifying Physician Dr PASCAL (or Coroner)

His Address JOHN KANE HOSPITAL

Motor / Ship Remains to #2550 FEDERAL BLVD DENVER ST DOCSKIN-WHITECREEK MICHIGAN

Size of Casket W. BRKT

Manufactured by SPARTAN (State Color and Number)

Cemetery / Crematory HOMEWOOD

Lot No.

Grave No. Prepaid

Section No. SUNG 105

Block No.

Owner

Diagram of Lot or Vault

COUSINS — On Nov. 14, 1976, Ross, father of Betty Jane and the late Charles Cousins; also several grandchildren, uncle of Ray McDonald. Friends received at the J. JOSEPH McCAVOY FUNERAL HOME, Forbes Ave., on Tues. after 2 p.m. Services on Wed. at 11 a.m.

Misc.

Complete Funeral (except outlays)	$
Casket	580 80
Burial Vault or Box ✓ (State Kind)	200
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 3 Papers	17 20
Rocky Mt Post & Rocky Mt News (Names of Newspapers)	
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$
Less 76	$
Balance	$
Entered into Ledger, page ..... or below.	

PER JMcAvoy

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Freeman, Long Beach, California

Collected

RECORD OF FUNERAL 1976

Total No. 201 Yearly No. 25 Date of Entry Nov 24 1976

Name of Deceased IRENE FORD

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 29 MILTENBERGER ST 19119

☐ Husband ☐ Wife ☐ Widow } (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to THOMAS L. STRAWINS

Address 206 CONGRESS ST 924

Order given by E. McKEPT 15035 (7408)
(or informant)

How secured

If Veteran, Name of War

Occupation WAITRESS 206-18-6327
(Social Security Number)

Employer and Address SELF EMPLOYED

Date of Death Nov 24 1976
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 28 1903 Age 73
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN FORD

His Birthplace

Maiden Name of Mother MARY O'DONNELL

Her Birthplace

Date of Funeral Nov 27 1976 SAT 10 A.M.
(Date) (Day of Week) (Hour)

Services at EPIPHANY
(Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA
(or U.S. or City or County) (Years) (Months)

Place of Death Wesley House Nursing Home 5501 S. NEGLEY Pgh 15232

Cause of Death MYOCARDIAL INFARCTION

Contributory Causes

AS MD

Certifying Physician R. SCOTT
(or Coroner)

His Address 5325 S. ALLISON Pgh PA

Motor / Ship } Remains to

Size of Casket 532 HL SPARTAN CARRA (State Color and Number)
B 2158

Manufactured by ALVARIUM

Cemetery / Crematory } CALVARY

X Dan gave with Regis FORD 090 - 4121149

Lot No.

Grave No. 37

Section No. 28

Row

Block No. 4

Owner

FORD
On Wed., Nov. 24, 1976, Irene, beloved sister of Mrs. Catherine Shiring, Mrs. Lillian Strawins, survived also by nephews, John, Shiring, Thomas and Michael Strawins and John Ford, nieces, Judy Strawins and Carolyn Ford. Friends received beginning Thurs. at 4 p.m. in McAVOY FUNERAL HOME, 1708 Fordes Ave. Funeral Mass from Church of the Epiphany on Sat. at 10 a.m. Visitation 2-4 & 7-9

Complete Funeral (except outlays)	$	
Casket T. Mag. Bronze		1475 —
Burial Vault or Box (State Kind)		200 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		65 —
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		20 —
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Extra 150		— —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 2 Papers (Names of Newspapers) Post 11/25 - Press 11/24		28 80
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1813 80
Less ..... Balance	$	1795 68

Entered into Ledger, page ..... of below.

PER

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from
maturity at the rate of ..... % per annum. Signed .....

Address .....

RECORD OF FUNERAL

Total No. 202 Yearly No. 26 Date of Entry DEC. 10 1976

Name of Deceased ANN BOZIC (What Race) W

☐ Married ☐ Single ☐ Widowed ☒ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1726 FORBES AVE

Charge to VIOLET BUSHNELL Box 174 YUKON PA

Address

Order given by EVA MAE LUKEMAN (or Informant)

How secured 1213 CALHOUN ST

If Veteran, Name of War NO

Occupation WAITRESS 163-20-1299 (Social Security Number)

Employer and Address

Date of Death DEC 10 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 8 1902 Age 6 6 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father GEORGE BOZIC

His Birthplace

Maiden Name of Mother Mirsa Bodien

Her Birthplace

Date of Funeral DEC 13 1976 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman FR. RAGHL - EPIPHANY (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp. Pgh PA

Cause of Death LUNG CARCINOMA CANCER

Contributory Causes

W - METASTASIS TO LIVER - PLEURAL EFFUSION

Certifying Physician W. STAFFORD (or Coroner)

His Address Murrysville

Motor / Ship } Remains to REF

Size of Casket 5FT VANGUARD 1170 (State Color and Number)

Manufactured by AURORA INVOICE

Cemetery / Crematory } Calvary 10664

BOZIC
On Friday Dec. 10, 1976, Ann, sister of Joseph Bozic, Mary Reed of Calif., Anthony Bozic and Mrs. Violet Eupolon, Stepsister of Mrs. Louise Fisk and Mrs. Margaret Cole, dear friend of Eve Mae Coleman. Friends received at McAVOY FUNERAL HOME, 3108 Forbes Ave., beginning Saturday. Funeral services will be held in the Church of the Epiphany on Monday at 9 A.M. Interment Calvary Cemetery.

Misc.

Lot No.

Grave No. 66

Section No. 5 Range 16

~~Block No. Row 16~~

Owner

Complete Funeral (except outlays)	$
Casket 5 ft Pentagonal Bronze	510 00
Burial Vault or Box (State Kind)	130 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	30 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	75 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	200 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 2 Papers	23 18
3 or 4 Lines McAVOY FUNERAL HOME (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 1007 18
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc. 25 to come in

Date			Amount Paid	Balance
12/26	76	To Above Balance	752 80	$ 755 —
Jan 21	77	By Payment	$ 255 —	$ NONE
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 203 Yearly No. 27 Date of Entry Dec 23 1976

Name of Deceased MARY E MYERS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence FRANKLIN ROOSEVELT APTS E 8th and Hamilton

Charge to ESTANCE A DIXON

Address 239 Cowell Kwood

Order given by Sgt PA 157 34 (or informant)

How secured Husband Regis Dickson

If Veteran, Name of War NO

Occupation Waitress 210 03 3768 (Social Security Number)

Employer and Address .....

Date of Death Dec 23 1976 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 29 27 Age 49 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WILLIAM SMITH

His Birthplace .....

Maiden Name of Mother Barbara Knapp

Her Birthplace .....

Date of Funeral Dec 27 76 MON 10 am M. (Date) (Day of Week) (Hour)

Services at St Barbara Mortuary Hall

Clergyman ..... (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 Misericordia Hosp

Cause of Death Pulmonary Embolism

Contributory Causes Phlebo Thrombosis

Certifying Physician Norman Colosa (or Coroner)

His Address 6300 Woodbury Ave 13

Motor / Ship } Remains to .....

Size of Casket B23 HL ashy SL 04 (State Color and Number)

Manufactured by WHITE Cogs. Edmund Wash. RD

Cemetery / Crematory } Calvary Rural

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner McAVOY FUNERAL HOME

3/14/77

PER .....

Complete Funeral (except outlays)	$	1195 00
Casket Bronze Supreme		~~1350 00~~
Burial Vault or Box		135 00
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ ..... (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		35 —
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery 2 @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
3 Certif. Copies of Death Certificates No. ..... (State Number and District)		6 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Family Rate		— —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		NO CH
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers		13 50
Sun Dec 24 Paces (Names of Newspapers)		
JOHN PECK		
Sales Tax 3.1/4 of 27		
Total Footing of Bill	$	1449 50
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. D.I.I. 11417 250 to come # 55

NEUSCH

Date		Amount Paid	Balance	Date		Amount Paid	Balance
JAN 10 77	To Above Balance	1188 50	$ 255 —		To Balance Forward		$
MAR 14 77	By Payment	$ 255 —	$ PAID		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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 .....

204

RECORD OF FUNERAL

Total No. 204 Yearly No. 28 Date of Entry Dec 25 1976

Name of Deceased LURA BAKER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 225 Eastart Pasa 3

Charge to Edna T Baker (Wife)

Address Casmalia

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War ..... Occupation Housewife 185-16-2729 (Social Security Number)

Employer and Address .....

Date of Death Dec 25 76 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 26 17 Age 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Tony Bassett

His Birthplace .....

Maiden Name of Mother Nadi Kutz

Her Birthplace .....

Date of Funeral Dec 28 76 Tues M. (Date) (Day of Week) (Hour)

Services at St Aspnes

Clergyman ..... (Address)

Religion of the Deceased Cath

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Pa

Cause of Death Pulmonary Embolism RT Pulmonary

Contributory Causes Fractured RT Thigh

Certifying Physician Casmalia Westside Cem. (or Coroner)

His Address 452 4th Ave

Motor / Ship } Remains to .....

Size of Casket 316 HL Goldtone Int 1409 Burlington (State Color and Number)

Manufactured by R A R - Bloomer

Cemetery / Crematory } Calvary


BAKER
On Saturday, December 25, 1976, Lura (Kutz), beloved wife of Edward T. Baker; mother of Barbara Katherine Cortopassi and Edward R. Baker; sister of Mrs. Catherine DeProfi and Michael and Peter Kutz; from Kilkenny, Ireland; also survived by grandchildren. Rosary and Mass of the Resurrection will be recited at the Chapel of the Chimes, 1760 Fremont, Hayward on Tuesday, December 28, at 7 p.m. Friends may call at the church on Monday, December 27, from 2-4 and 7-9 p.m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. 19 A

Owner .....

Complete Funeral (except outlays)	$	1752 60 T
Casket Elemental		1460 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		V 35 00
Suit or Dress (State Kind and Color)		V [redacted]
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		V 10 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		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		-
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		V
Clergymen, $ ..... Singers, $ ..... Organist, $		V 25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 Mem Death Notices in 2 Papers (Names of Newspapers)		V 62 13
Sales Tax		
Total Footing of Bill	$	1787 13
Less	$	35 13
PER Balance	$	1752 60

Entered into Ledger, page ..... or below.

Misc. 12/11/76 ea pd gms

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

1977

205

Total No. 205 Yearly No. 1 Date of Entry Jan 28 1977

Name of Deceased CATHERINE COHEN

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1336 FIELD AVE Pgh 15219 ☐ Husband ☐ Wife ☐ Widow } (What Race)

Charge to PHILIP COHEN or ..... of } Age of Husband or Wife (if living) ..... Years

Address Above 261-4768

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation Retired (Social Security Number)

Employer and Address .....

Date of Death JAN 28-1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APRIL 30 1892 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ..... JAMES J. RAYNOR

His Birthplace .....

Maiden Name of Mother MARY MITCHELL

Her Birthplace .....

Date of Funeral Feb 2-1977 M. (Date) (Day of Week) (Hour)

Services at Home (Address)

Clergyman Father Jerson

Religion of the Deceased Catholic

Birthplace .....

Resided in the State Pa (or U.S. or City or Country) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Myocardial Infarction

Contributory Causes Pulmonary Embolism Post Operative

Certifying Physician Wecht (Coroner) (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket Velour Covered REE (State Color and Number)

Manufactured by Acorn

Cemetery St. Joseph's Wednesday 2 p.m.

COHEN

On January 28, 1977, Catherine Trainor, beloved wife of Philip Cohen; sister of Mrs. Frances Byrnes, Mrs. Elizabeth Fechter and Mrs. Marie Cazaux, of Calif., also nieces and nephews. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Tuesday morning. Blessing service 9:15 a.m. Interment St. Martin Cemetery.

Diagram of Lot

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

13

Complete Funeral (except outlays)	$	
Casket 4 Professional Bearers		815 00
Burial Vault or Box (State Kind)		195 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress $ White (State Kind and Color)		40 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		125 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		175 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 2 Papers (Names of Newspapers) Sun Sunday Mail Press		39 62
Sales Tax		
Total Footing of Bill	$	1387 62
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

McAVOY FUNERAL HOME

Misc. PER Jmcv

CS Pd 3/31/77

144144W - Insurance

Date			Amount Paid	Balance	Date			Amount Paid	Balance
2/10	77	To Above Balance	1287 67	$ 106 95			To Balance Forward		$
2/11	77	By Payment	$ 100 00	$ 6 95			By Payment	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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 .....

206

RECORD OF FUNERAL

Total No. 206 Yearly No. 2 Date of Entry Feb. 2 1977

Name of Deceased FRANK BUCCI (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of } Age of Husband or Wife (if living) Years

Residence 1904 5th Ave Pgh 15219

Charge to DOMINICA BUCCI 19513

Address 30 WELSFORD ST

Order given by Jane (or Informant)

How secured

If Veteran, Name of War

Occupation Retired 208 14 8254 (Social Security Number)

Employer and Address

Date of Death Feb 2 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2-18-1906 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father EVGLIO BUCCI

His Birthplace ITALY

Maiden Name of Mother GIOSEPHINE DIPIETRO

Her Birthplace ITALY

Date of Funeral 2-5-77 (Date) (Day of Week) (Hour) M.

Services at St Regis Church

Clergyman F.R. DeCarlo (Address)

Religion of the Deceased Catholic

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Allegheny County Hospital Aspinwall

Cause of Death Natural Causes

Contributory Causes

Certifying Physician Evonne Wiehl (or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to

Size of Casket 7 71 HL - RPP (State Color and Number)

Manufactured by Cincinnati

Cemetery / Crematory } Calvary

BUCCI
On February 2, 1977, Frank, husband of Domenica Bucci; father of Mrs. Josephine Bucci also three grandchildren. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday 2-4 and 7-9. Funeral Mass from St. Regis Church on Saturday at 11 a.m.

Lot No.

Grave No.

Section No. 60 Single

Block No.

Owner

Misc.

Complete Funeral (except outlays)		
Casket 8 Pall Funeral Home	1295	00
Burial Vault or Box Vault (State Kind)	190	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
~~Dressing Body~~, $ Underwear, $ Jock	10	-
Suit or Dress Dark (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains 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
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Single Sec	75	00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	200	00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $ Fem	-	-
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers	21	12
(Names of Newspapers) Post & Press		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill 3.17 $	1799	12
Less $		
Balance $		

Entered into Ledger, page 6.3 or below.

PER

Misc. Rec'd 2/9/77

Date			Amount Paid	Balance
Feb 4	77	BRIDGEVILLE TRCO To Above Balance	813 63	$ 985 49
Feb 10	77	By Payment PAID IN FULL	$ 552 27	$ 433 22
Mar 4	77	" 3%	$ 255 —	$
Mar 7	77	" [illegible]	$ 380 37	$ + 202 15
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward	$	$
		By Payment	$	$
		" "	$	$
		send to Bucci "	$	$
		" "	$	$
		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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

207

Total No. 207 Yearly No. 3 Date of Entry 2/14/77 19

Name of Deceased ROSA FISCHER

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence

☐ Husband ☐ Wife ☐ Widow } (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to ROSA FISCHER

Address 27 MITTENBERGER

Order given by John Fischer (or Informant)

How secured

If Veteran, Name of War

Occupation Widow Social Security Number

Employer and Address

Date of Death Feb 14 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 9 1896 Age 6 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother Unk

Her Birthplace

Date of Funeral 2/16/77 (Date) (Day of Week) (Hour) M.

Services at Homestead Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Unk

Contributory Causes

Certifying Physician Wm. M. A. Coroner (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to

Size of Casket

(State Color and Kind)

Manufactured by

Cemetery / Crematory } Homestead

Diagram of Lot or Vault

Lot No.

Grave No. 2/15/77

Section No. PER JMC

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
~~Casket~~ Professional Services		100 —
~~Burial Vault~~ or Box Cremation Receptacle (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)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		2 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		150 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Outlay for Funeral Director's Charges		
Personal Service		
6 line Death Notices in 1 Papers (Names of Newspapers)		8 00
Sales Tax		
Total Footing of Bill	$	485 —
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 .....

208

RECORD OF FUNERAL

Ship

Total No. 208 Yearly No. 4 Date of Entry Feb 26 19 27

Name of Deceased DAVID VANDEVEER

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 490 Bassett Road Bay Village Ohio ☐Husband ☐Wife ☐Widow } of Age of Husband or Wife (if living) Years

Charge to NICKELS Funeral Home

Address Bay Village Ohio

Order given by Mrs Nellie Leonard Friend (or Informant)

How secured

If Veteran, Name of War No

Occupation Farmer 213-44-8068 (Social Security Number)

Employer and Address RETIRED

Date of Death Feb 26 1927 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9/15/1856 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father William VANDEVEER

His Birthplace Ohio

Maiden Name of Mother Peggy Marquard

Her Birthplace Penna

Date of Funeral 3/2/27 (Date) (Day of Week) (Hour) M.

Services at (Address)

Clergyman

Religion of the Deceased Methodist

Birthplace

Resided in the State Ohio (Temporary) (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Cerebral Hemorrhage Shock

Contributory Causes Hitting head on Concrete Curb Wall

Certifying Physician Capsel Wachtel Coroner (or Coroner)

His Address 4th & Main Bldg

Motor / Ship } Remains to Nickels Funeral Home Ohio

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory

Motor / Ship } Rem...

Size of Casket

Manufactured by

Cemetery / -v

Diagram of Lot or Vault

Lot No. McAVOY FUNERAL HOME

Grave No.

Section No.

Block No.

Owner

PER

Misc.

Complete Funeral (except outlays) $	
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	75 00
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from Unspecified	30 00
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
10 Certif. Copies of Death Certificates No.	20 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	20 00
line Death Notices in Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	145 00
Less $	
Balance $	

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 209 Yearly No. 5 Date of Entry 3-17 1977

Name of Deceased Wilbert J. McCaffrey W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 209 Van Brooms
☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Paul McCaffrey
Address Wyckoff NJ 88 7 36 34
Order given by Paul McCaffrey (or informant)
How secured Wyckoff NJ
If Veteran, Name of War ..... Yr.
Occupation Groundskeeper 200-14-6353 (Social Security Number)
Employer and Address Ridgewood NJ
Date of Death 3-16-77 9:00 (Mo.) (Day) (Yr.) (Hour)
Date of Birth 10-13-1915 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Name of Father James McCaffrey
His Birthplace Ire
Maiden Name of Mother Winifred Monahan
Her Birthplace Ire
Date of Funeral 3-21-77 12 P M. (Date) (Day of Week) (Hour)
Services at Campbell's (Address)
Clergyman .....
Religion of the Deceased Catholic
Birthplace NJ
Resided in the State NJ 61 (or U.S. or City or County) (Years) (Months)
Place of Death Mary Manor
Cause of Death Cardiac & Pt Lung
Contributory Causes .....

Certifying Physician Dr Gillett (or Coroner)
His Address Mary Manor

Motor / Ship } Remains to .....
Size of Casket .....
Manufactured by Rue Van (State Color and Number) R.B.A. Inside 1372 1800 3M
Cemetery / Crematory .....

McCAFFREY
Wilbert J., on Thurs., Mar. 17, 1977, beloved brother of Mrs. Winifred McInerney, Gerald, Vincent and Paul McCaffrey. Visitation 2-4 & 7-9 daily at the JOSEPH M. McAVOY FUNERAL HOME, 1709 Forbes Ave. Mass of Christian Burial in Epiphany Church Mon. at 10 a.m. Interment Calvary Cemetery.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Misc. .....

Complete Funeral (except outlays)	$	1731 00 T
Casket Professional Services		1480 00
Burial Vault or Box (State Kind)		210 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
Slippers, $ ..... (State Kind and Color) Hose, $		7 50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
6 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 Vet Fund		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Vet Fund		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 5 Papers ..... (Names of Newspapers)		57 07
Sales Tax AVOY FUNERAL HOME		
Total Footing of Bill	$	1791 57
Less		60 57
Balance	$	1731 —

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 Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

210

RECORD OF FUNERAL

Total No. 210 Yearly No. 6 Date of Entry March 22 1977

Name of Deceased Anna (Lottie) Scarpino

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1909 Fifth Ave

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to John Baran 884-4736

Address

Order given by Mark Chernoff 304 Park (or Informant)

How secured S.T. Pg. b. 15 219 471 5181

If Veteran, Name of War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death 3-22-77 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 9 1897 Age 8.7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Jabez Lamb

His Birthplace

Maiden Name of Mother Bridget Lamb

Her Birthplace

Date of Funeral 3-24-77 (Date) (Day of Week) M. (Hour)

Services at Epiphany Chapel (Address)

Clergyman

Religion of the Deceased Catholic

Birthplace

Resided in the State

Place of Death Columbus Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death

Contributory Causes

Certifying Physician Dr Gillick (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket

Manufactured by Pat Sq. (State Color and Number) REE

Cemetery / Crematory } No. Side Cathedral

SCARPINO
Anna (Lottie) on Tues., Mar. 22, wife of the late Frank Scarpino, mother of Arthur of. Visitation Wed. 1-9 at the McAVOY FUNERAL HOME, 1700 Forbes Ave. Mass of Christian Burial in Epiphany Catholic Church, Thurs. at 10 o'clock.

Diagram of Lot or Vault

Lot No. Row 20

Grave No. 17

Section No. 17

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Prepainted Brass	895 —
Burial Vault or Box (State Kind)	195 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete (State Kind and Color)	65 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
4 Certif. Copies of Death Certificates No. (State Number and District)	8 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Blackburn Bd	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
7 line Death Notices in 2 Papers (Names of Newspapers)	19 07
Sales Tax	
Total Footing of Bill	$ 1197 07
Less	$
Balance	$

Entered into Ledger, page ..... or below.

McAVOY FUNERAL HOME

PAID

PER Jm McAvoy

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feigeman, Long Beach, California

RECORD OF FUNERAL

Total No. 211 Yearly No. 7 Date of Entry April 12 1977

Name of Deceased ROSALIA CENA (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow or ..... of Age of Husband or Wife (if living) ..... Years

Residence 49 VAN BUREN ST Los Gatos

Charge to JOHN B. CENA

Address 6200 WALNUT Pgh. 6 361-5011

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation housewife (Social Security Number)

Employer and Address .....

Date of Death April 12 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10 18 91 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FRANCESCO COCO

His Birthplace ITALY

Maiden Name of Mother SANTA DALEDWARDO

Her Birthplace ITALY

Date of Funeral 4-18-77 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR Leppold (Address)

Religion of the Deceased Catholic

Birthplace ITALY

Resided in the State 78 (or U.S. or City or County) (Years) (Months)

Place of Death Mary Help

Cause of Death Cardiogenic Shock

Contributory Causes Acute Myocardial Infarction

Certifying Physician Rhodes Gibb (or Coroner)

His Address Mary Help Hospital

Motor / Ship } Remains to .....

Size of Casket 59"x46" Colonial Deluxe AC (State Color and Number)

Manufactured by 1525 Eggehill Williams EVC

Cemetery / Crematory } Calvary Cem ICKPD 5/26/7

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Mis .....

Complete Funeral (except outlays)	$	2283 10
Casket Professional Deluxe		1795 00 ✓
Burial Vault or Box (State Kind)		200 — ✓
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		35 00 ✓
Slippers, $ ✓ (State Kind and Color) Hose, $		7 50 ✓
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		✓
4 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		200 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		✓
Clergymen, $ ✓ Singers, $ ..... Organist, $		25 00 ✓
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 4 Papers		57 60 ✓
J McAVOY Papers (Names of Newspapers)		
Sales Tax	$	2328 10
Total Footing May 14 77	O.K.S.E. $	35
Less	$	2283 10
Balance		
Entered to Ledger, page ..... or below.		

FUNERAL HOME

Misc. Bill to 4/13/77

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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 .....

212 661 3244 3344

RECORD OF FUNERAL

5487 Hays St 15206

Total No. 212 Yearly No. 8 Date of Entry April 18 1977

Name of Deceased MACK J KONTOS

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 119 OAKLAND AVE PGH 13 ☐ Husband ☐ Wife ☐ Widow of / or ..... of

Charge to PATRICIA KONTOS Age of Husband or Wife (if living) ..... Years

Address 3600 Bates 687-5526

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War N/A

Occupation Means Projector 193-34-5043

Employer and Address MATION PICTURE MACHINE OPER UNION 394 Shaw Pgh 2 (Social Security Number)

Date of Death 4/18/77 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 8/17/42 Age 34 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Kontos

His Birthplace Maryland

Maiden Name of Mother Kitsas Kontos

Her Birthplace Pa

Date of Funeral 4/20/77 (Date) (Day of Week) (Hour) M.

Services at St Nicholas GR Cathedral

Clergyman ..... (Address)

Religion of the Deceased Orthodox

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Emerg

Cause of Death Paralysis

Contributory Causes .....

Certifying Physician Expired Where (or Coroner)

His Address .....

Motor / Ship Remains to .....

Size of Casket Estate Ogival C L (State Color and Number)

Manufactured by Superior

Cemetery / Crematory St Nicholas Cem.

Lot No. Section 10

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc. .....

J.H. Vessenmeyer Bldg

Market Tarentum Natrona Hgts

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box N/C (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)	
10 Certif. Copies of Death Certificates No.	20 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	1 00 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ V	20 —
Railroad / Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in ..... Papers	29 00
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 500 00
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc. SS - 3 trans in 8/18/77

Date			Amount Paid	Balance
4/23	77	To Above Balance	45 —	$
5-2	77	By Payment LOCAL UNION 171	$ 500 —	$ 300 —
6/2	77	" "	$ 255 —	$ — —
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

213

Total No. 213 Yearly No. 9 Date of Entry May 16 1922

Name of Deceased JOHN H HANEY
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)

Residence 2020 FORBES AVE Pgh 15219 or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to CATHERINE HANEY

Address Home 281 4701

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War W W II

Occupation Deputy Constable 211054933 (Social Security Number)

Employer and Address .....

Date of Death May 16 1922 (Mo.) (Day) (Yr.) (Hour) 8 25 am

Date of Birth 2 2 1904 (Mo.) (Day) (Yr.) Age 73 (Yrs.) (Mos.) (Days)

Name of Father JOHN H HANEY

His Birthplace Pgh

Maiden Name of Mother IDA MAE KIRKPATRICK

Her Birthplace Penn

Date of Funeral May 19 1922 (Date) (Day of Week) (Hour) 1 30 P.M.

Services at Funeral Home

Clergyman Pastor Tucker (Address)

Religion of the Deceased Presbyterian

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Pa

Cause of Death Cong. Heart Failure

Contributory Causes Hyp H D Diabetes Mellitus

Certifying Physician Ward J Reed (or Coroner)

His Address ..... INVOICE 22442

Motor / Ship Remains to EPN 1461

Size of Casket 12 76 4L Burg Silver Rest Velvet (State Color and Number)

Manufactured by Grim MIRROR SIDE Lined

Cemetery / Crematory At Mercy

Complete Funeral (except outlays)	$	2021 00 T
Casket Professional Bearers		1810 —
Burial Vault or Box (State Kind)		195 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		Furn
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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's ..... (State Physician's or Coroner's)		Free
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Family Pay		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		Fun
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Good		
19 line Death Notices in 3 Papers (Names of Newspapers)		56 86
Sales Tax	$	3061 86
Total Footing Over	$	40 86
Less ..... (Balance)	$	2021 00

Entered into Ledger page ..... or below.

Misc. Billed 6/11/22

HANEY
On May 16, 1977, John H., beloved husband of Catherine C. Smith; father of Mrs. Margaret Marshall, John H., Harry M., Mrs. Dorothy Nicholas, Lawrence R. Francis B., Mrs. Gloria Marchese; brother of Frank, Mrs. Evelyn Kloder, Harry, Sally, May Goodyear, Daniel, Clyde, the late Stewart and George Haney; also 27 grandchildren and six great-grandchildren. Friends received beginning Tuesday at noon at JOSEPH M. McAVOY FUNERAL HOME, 1708 Forbes Ave. Funeral Services Thursday afternoon at 12:30.

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

McAVOY FUNERAL HOME
PER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
9 7 77	To Above Balance Atty's	15	$ None		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I 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. 214 Yearly No. 10 Date of Entry MAY 18 1977

Name of Deceased HARRY L FAVILLA

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of { (What Race)

Age of Husband or Wife (if living) Years

Residence 1924-5th Ave Grn Isl NJ

Charge to ESTATE OF H.L.F. 261-4287

CHARLES ALDEN ATTORNEY

Address 922 Fifth Bldg Pgh Pa

Order given by Mrs. H. L. Favilla 1926 5th

(or Informant)

How secured

If Veteran, Name of War NO

Occupation Plant Engineer 208-10-9809

(Social Security Number)

Employer and Address

Date of Death MAY 18 1977

(Mo.) (Day) (Yr.) (Hour)

Date of Birth APR 22 04 Age 73

(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FRANK FAVILLA

His Birthplace

Maiden Name of Mother ELIZ T CANNI

Her Birthplace

Date of Funeral MAY 21 1977 M.

(Date) (Day of Week) (Hour)

Services at E.P. Kelsey

(Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Pgh Pa

Resided in the State Pa

(or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Gen Est

Contributory Causes

Certifying Physician WM McCARGILE

(or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket 313 HL Bur Edge Silver

Manufactured by Batesville (State Color and Number)

Cemetery / Crematory

ENR
Calvary
cem

Diagram of Lot or Vault

Lot No. 655

Grave No. 16 X D

Section No. 20

Block No.

Owner

Misc. McAVOY FUNERAL HOME

June 25, 77

Complete Funeral (except outlays)	$	
Casket Protective Armor	1840	00
Burial Vault or Box (State Kind)	385	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
~~Suit or Dress~~ SUIT - T & C 10 LIGHT (State Kind and Color)	15	00
Slippers, $ 8 ~~Hose, $~~		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R.R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
4 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	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 family		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	30	00
Railroad / Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers NONE		
(Names of Newspapers)		
Sales Tax P.D. 6/7/77 MM		
Total Footing of Bill 6/7/77 MM	$	2281 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Misc. Billed 6/17/77 - S.S. in

Date			Amount Paid	Balance	Date			Amount Paid	Balance
		To Above Balance		$			To Balance Forward		$
		By Payment	$	$			By Payment	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

PER Tom Clancy

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 215 Yearly No. 11 Date of Entry MAY 24 1977

Name of Deceased MARY HUGHES ☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1909 5TH AVE. PGH. PA.

Charge to MRS. DOROTHY DOUGLAS DTR.

Address 215 CHARLES ST. PGH. PA.

Order given by Mrs. (or informant) H.S. H.S.

How secured

If Veteran, Name of War

Occupation Retired F.H.M. U.S.P. 190-09-9691 (Social Security Number)

Employer and Address

Date of Death MAY 24 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth NOV. 23 1901 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN P. MCGHEE

His Birthplace

Maiden Name of Mother MARY MCCLAFFERTY

Her Birthplace

Date of Funeral MAY 27 1977 10:00 A.M. (Date) (Day of Week) (Hour)

Services at BLESSING MEMORIAL CHAPEL

Clergyman F. P. WHITE (Address) (CHRISTIAN)

Religion of the Deceased CHRISTIAN

Birthplace PA.

Resided in the State PA. (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL PGH. PA.

Cause of Death BRONCHIAL PNEUMONIA

Contributory Causes —

Certifying Physician Allen D. Hoover (or Coroner)

His Address Mercy Hospital

Motor / Ship Remains to

Size of Casket 1323411 (State Color and Number) Cotton Velvet Casket

Manufactured by R.P.H. & Bronze

Cemetery / Crematory

Complete Funeral (except outlays)	$	1499 / 487
Casket 2 Professional Bronzes		1188 00
Burial Vault or Box (State Kind)		220 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		40 00 ✓
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 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 ..... Cem.		75 00 -
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb ..... Cem.		225 00 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00 ✓
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notice in 2 Papers		24 48 ✓
(Names of Newspapers)		
Sales Tax	$	1787 48
Total Footing of Bill	$	300 00
Less PER Balance	$	1499 48

Entered into Ledger, page ..... or below.

Misc. Mother has loan book in bank SS on

HUGHES

On Tuesday May 24, 1977, Mary Margaret Brushmiller, wife of the late Jack Hughes; mother of Mrs. Dorothy Hughes Douglas; sister of John Miller; grandmother of Susan. Blessing services from JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., on Friday at 10 a.m. Interment Calvary Cemetery. Family hours 2-4 and 7-9 p.m.

JOSEPH M. McAVOY FUNERAL HOME
1700 FORBES AVENUE
PITTSBURGH, PA. 15219
PHONE: 391-0667

Lot No.

Grave No. one depth

Section No. 60 SW

Block No.

Owner

Misc.

Date		Amount Paid	Balance
May 27 77	To Above Balance	225 00	1499 48
6/14 77	By Payment Mutu	$ 1055 03	$ 444 45
	" "	$	$ 444 45
6/27 77	" "	$ 100 —	$ 344 45 ✓
7/21 77	" "	$ 255 —	$ 89 45
8/1 77	" "	$ 89 45	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

216 SHIPPING RECORD OF FUNERAL - SHIPPING

Total No. 216 Yearly No. 12 Date of Entry MAY 24 19 77

Name of Deceased HARVEY COURTS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1904 HUBER ROAD

Charge to SHADY GRASS FUN. HOME

Address 4122 MACCORKLE AVE S.W.

Order given by CHARLESTON WVA 25309 (or Informant)

How secured

If Veteran, Name of War KOREAN 13357575

Occupation MGR PUMP CO

Employer and Address 236405540 SS (Social Security Number)

Date of Death MAY 24 1977 2:10 PM DST (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 29 1918 Age 47 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father RAY E COURTS

His Birthplace WVA

Maiden Name of Mother LENIDA SHAVER

Her Birthplace WVA

Date of Funeral MAY 27 1977 M. (Date) (Day of Week) (Hour)

Services at SHADY GRASS F.H.

Clergyman (Address)

Religion of the Deceased PROTESTANT

Birthplace WVA

Resided in the State WVA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP CHA WV

Cause of Death ACUTE MYOCARDIAL

Contributory Causes INFARCTION

Certifying Physician K Rum Don Ross

His Address Mercy Hospital (or Coroner)

Motor / Ship } Remains to SHADY GRASS PICKEN

Size of Casket WP AT McAVOY'S (State Color and Number)

Manufactured by

Cemetery / Crematory } CUNNINGHAM MEMORIAL PARK

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

McAVOY FUNERAL HOME

June 1, 77

PER J McCoy

Misc.

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body	75 —
(Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from HOSPITAL	25 —
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	25 —
line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 125 00
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 217 Yearly No. 13 Date of Entry May 27 1977

Name of Deceased MICHAEL DECHESON

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 209 21ST ST LONG BEACH

Charge to HELEN DECHESON

Address Above

Order given by Above (or informant)

How secured

If Veteran, Name of War N.O.

Occupation FOREMAN RET. Social Security Number 162-14-7638

Employer and Address

Date of Death MAY 27 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth NOV 15 1897 Age 79 (Mo.) (Day) (Yr.)

Name of Father ZACHARY Unknown (Yrs.) (Mos.) (Days)

His Birthplace Russia

Maiden Name of Mother Unk

Her Birthplace Russia

Date of Funeral MAY 30 1977 (Date) (Day of Week) (Hour) M.

Services at MCAVOY (PARASTAS) (Address)

Clergyman

Religion of the Deceased ORTHODOX

Birthplace RUSSIA

Resided in the State USA (or U.S. or City or County) (Years) (Months)

Place of Death Memorial Hospital 1 31

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor / Ship { Remains to 532 Hl. St Barbara Cemetery Accessed 1207 Ruston Avenue

Size of Casket Cypr. E E B (State Color and Number)

~~Manufactured by~~ (West Burbank)

Cemetery / Crematory { ST Lawyers Russian Orth.

DECHESON
On Friday, May 27, 1977, Michael, husband of Helen, father of the late Kenneth, father-in-law of Mrs. Barbara Kovis, Friends receiving, tonight 7-9 p.m. FUNERAL HOME, 1700 Pacific Ave. Parastas on Sunday at 7:30 p.m. Funeral Services Monday, 2 p.m. Visitation 2-4 and 7-9

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$ 1971	00 T
Casket 4 Prefinished Bronze	1675	00
Burial Vault or Box (State Kind)	195	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Stock Rt. T & E (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Grandy		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ Kam.		
Railroad / or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers (Names of Newspapers) Sun & Sunday Press MAY 28-29	26	07
Sales Tax P.D.C.J.S.T.		
Total Footing of Bill	$ 1904	07
Less 11 32	$ 33	00
Balance	$ 1871	00

Entered into Ledger, page ..... or below.

McAVOY FUNERAL HOME

Misc. ($5) ASIAN WENT TO OFFICE 26 35 00

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

218

RECORD OF FUNERAL

U.P.A.

Total No. 218 Yearly No. 14 Date of Entry JUNE 16 19 77

Name of Deceased U.C.B.U. 1 SPEEDS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race) Age of Husband or Wife (if living) ..... Years

Residence 1905 5th Ave Bay 1524 G.

Charge to A. P. A.

Address

Order given by Landlord (or Informant)

How secured Phone

If Veteran, Name of War No (Navy)

Occupation Cook Soc. 1920596462 (Social Security Number)

Employer and Address Unemployed

Date of Death June 16 77 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5/11/22 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Unk

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral June 16 77 (Date) (Day of Week) (Hour) M.

Services at 21 Memorial Chap. (Address)

Clergyman Unk

Religion of the Deceased Unk

Birthplace Ga

Resided in the State Fla (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death Acute Myocardial

Contributory Causes Infarction

Certifying Physician Coroner Veach (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Y. Limestone (State Kind)		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)		
Certif. Copies 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		125.00
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Newspapers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	350.00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

McAVOY FUNERAL HOME PAID Nov 25 77 PER

Misc. A.P.A. Insurance Assist. on July 1-1977

Date		Amount Paid	Balance
12-19	77 To Above Balance	95.00	$
1-	77 By Payment	$ 255.00	$ 0.00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

Ship

219

Total No. 219 Yearly No. 15 Date of Entry June 22 19 77

Name of Deceased BURL CREWS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 512½ Hick ST.

☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Charge to C.M.W.S. Canada N.Y.

Address 512 Hick ST

Order given by WAYCROSS GA 31501 (or Informant)

How secured Mercy Mercy

If Veteran, Name of War No

Occupation Engineer Locomotive (Social Security Number)

Employer and Address 256-64-1722

Date of Death June 22 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 18 (Mo.) (Day) Age (Yrs.) 9 (Mos.) 6.0 (Days)

Name of Father Linkhorn C. Crews

His Birthplace Ga

Maiden Name of Mother Georgia Crews

Her Birthplace Ga

Date of Funeral June 28 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased Baptist

Birthplace Ga

Resided in the State Ga (or U.S. or City or County) (Years) (Months)

Place of Death Remerton

Cause of Death Massive Intracranial

Contributory Causes Lobar pneumonia Tuberculosis Hemorrhage

Certifying Physician B. Brambleton Jr. (or Coroner)

His Address Waycross Ga

Motor / Ship } Remains to Waycross Ga

Size of Casket Burial Case (State Color and Number)

Manufactured by Cannon

Cemetery / Crematory } Bethlehem Cem Ga

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

DXD

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box Burial Case (State Kind)		50 00
Embalming Body Chambers (Name of Embalmer)		75 00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 6		6 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 Airport		40 00
Deliver Flowers to		
Removal Charges		35 00
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		4 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges C.M.W.S.		35 00
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service McAVOY FUNERAL HOME		
line Death Notices in 2 Papers. (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	245 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. (PR-UL-)

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 220 Yearly No. 16 Date of Entry Aug 3 19 77

Name of Deceased ADRENE E HIEMACK (What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 1645 Watson St Pgh 15219 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to ROSE COHEN 1645

Address WATSON ST PGH 15219

Order given by Sam (or Informant)

How secured

If Veteran, Name of War n/a

Occupation HOUSEWIFE 211-42-7270 (Social Security Number)

Employer and Address n/a

Date of Death Aug 3 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9-7-00 Age 6 9 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother Unk

Her Birthplace Unk

Date of Funeral Aug 6 - 1977 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Fishman Asst Pastor (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Pulmonary Embolism

Contributory Causes CA Lung

Certifying Physician Jason Ulrich (or Coroner)

His Address Mercy Hosp

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket Poplar Lacquered		1235 00
Burial Vault or Box (State Kind)		235 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 1 75		18 00
Suit or Dress		
Slippers, $ 7 (State Kind and Color) Hose, $ 3		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No.		6 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb n/c		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
16 line Death Notices in ..... Papers (Names of Newspapers)		38 00
Sales Tax		
Total Footing of Bill	$	1557 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc.

Date			Amount Paid	Balance
8/30	77	Bank Account To Above Balance	388 00	$1169 —
9/12	77	By Payment	$ 118 03	$
9/25	77	" "	$ 255 —	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 221 Yearly No. 17 Date of Entry AUGUST 19 1977

Name of Deceased EMIL PRIORE

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1624 LOCUST ST

Charge to ESTHER PRIORE WIFE

Address Above

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War .....

Occupation PAINTER 181-12-5567 (Social Security Number)

Employer and Address McCoy Pgh

Date of Death Aug 19 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 1, 1921 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father UGO DA PRIORE

His Birthplace ITALY

Maiden Name of Mother ESTHER FLORA BARTELLI

Her Birthplace ITALY

Date of Funeral Aug 23 1977 M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman .....

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State VA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death .....

Contributory Causes .....

Certifying Physician DR John A Jones (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 1942 HL - OLIVE GOLD (State Color and Number)

Manufactured by LINCOLN 2-4163

Cemetery / Crematory .....

PRIORE

Suddenly, on Fri., Aug. 19, Emil, beloved husband of Esther Priore; father of Joseph, Angie, and Rose Ann; brother of Felix, Tony, and the late Robert; also six grandchildren. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Sun., noon. Funeral Mass Tues., 10 a.m. in the Church of the Epiphany.

Lot No. 64

Grave No. 30

Section No. MM

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	2142 00
Casket 4 Inspirational Bronzes		1895 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)		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		20 —
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb 3 Bells to Monday		[illegible] F
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service McAVOY FUNERAL HOME		14 —
14 line Death Notices In 3 Papers		43 92
(Names of Newspapers) Sept 8, 77		
Sales Tax		223 92
Total Footing of Bill	$	2365 92
Less	$	223 92
Balance	$	2142 00
Entered into Ledger, page ..... or below.		7142

Misc. #5 Paid Cash Forest Lawn Mem.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed ..... Address .....

Revised by W. W. Feineman, Long Beach, California

222

RECORD OF FUNERAL

Total No. 222 Yearly No. 18 Date of Entry Aug 28 1977

Name of Deceased EDWARD J DACY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 304 MITCHBERGER

Charge to JENNIE Thomas DACY

Address 178 W. PROSPECT Apt 5

Order given by Undertaker 927-4132 (or Informant)

How secured

If Veteran, Name of War N/A

Occupation Retired City Policeman (Social Security Number)

Employer and Address

Date of Death 8-28-77 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10/13/02 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JAMES J DACY

His Birthplace

Maiden Name of Mother MGT REAGEN

Her Birthplace

Date of Funeral Sept 1-1977 (Date) (Day of Week) (Hour) M.

Services at St Francis Cathedral

Clergyman Rev VANYO (Address)

Religion of the Deceased CATHOLIC

Birthplace Pgh PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death

Contributory Causes

Certifying Physician C.E. ALL Asst Coroner (or Coroner)

His Address

Motor / Ship } Remains to Cemetery

Size of Casket 5 7/8 H 2 - EBN (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory } Calvary 30012 W INV


DACY
On Sun., Aug. 28, 1977, Edward J. (retired Police Officer); beloved husband of Jennie Thomas; father of James P. of Laurel, Md. and Mary Jeanne Of Pgh.; brother of William J., James J. and the late Catherine; also six granddaughters. Friends and members of F.O.P. received beg. Mon. 7 p.m. at McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mass in St. Paul's Cathedral Chapel Thurs. at 10 a.m.
INTERMENT

Lot No.

Grave No. INV 0106

Section No. 30012 W

Block No. 001

Owner PD 1.1.77

M

Complete Funeral (except outlays) $

Casket J. Porteous Funeral Home	2250	00
Burial Vault or Box Metal (State Kind)	235	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress CD (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. 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, $ (State Physician's or Coroner's)	30	00
Gross Total for Sales Tax $		
Outlay for Lot Family Plot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb St Paul		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $ F		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
15 line Death Notices in 3 Papers	49	05
Mon. thru Wed. 8/29/77 - 31 Pgs (Name of Newspaper) McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill 8/31/77 $	2576	05
Less $		
Balance $		

Entered into Ledger, page ..... or below.

PER

Misc. 3 Mass Cards 9/14/77

Date		Amount Paid	Balance	Date		Amount Paid	Balance
9/2 77	To Above Balance Brother	1135 99	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Emerson, Long Beach, California

RECORD OF FUNERAL

223

Total No. 223 Yearly No. 19 Date of Entry SEPT 10 1977

Name of Deceased JOSEPH RUSNAK VA CLAIM # 20444 75

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of Na Amer Ind Male (What Race)

Age of Husband or Wife (if living) Years

Residence 1111 BRADDOCK AVE

Charge to WM. CARVER (SISTER)

Address 1928 - 5th Ave Beaver

Order given by 471-4156 (or Informant)

How secured

If Veteran, Name of War WW I

Occupation WATCHMAN RR 705095946 (Social Security Number)

Employer and Address RR

Date of Death SEPT 10 - 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth DEC 1896 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN RUSNAK

His Birthplace

Maiden Name of Mother - EVANS

Her Birthplace

Date of Funeral SEPT 13 1977 TUE 1 30 P M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Jack Mungovan (Address)

Religion of the Deceased Prot

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Aspinwall VA Hosp

Cause of Death Coma

Contributory Causes

Certifying Physician Anthony Pesaturo (or Coroner)

His Address VA Hosp Leech Lo 15240

Motor / Ship } Remains to

Size of Casket 11 20 HL RZC (State Color and Number)

Manufactured by 30997-INV PHS 12.11.1977

Cemetery / Crematory } Chestnut Grove Mem Park

RUSNAK

On Saturday, September 10, 1977, Joseph, beloved brother of Mrs. Julia Carver, Mrs. Bertha Grimm, Elizabeth Rushnock, and Mrs. Mary Quinn. Friends received at the McAVOY FUNERAL HOME, 1700 Fifth Ave., Monday noon till 9:00 p.m. Services Tuesday at 1:30 p.m.

Lot No. INV 30997

Grave No. PHS 12/11/1977

Section No.

Block No.

Owner Vets

Misc.

Complete Funeral (except outlays) $

Casket Std Prot Fraternal Assn	1370	00
Burial Vault or Box (State Kind)	235	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $	30	00 ✓
Suit or Dress NV (State Kind and Color)	10	00
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 Certif. Copies of Death Certificates No.	6	00
Pall Bearer Service, $ (State Physician's or Coroner's)	20	00 ✓
Gross Total for Sales Tax $		
Outlay for Lot Vet		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Vet		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $	30	00 ✓
Railroad / Aeroplane Tickets, $ Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 2 Papers (Names of Newspapers) Trib Review & Sp	19	60 ✓
Sales Tax 255.4% 75		
Total Footing of Bill 11/30/77 $	1680	60 ✓
Less $		
Balance $		

McAVOY FUNERAL HOME

PAID

Entered into Ledger, page PER or below.

Misc. 21530 - 9/20/77 - Comm Fee to 16 9/26

N.O.S. 9/26

Date			Amount Paid	Balance	Date			Amount Paid	Balance
9-28	77	To Above Balance	543 45	$		To Balance Forward			$
9-29	77	By Payment Humana	$ 351 91	$		By Payment	$		$
10-17	77	" " VA	$ 454 00	$		" "	$		$
11-29	77	" " J	$ 75 —	$		" "	$		$
11-30	78	" " 55	$ 255 —	$ NONE		" "	$		$
		" "	$			" "	$		$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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

W. W. Edwards, Long Beach, California

224

RECORD OF FUNERAL

Total No. 224 Yearly No. 20 Date of Entry Sept 10 1977

Name of Deceased FRANK T SCHUSTER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1632 WATSON ST Pgh Pa

Charge to MARY NIZINSKI

Address 2513 TALTIMBER DR

Order given by William Nizinski (or Informant)

How secured

If Veteran, Name of War

Occupation Insurance Agent (Social Security Number)

Employer and Address

Date of Death Sept 10 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 25 1900 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father WALTER SCHUSTER

His Birthplace

Maiden Name of Mother Kath. McMAHON

Her Birthplace

Date of Funeral 9/13/77 Tue 9 30 A.M. (Date) (Day of Week) (Hour)

Services at Chapel Bateman (Address)

Clergyman Matt Herron

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Lung Bronchopneumonia

Contributory Causes Arterial Sclerosis - Myocardial Degeneration

Certifying Physician Edw Kibler (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to

Size of Casket 721 AL INV. 30997 (State Color and Number)

Manufactured by C.P. Wy

Cemetery / Crematory } St Mary's Pgh Twp

Lot No. INV

Grave No. 30997 PD

Section No. 6.1.11.17

Block No.

Owner

Mi

Complete Funeral (except outlays)	$	1727 00
Casket		1495 —
Burial Vault or Box (State Kind)		235 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		10 —
Suit or Dress (State Kind and Color)		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		
5 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		7 — 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
11 line Death Notices in 2 Papers (Names of Newspapers)		21 56
Sales Tax		
Total Footing of Bill	$	1877 56
Less	$	
Balance	$	1727 00

Entered into Ledger, page ..... or below.

PER

Misc.


SCHUSTER
On Saturday, September 10, 1977, Frank T., son of the late Walter and the late Katherine; also survived by one niece, Mary Nizinski. Friends received beginning Monday 11 a.m. at McAVOY FUNERAL HOMES, 1775 Forbes Ave. Blessing service Tuesday, 10:00 a.m. Interment St. Mary Cemetery, O'Hara Twp.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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

225

Total No. 225 Yearly No. 21 Date of Entry OCT 27 19 77

Name of Deceased JOSEPH A FEMA
☐ Married ☐ Single ☐ Widowed ☒ Divorced

☐ Husband ☐ Wife ☐ Widow } (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 908 WATSON ST
Charge to Orleans Executive Dept
Address 3325 JACKSON AVE Apt 27 PA
Order given by ..... (or Informant)
How secured .....
If Veteran, Name of War N/A
Occupation Bartender 159220040 (Social Security Number)
Employer and Address Unemployed
Date of Death OCT 27 1977 (Mo.) (Day) (Yr.) (Hour)
Date of Birth JAN 22 1929 Age 48 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)
Name of Father Emmanuel Fema
His Birthplace .....
Maiden Name of Mother Mary Bosco
Her Birthplace .....
Date of Funeral 10-31-77 Mon 945 A.M. (Date) (Day of Week) (Hour)
Services at C Magnus (Church)
Clergyman F R Mathews (Address)
Religion of the Deceased Catholic
Birthplace PA
Resided in the State ... Yrs (or U.S. or City or County) (Years) (Months)
Place of Death D.O.A. Mercy Hospital
Cause of Death Unk
Contributory Causes cirrhosis Edema
& Jaundice
Certifying Physician Coroner Wacht (or Coroner)
His Address .....
Motor / Ship } Remains to .....
Size of Casket 77 HL - RUB (State Color and Number)
Manufactured by .....
Cemetery / Crematory } Queen of Heaven



Lot No. 36
Grave No. 9
Section No. 15
Block No. 6
Owner .....

Complete Funeral (except outlays)	$	
Casket Casket		960 —
Burial Vault or Box (State Kind)		215 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress		
Slippers, $ ... (State Kind and Color) Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
3 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 ... Same P.D.		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ... Singers, $ ... Organist, $		25 —
Railroad / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 3 Papers (Names of Newspapers) FP Sept 5 Sun 10/28: 29-30		49 00
Sales Tax		
Total Hooting of Bill	$	1255 —
Less	$	
Balance	$	

Entered into Ledger, page ... 1 for below.

Misc. ..... PER .....

Date		Amount Paid	Balance
NOV 22	Provided John To Above Balance	1000 —	$ 255 —
DEC 7	By Payment	$ 255 —	$ NONE
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from
maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

226

RECORD OF FUNERAL

Total No. 226 Yearly No. 22 Date of Entry Oct 28 19 27

Name of Deceased PETER KWANDEL

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1813 LOCUST ST Pgh Pa

☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Charge to VIOLA KWANDEL (Widow)

Address Same

Order given by Same (or informant)

How secured

If Veteran, Name of War No

Occupation Paperhanger 169283272 (Social Security Number)

Employer and Address Self temp Retired

Date of Death Oct 28 1927 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 4-17-94 Age 33 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PAUL KWANDEL

His Birthplace Russia

Maiden Name of Mother Unk

Her Birthplace Russia

Date of Funeral 10-31-27 (Date) (Day of Week) (Hour) M.

Services at St Stans - 21 Brookline (Address)

Clergyman Rev Kaminski

Religion of the Deceased Catholic

Birthplace Russia

Resided in the State 26

Place of Death Mercy Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician DR B CRIMES

His Address Mercy Hospital (or Coroner)

Motor / Ship Remains to

Size of Casket 550 HL - COPPER Lined (State Color and Number)

Manufactured by Aurora (P B A?)

Cemetery / Crematory



Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 2625 00
Casket Prony Bronze	2345 —
Burial Vault Concrete (State Kind)	285 —
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
3 Certif. Copies of Death Certificates No. (State Number and District)	6 00
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot Family Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb Family Plot	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ... Singers, $ ... Organist, $	50 00
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 Line Death Notices in 3 Papers	4 2 92
F.B.I. Sch. Dues 30 (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 2728 92
Less DISC	$ 105 92
Balance	$ 2625 00
Entered into Ledger, Page ... of below.	

JOSEPH F. McAVOY FUNERAL HOME

PER

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness ... Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

227

D.P.A.

Total No. 227 Yearly No. 23 Date of Entry MAY 11 19 77

Name of Deceased INFANT LONG (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence [redacted]

Charge to KIMBERLY LONG (MOTHER)

Address RICHLAND TWP CAMBRIA COUNTY JOHNSTOWN PA 15904

Order given by GARY LONG (or Informant) GRANDFATHER

How secured

If Veteran, Name of War

Occupation INFANT (Social Security Number)

Employer and Address

Date of Death MAY 11 (Mo.) 1977 (Day) (Yr.) (Hour)

Date of Birth STILLBORN (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother KIMBERLEY ANN LONG PA

Her Birthplace

Date of Funeral MAY 12-77 (Date) (Day of Week) (Hour) M.

Services at McCrory

Clergyman DR Thompson (Address)

Religion of the Deceased Prot

Birthplace Conemaugh Hospital STILLBORN

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Conemaugh Hosp

Cause of Death INTRA UTERINE FETAL

Contributory Causes

Certifying Physician A.W. ADDA M.D. (or Coroner)

His Address Conemaugh Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 13

Block No.

Owner

Misc.

/

Complete Funeral (except outlays)	$
Casket Bronze	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 @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies 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 Cemetery	35 —
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in Papers	
(Names of Newspapers)	
Sales Tax 23 March 78	$ 85 —
Total Footing of Bill	$
Less	$
Balance	$

5 PM 18 MAY

McAVOY FUNERAL HOME

PAID

PER

Entered into Ledger, page ..... or below.

Misc. INV 7083 3730

Date		Amount Paid	Balance
23 Mar 78	To Above Balance	85 00	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

M. W. Feineman, Long Beach, California

228

RECORD OF FUNERAL

Total No. 228 Yearly No. 24 Date of Entry NOV 15 1977

Name of Deceased PAUL E RICHARDS

☐ Married ☑ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of 29-391- (What Race) Age of Husband or Wife (if living) Years

Residence 1308 5th Ave Pgh 19

Charge to V.A

Address

Order given by U.S.M. MARSHALL (PHONE) (or informant)

How secured 1208 5th Ave

If Veteran, Name of War W.W.II

Occupation LAB 325-14-2268 (Social Security Number)

Employer and Address

Date of Death NOV 15 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 11 1917 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother Unk

Her Birthplace

Date of Funeral NOV 19 77 (Date) (Day of Week) (Hour) M.

Services at Lawson Home

Clergyman DR Morgan (Address)

Religion of the Deceased Presbyterian

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death V.A.H.P.G.H. Aspinwall

Cause of Death Cong. HT FLR Coronary

Contributory Causes Diabetes - Gascard

Certifying Physician G. Dumas M.D.

His Address V.A. Hospital (or Coroner)

Motor / Ship } Remains to

Size of Casket Bluetan (State Color and Number)

Manufactured by

Cemetery / Crematory } Northland Memorial

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. Vets

Block No.

Owner

Misc.

VA 328 for all

Complete Funeral (except outlays)	$	730 00
Casket G.A. Mfg. Supreme		944 —
Burial Vault or Box (State Kind)		135 —
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Cooperstown		35 —
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)		8 00
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		15 —
Railroad or Motor { Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers (Names of Newspapers)		10 90
Sales Tax		
Total Footing of Bill	$	1130
Less	$	
Balance	$	730 00

Entered into Ledger, page or below.

Misc.

Date		Amount Paid	Balance
01/05/78	To Above Balance	400 —	$ 688 90
1/3/78	By Payment 35	$ 255 —	$ 433 90
10/18/78	Allegheny County	$ 75 —	$ 358 00
	V.A. Appeals	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

229

Total No. 229 Yearly No. 25 Date of Entry NOVEMBER 24 1977

Name of Deceased SADIE ELIAS

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of { (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1643 WATSON ST. Phila. Pa.

Charge to RICHARD ELIAS - 1512 CHELSEA DR. CLAIRTON PA -

Address .....

Order given by PHONE - 233-7740 (or informant)

~~How secured~~ Helen Harvey - 2500 EDGAR ST.

If Veteran, ~~Name of War~~ WWI 1522.7

Occupation WAITRESS (Social Security Number) 884-17-9[illegible]

Employer and Address YMCA Phila.

Date of Death Nov 24 - 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 12 - 1911 Age 66 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father George Edson

His Birthplace .....

Maiden Name of Mother Sadie Hannah

Her Birthplace .....

Date of Funeral Nov 28 - 1977 10 A M. (Date) (Day of Week) (Hour)

Services at E.B.P. Church

Clergyman F.R. Hoerner (Address)

Religion of the Deceased Catholic

Birthplace Boston Mass

Resided in the State 14 (or U.S. or City or County) (Years) (Months)

Place of Death Phila Methodist Hospital

Cause of Death Hypertension

Contributory Causes Arteriosclerosis

Heart Disease

Certifying Physician Wecht - Coroner (for Coroner)

His Address 5 W 2 4th Ave

Motor / Ship } Remains to Cem.

Size of Casket 575 HL-White gold Ac 2nd (State Color and Number)

Manufactured by Cuneo E.Rl. N.Y. 36535 W

Cemetery / Crematory } Calvary Cem



Lot No. .....

Grave No. 9

Section No. 70

Block No. .....

Owner .....

55 WM OK

2nd Mgmt 11/5/71

Retirement

Complete Funeral (except outlays)	$
Casket Funeral Directors	1800 00
Burial Vault or Box (State Kind)	250 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete Outfit (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)	8 00
14 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	14 ea.
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot Fam	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	79 94
a.s.u.n. + sun	
14 line Death Notices in 3 Papers.	
10 Cpn McAVOY FUNERAL HOME (Names of Newspapers)	
PAID 2-2-78	
Sales Tax	$ 2786 94
Total Footing of Bill	$
Less Balance	$

Entered into Ledger, page ..... of below.

Misc. Invoice 36535 Paid Jan 27

Total Ins. Check Issued Jan 10 Harvey

Total Proceeds from Estate Pd. Dec 14

Date		Amount Paid	Balance
Jan 23 78	To Above Balance	255 —	~~1672 94~~
	By Payment	$	$1927 94
2/2/78	" "	$1927 94	$ None
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Printed by W. W. Feinsman, Long Beach, California

RECORD OF FUNERAL

Total No. 230 Yearly No. 26 Date of Entry Nov 28 1977

Name of Deceased HELEN DAVIS

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 212 Temple St Apt 13 (What Race)

☐Husband ☐Wife ☐Widow of ____ Age of Husband or Wife (if living) ____ Years

Charge to JAMES W. DAVIS (Brother)

Address 455 Broadway Ext Carnegie

Order given by Anna Thom (279-8192) (or Informant)

How secured

If Veteran, Name of War NO

Occupation IBM Operator

Employer and Address CITY WIDE Signature (Social Security Number)

Date of Death Nov 22 1977 MON 5:30 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAR 14 1914 Age 63 (Mo.) (Day) (Yr.)

Name of Father Abraham Davis (Yrs.) (Mos.) (Days)

His Birthplace SYRIA

Maiden Name of Mother JEMMIE Jabb

Her Birthplace SYRIA

Date of Funeral Nov 1 1977 - Thursd 11:00 A.M. (Date) (Day of Week) (Hour)

Services at St George Orthodox Church (Address)

Clergyman

Religion of the Deceased Greek Orthodox

Birthplace Pa

Resided in the State Pa

Place of Death Allegheny Gen Hosp (or U.S. or City or County) (Years) (Months)

Cause of Death Mitral Valve Insufficiency

Contributory Causes of Cancer 5 years

Certifying Physician Dr Anderson (or Coroner)

His Address Allegheny Gen Hosp

Motor / Ship { Remains to Mt Lebanon Cem.

Size of Casket 5'7" Hi Velvet Gold Crescent (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory { Mt Lebanon Cem EBR

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket Bronze Shroud		1986 —
Burial Vault or Box Steel (State Kind)		285 —
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Complete (State Kind and Color)		39 20
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. 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 Physician's or Coroner's)		14 00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Lum		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb F		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ F Singers, $ Organist, $ F		
Railroad or Motor Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
45 line Death Notices in 2 Papers (Names of Newspapers)		43 45
Sales Tax		
Total Footing of Bill	$	2410 65
Less	$	125 65
Balance	$	2285 00

McAVOY FUNERAL HOME

Entered into Ledger, page ____ or below.

Misc. INVOICE # 30859 PD Jan 27

PH PD 1/27

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant 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. 231 Yearly No. 27 Date of Entry Nov 30 1977

Name of Deceased WALTER CHAPMAN (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1937 Locust St

Charge to Pauline Chapman (Wife)

Address Above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War No

Occupation Steel Worker (Social Security Number)

Employer and Address J & L

Date of Death Nov 30 - 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 14 1903 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Chapman

His Birthplace .....

Maiden Name of Mother Ella Gardner

Her Birthplace .....

Date of Funeral Dec 3 1977 Sat 10 A M. (Date) (Day of Week) (Hour)

Services at Episcopal

Clergyman F R Matthews (Address)

Religion of the Deceased Catholic

Birthplace Virginia

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Cyril Wecht Coroner (or Coroner)

His Address 542 - 4th Ave

Motor / Ship } Remains to .....

Size of Casket 7 7 1/2 RVB (State Color and Number)

Manufactured by .....

Cemetery / Crematory } .....

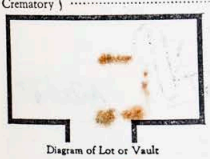


Diagram of Lot or Vault

Lot No. 271

Grave No. 4

Section No. 30

Block No. XD

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	1633 — T
Casket 6 P.B.A. Jasmine Antique		1380 00
Burial Vault or Box (State Kind)		250 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		Jam
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		V 6 00
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cem. Bill Plan		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Cem. Bill Plan		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		30 00
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Attn. Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mem 22.28		
15 line Death Notices in 4 Papers		42 45
(Names of Newspapers)		
Sales Tax	$	1708 45
Total Footing of Bills	$	75 45
Less ..... To Balance	$	1633 00
Entered into Ledger, page ..... or below.		163300

Misc. INV 37062 to Jan 27

D.M. PD 1127

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum. Signed .....

232

RECORD OF FUNERAL

Paid 380 Com in 1980

Total No. 232 Yearly No. 28 Date of Entry Dec 10 19 77

Name of Deceased DUSIA LYZYCKA ☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 2043 DeRand

Charge to Wasyl Lyzycka

Address Deceased

Order given by Mrs. Louetta Sweed (or informant)

How secured Insurance Mutty Hosp

If Veteran, Name of War N.C.

Occupation House duties 168289685 (Social Security Number)

Employer and Address

Date of Death Dec 10 - 1977 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 21 - 1913 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace

Maiden Name of Mother Unk

Her Birthplace Austria

Date of Funeral Dec 14 - 77 10 am M. (Date) (Day of Week) (Hour)

Services at St Hyacinth's

Clergyman F R Frenb (Address)

Religion of the Deceased Catholic

Birthplace Austria

Resided in the State Pa (or U.S. City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Cerebral hemorrhage Contributory Causes Malnutrition Dementia and Alzheimer's Disease

Certifying Physician R H L Berg (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to Calvary

Size of Casket 117CHL (State Color and Number)

Manufactured by Grand

Cemetery / Crematory } Calvary

Lot No. 17 Block 10

Grave No. 70

Section No. 16

Block No. X D

Owner

Misc.

Complete Funeral (except outlays)	$ 1000 00
Casket 6 Harpswood Bronze	1060 —
Burial Vault or Box — (State Kind)	235 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	60 —
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
1 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ Use of Chapel, $	30 —
Gross Total for Sales Tax	$
Outlay for Lot	100 —
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Foundation	350 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	—
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
10 line Death Notices in 2 Papers (Names of Newspapers)	21 80
Sales Tax	4000 (60 11 2nd)
Total Footing of Bill	$ 1506 80
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc. INV 37772 PD Jan 27 78

DN PD 1127

Date			Amount Paid	Balance	Date		Amount Paid	Balance
Dec	14	78 To Above Balance	1000 —	$ 506 80		To Balance Forward		$
		By Payment	$	$		By Payment	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 233 Yearly No. 29 Date of Entry Dec 16 19 77

Name of Deceased MARIE Mc GINNIS

☐ Married ☐ Single ☒ Widowed ☒ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 425 HOGE AVE. N. CASTLE PA 16201

Charge to EMMA WARD SISTER

Address 2316 BROWNSVILLE RD Pgh 15210

Order given by Edward (or Informant)

How secured

If Veteran, Name of War NO

Occupation COUNTY [illegible] 161-07-3215 (Social Security Number)

Employer and Address [illegible]

Date of Death Dec 16 (Mo.) 1977 (Yr.) FRI (Day) 845 AM (Hour)

Date of Birth OCT 17 1905 (Mo.) (Day) (Yr.) Age 72 (Yrs.) (Mos.) (Days)

Name of Father [illegible] PEOSIE

His Birthplace

Maiden Name of Mother BLANCHE MCGRAW

Her Birthplace

Date of Funeral 12/19/77 (Date) M- (Day of Week) 10 am (Hour) M.

Services at EPIPany

Clergyman (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 KITTANNING PA

Cause of Death Coronary Occlusion Arteriosclerosis

Contributory Causes

Certifying Physician (or Coroner)

His Address

Motor Ship } Remains to

Size of Casket 978 Greytone Alt 2 9 8 (State Color and Number)

Manufactured by INV 38026 - 12/20/77

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. [illegible] 1102 1115 170

Complete Funeral (except outlays)	$
Casket 2 Professional	1250 —
Burial Vault of Box 9 (State Kind)	215 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Clothing (State Kind and Color) ..... Hose, $	35 —
Slippers, $ ..... Tarpaulin, $	
Folding Chairs, $ ..... Candles, $	
Candelabrum, $ ..... Gloves, $	
Door Spray, $ ..... Ambulance, $	
Funeral Car, $ ..... @ $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
4 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 From	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 1 Papers	16 —
(Names of Newspapers) MCAVOY FUNERAL HOME	
Sales Tax [illegible]	
Total Footing of Bill	$ 1549
Less	$
Balance	$

PER

Entered into Ledger, page ..... or below.

Misc. INV 38026 PD Jan 27-

DN PD 1/27 1 mo. for month

Date		Amount Paid	Balance
1/26 78	To Above Balance	1294 00	$ 255 —
1/30 78	By Payment SS	$ 255 —	$ NONE
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

RECORD OF FUNERAL

Total No. 234 Yearly No. 1 Date of Entry Jan 06 1978

Name of Deceased ANGELINE MARINO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 617 MARIAN ST. Reg. 15215

Charge to SUSAN MARINO SISTER

Address as above

Order given by above (or informant)

How secured

If Veteran, Name of War No

Occupation Hospital Housekeeper 196-26-4899 (Social Security Number)

Employer and Address Mercy Hosp.

Date of Death Jan 06 - 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 21 1899 Age 78 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father ANTONIO MARINO

His Birthplace ITALY

Maiden Name of Mother MARIE JOSEPHUS

Her Birthplace

Date of Funeral Mon Jan 9 1978 10 A. M. (Date) (Day of Week) (Hour)

Services at Epiphany (Address)

Clergyman Fr. Matthew

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Pneumonia Unidentified

Contributory Causes Cong. HT. FAILURE

Arthritis

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 978 HL Mountford ENA (State Color and Number)

Manufactured by INVOICE

Cemetery / Crematory } INV. 12120/77

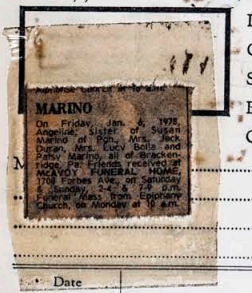
Lot No.

Grave No.

Section No.

Block No.

Owner



Complete Funeral (except outlays)	$ 843 —
Casket J. Murphy Guarantee	X 1495 —
Burial Vault or Box (State Kind)	285
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	✓
Suit or Dress	65 00
(State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District) 2 Certif. Copies of Death Certificates No.	4 00
(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, $	25 00
Railroad / or Motor { Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 2 Papers (Names of Newspapers) Post & Sun Boy FUNERAL PARLOR	32 01
Sales Tax	
Total Footing of Bill ..... $	1896 01
Less ..... $	53 40
Balance ..... $	1843 —
Entered into Ledger, page ..... or below.	

PAID

Misc. 398 78 W - INVOICE

4.18 DA Papers tax

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
1/18	78	To Above Balance	212	68	$				To Balance Forward			$	
1/18	78	By Payment	$ 268	10	$				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Edgerton, Jr., Pgh., Pa.

RECORD OF FUNERAL

Total No. 235 Yearly No. 2 Date of Entry JAN 6 1978

Name of Deceased DELLA CORCORAN

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)

Residence 2113 JUSTIN ST PGH 15219 or ..... of Age of Husband or Wife (if living) ..... Years

Charge to Edw. J. CORCORAN

Address 2015 MCALISTER RD PGH 15214

Order given by Niece (or informant)

How secured

If Veteran, Name of War

Occupation Human Relies (Social Security Number)

Employer and Address At Home

Date of Death JAN 6 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 02 1896 (Mo.) (Day) (Yr.) Age 81 (Yrs.) (Mos.) (Days)

Name of Father JOHN GRIFFIN

His Birthplace IRELAND

Maiden Name of Mother CATH BRADLEY

Her Birthplace —

Date of Funeral JAN 9 1978 MON 11 A.M. (Date) (Day of Week) (Hour)

Services at ST AGNES

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL

Cause of Death RESPIRATORY ARREST

Contributory Causes —

—

Certifying Physician DR THOMAS (or Coroner)

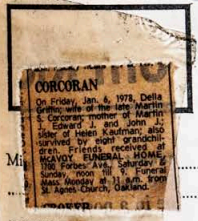
His Address MERCY HOSPITAL

Motor / Ship Remains to

Size of Casket (State Color and Number)

Manufactured by 1982 HL OLIVE GOLD 1960 WILSON

Cemetery / Crematory PNP


CORCORAN
On Friday, Jan. 6, 1978, Della Griffin, wife of the late Martin S. Corcoran; mother of Martin E., Edward J. and John J.; sister of Helen Kaufman; also survived by eight grandchildren. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave., Saturday & Sunday, noon till 9. Funeral Mass, Monday at 11 a.m. from St. Agnes Church, Oakland.

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	1772 00
Casket 8 Ton Jumbo Lined		1772 00
Burial Vault or Box (State Kind)		285 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		F
Suit or Dress		F
Slippers, $ (State Kind and Color) ..... Hose, $		F
Folding Chairs, $ ..... Tarpaulin, $		F
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		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 ..... Vault		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		25 —
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
12 line Death Notices in PITT. Papers (Names of Newspapers) McAVOY		52 34
Sales Tax	$	2 34
Total Footing of Bill	$	380 34
Less	$	1 87200
Balance		

Entered into Ledger, page ..... or below.

Misc. 39878 PL

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

RECORD OF FUNERAL

Total No. 236 Yearly No. 3 Date of Entry JAN 11 19 78

Name of Deceased JESSIE WHITE

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 1822 TUSTIN Pgh 15219 Age of Husband or Wife (if living) ..... Years

Charge to HARRY WHITE

Address above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NO

Occupation FACTORY WORK 172-14-2050 (Social Security Number)

Employer and Address .....

Date of Death JAN 11 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth NOV 13 1905 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father NOAH

His Birthplace PGH

Maiden Name of Mother MARY HALL

Her Birthplace .....

Date of Funeral JAN 12 1978 M. (Date) (Day of Week) (Hour)

Services at Chapel (Address)

Clergyman Finnegan

Religion of the Deceased Prot

Birthplace Pa

Resided in the State Pa (or U.S. or City or Country) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death CAP STOMACH TUMOR

Contributory Causes METASTASES TO LIVER

Certifying Physician R R ULRICH (or Coroner)

His Address Mercy Hosp

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Homestead

Diagram of Lot or Vault

Lot No. Garden

Grave No. 6

Section No. Rose

Block No. .....

Owner .....

Misc. Phone # Call Welfare

Rx P.J. —

		$	00
Complete Funeral (except outlays)		530	00
Casket		400	—
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		125	—
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ ..... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergymen, $ ..... Singers, $ ..... Organist, $			
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced		5	—
Out of town Funeral Director's Charges			
Personal Service			
.....line Death Notices in ..... Papers			
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	530	00
Less	$		
Balance	$	530	00

Entered into Ledger, page ..... or below.

Misc. 95 - Welfare Coming 8/11/78

Date		Amount Paid	Balance
FEB 29 78	To Above Balance	2 55	$
MAR 10 78	By Payment	$ 180 —	$ DPA
FEB 2 79	" "	$ 95 —	$
	" "	$ 530	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

RECORD OF FUNERAL

237

Total No. 237 Yearly No. 4 Date of Entry Jan 17 1978

Name of Deceased MARY ROTELLO ☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 715 Hamilton ST. New Castle

Charge to FRANK ROTELLO JR

Address 1767 SHENANGO VALLEY DRIVE

Order given by P.G. Pa 15943-276-2079 (or Informant)

How secured

If Veteran, Name of War NO

Occupation housewife (Social Security Number)

Employer and Address

Date of Death JAN 17 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9 22 1914 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father AUGUSTINO BARCELLO

His Birthplace ITALY

Maiden Name of Mother ROSALIA FLORA

Her Birthplace ITALY

Date of Funeral JAN 21 1978 (Date) (Day of Week) (Hour) M.

Services at CHAPEL (RAIN WEATHER)

Clergyman F.R. MATTHEW (Address)

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Home New Castle Pa.

Cause of Death FULMINATING LOBAR BRONCHO

Contributory Causes PNEU MONIA - Cardiac

Vascular Accident Brain SYNDROME

Certifying Physician M. D. Coroner (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 107 HL Bronze Copper (State Color and Number)

Manufactured by

Cemetery / Crematory } CALVARY

Lot No.

Grave No.

Section No. MA

Block No.

Owner

Complete Funeral (except outlays)	$ 1696 70
Casket	1480 —
Burial Vault or Box (State Kind)	235 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	35 —
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	8 00
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	25 —
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	100 —
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 2 Papers	38 70
(Names of Newspapers) SAVOY FUNERAL HOME	
Sales Tax 3% 3/17	$ 1831 70
Total Footing of Bill	$ 185 00
Less Balance	$ 1696 70

Entered into Ledger, page 46 or below.

PER

Misc. C - B.V.K. (INVOICE 40895W)
P - R.N.R.V.

ROTELLO

On Tues., Jan. 17, 1978, Mary beloved wife of the late Frank Rotello; mother of John, Mrs. Betty Porter and Frank Jr.; sister of Mrs. Jennie Nolino, Mrs. Esther Priore and James and Frank Barbelo and the deceased Mrs. Angeline Sargo Celli; also survived by seven grandchildren. Friends received Thurs. & Fri. noon till 9 at McAVOY FUNERAL HOME, 1100 Forbes Ave. Funeral on Sat. from Epiphany Church at 10 a.m. Entombment

Date		Amount Paid	Balance
11/13/ 77	To Above Balance	106 70	1590 76
3/3/78	By Payment	$100.00 —	$ 590 00
4/27 78	" "	$ 300.00 —	$ 290 —
9/21/ 78	" "	$ 290 —	$ None
	" "	$	$ ~~Paid~~
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

238

RECORD OF FUNERAL

Total No. 238 Yearly No. 5 Date of Entry Jan 18 19 78

Name of Deceased BARBARA HOGAK
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 1833 LOCUST ST Ross Twp
Age of Husband or Wife (if living) ..... Years

Charge to BETTY HOGAK

Address as above

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War NA

Occupation HOUSEWIFE (Social Security Number)

Employer and Address .....

Date of Death JAN 18 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 18 1895 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MARKO ZANJAR

His Birthplace Austria

Maiden Name of Mother Unk

Her Birthplace Austria

Date of Funeral Jan 21 78 (Jan 23) M. (Date) (Day of Week) (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace PWSTRIA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MONTEFIORE HOSP

Cause of Death Respiratory arrest

Contributory Causes Pulmonary Edema Cong Ht failure

Certifying Physician M. S. Lashkary (or Coroner)

His Address Montefiore Hosp.

Motor } Remains to .....
Ship }

Size of Casket 579HL Bl Bellaire Cover Cream (State Color and Number)

Manufactured by FIW

Cemetery } .....
Crematory }

day at 10 a.m.
HOGAK
On Wed., Jan. 18, 1978, Barbara; beloved wife of the late Jacob; mother of Peter, Michael, Betty, Jack and Mrs. Ann Fazio; also nine grandchildren. Friends received Thurs. & Fri. 2-4 & 7-9 at McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mass on Sat., 11 a.m. in St. Nicholas Church, E. Ohio St. Interment St. Nicholas Cemetery, Ross Twp.

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

McAVOY FUNERAL HOME
(Names of Newspapers)
PER .....

Complete Funeral (except outlays)	$ 1355 —
Casket 8 Pantynomial Bronze	1305 —
Burial Vault or Box Burial Vault (State Kind)	215 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress	55 —
Slippers, $ ..... (State Kind and Color) Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (State Number and District)	
3 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	6 —
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	F
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	F
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	F
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	+
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 2 Papers	24 —
Sales Tax 1.7%	
Total Footing of Bill	$ 1605 —
Less	$ 50 —
Balance	$ 1555 —

Entered into Ledger, page ..... or below.

Misc. C-R P.P
P-A.L.I

INVOICE
40895W

Date		Amount Paid	Balance
Jan 21 78	To Above Balance	1505 —	$ 100 —
Feb 1 78	By Payment	$ 50 —	$ 50 —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 739 Yearly No. 6 Date of Entry Feb 26 1978

Name of Deceased CHARLES R McCURK

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race) Age of Husband or Wife (if living) ..... Years

Residence 2007 SAW MILL RUN BLVD

Charge to Pgh. 15210

Address Helen Rodgers (Cabana)

Order given by Alliance (or Informant)

How secured

If Veteran, Name of War NC

Occupation Pressman 168-03-8790 (Social Security Number)

Employer and Address Pgh. Press

Date of Death 2-22-78 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 30 1914 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk McCURK

His Birthplace Pa

Maiden Name of Mother Alice McGowan

Her Birthplace Pa

Date of Funeral 3-1-78 (Date) (Day of Week) (Hour) M.

Services at Ed Phaney (Address)

Clergyman JR Hamm

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. City or County) (Years) (Months)

Place of Death Forbes Hospital

Cause of Death Coma

Contributory Causes Pneumonia Diabetes Mellitus

Certifying Physician Rev. J Flanagan MD (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to Calvary

Size of Casket 127 2HL DK COPPER Brand (State Color and Number) H7

Manufactured by 1443 Eggleston Ave. Phila. Pa.

Cemetery / Crematory } Calvary - E U R

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. 55 N 719 In 4115/78 721-5548 in

Complete Funeral (except outlays)	$	1255 00
Casket Professional Services		1495 —
Burial Vault or Box (State Kind)		245 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		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 Cem County Billed		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad or Motor } Tickets, $ ..... Aero-plane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Emplyee Comm		
Outline Death Notices in ..... Papers. Trib		
(Names of Newspapers) Post Gaz 3 Mar 78		
Sales Tax	$	1.79 00
Total Footing of Bill	$	24 00
Less P.I.S.C Balance	$	17.55 00
Entered into Ledger, page ..... or below.		

Misc. INVOICE 318178 #44774 PD 4/6/78

Date			Amount Paid	Balance	Date			Amount Paid	Balance
3/30	78	To Above Balance	15 00	$ 255 00		To Balance Forward			$
4/30	78	By Payment Mercy 8/31/78	$ 255 —	$ NONE		By Payment		$	$
		" "	$	$		" "		$	$
		" "	$	$		" "		$	$
		" "	$	$		" "		$	$
		" "	$	$		" "		$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

240

RECORD OF FUNERAL

Total No. 240 Yearly No. 7 Date of Entry 3-22 1978

Name of Deceased JAMES R STARK

☐ Married ☐ Single ☒ Widowed ☐ Divorced

☐Husband ☐Wife ☐Widow } of ..... of } (What Race) Age of Husband or Wife (if living) ..... Years

Residence 5630 ELGIN

Charge to KENT RANDY BARNER

Address 1340 Arkansas Coal

Order given by Lyle Phone 15216 (or informant)

How secured

If Veteran, Name of War N.A.

Occupation Steam Fit 301-01-9081 (Social Security Number)

Employer and Address Retired

Date of Death 3-16-78 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12/11/96 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph STARK

His Birthplace V

Maiden Name of Mother Mary WEAVER

Her Birthplace

Date of Funeral 3-20-78 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Morgan (Address)

Religion of the Deceased Protestant

Birthplace Pa

Resided in the State 78 (or U.S. or City or County) (Years) (Months)

Place of Death Presbyterian Main Hospital

Cause of Death Respiratory Arrest

Contributory Causes Coronary Obstruction

Lung Disease Hypertension Cerebral

Certifying Physician R. Hunt Walker (or Coroner)

His Address Presbyterian Hosp

Motor / Ship } Remains to

Size of Casket E.S.T. Square (State Color and Number)

Manufactured by Sampsel

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. 48

Grave No. 7

Section No. 60

Block No.

Owner

Misc. 35 721-719 VA

Complete Funeral (except outlays) $	
Casket	961.00
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) Grandy	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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)	4.00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Family Cemetery Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	10.00
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in Papers	16.50
(Names of Newspapers) Kent 3/22/78	
Sales Tax McAVOY FUNERAL HOME	
Total Footing of Bill $	1229.50
Less $	
Balance $	

Entered into Ledger, page ..... or below.

Misc. Pd. JMiller

Date		Amount Paid	Balance
3/20 78	To Above Balance	500 —	729 50
4/20 78	By Payment Cynthia Barner	$ 969 50	$ 255 —
5/30 78	" "	$ 255 —	$ None
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

RECORD OF FUNERAL

241

D.P.A.

Total No. 241 Yearly No. 8 Date of Entry 3-21 1928

Name of Deceased INFANT EDU SINCLAIR Albrecht (D.P.A.)

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 95 Habermann Cons. Pa. 15211 ☐ Husband ☐ Wife ☐ Widow of } Age of Husband or Wife (if living) Years

Charge to D.P.A. (ROSE ANN SINCLAIR)

Address Calvary

Order given by Calvary (or Informant)

How secured

If Veteran, Name of War

Occupation (Social Security Number)

Employer and Address

Date of Death 3-18-28 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3-18-28 (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father Unknown

His Birthplace "

Maiden Name of Mother Rose Ann Sinclair

Her Birthplace Pa.

Date of Funeral Mar. 21 (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Pa.

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Septicemia Separation

Contributory Causes Ag. Prematurity

Certifying Physician R. Krulish (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. F.H.R.M. IN MAU

Complete Funeral (except outlays)	$	
Casket Infant Sinclair		50 00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cemetery Charges		35 00
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad / Motor { Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Papers (Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax	$	85 00
Total Footing of Bill	$	
Less	$	
Balance		

PAID Mar 21 28

Entered into Ledger, page or below.

PER

Misc.

Date		Amount Paid	Balance
	To Above Balance		$
Mar 21 28	By Payment 75 85		$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

RECORD OF FUNERAL

Total No. 242 Yearly No. 9 Date of Entry APRIL 2 19 78

Name of Deceased PAUL J McCAFFREY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5319 HIGHGROVE ROAD PGH 36 ☐Husband ☐Wife ☐Widow of ... Age of Husband or Wife (if living) ... Years

Charge to VINCENT J McCAFFREY

Address 530 WEYMAN RD PGH 15236 884 2309

Order given by ... (or informant)

How secured ...

If Veteran, Name of War ... W.W. II 331498 13

Occupation CLERK (Social Security Number)

Employer and Address FOTO LIGHTING CO.

Date of Death August 2 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth NOV 30 1919 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JAMES J McCAFFREY

His Birthplace ...

Maiden Name of Mother MARIE REID DONAHUE

Her Birthplace ...

Date of Funeral 4 6 78 (Date) (Day of Week) (Hour) M.

Services at ST PAUL

Clergyman P CONNELL (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or Country) (Years) (Months)

Place of Death PA

Cause of Death CANCER

Contributory Causes ...

Certifying Physician CORONER WEST (or Coroner)

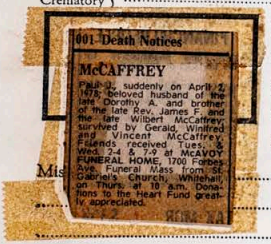
His Address MORGUE 4TH AVE

Motor / Ship Remains to CREMO

Size of Casket # 1423 ROYAL (State Color and Number)

Manufactured by ...

Cemetery / Crematory ...


001 Death Notices

McCAFFREY

Paul J., suddenly on April 2, 1978, beloved husband of the late Dorothy A. and brother of the late Rev. James F. and the late Wilbert McCaffrey; survived by Gerald, Winifred and Vincent McCaffrey. Friends received Tuesday, Wed. 2-4 & 7-9 at McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mass from St. Gabriel's Church, Whitehall, on Thurs. at 10 a.m. Donations to the Heart Fund greatly appreciated.

Lot No. 563

Grave No. 1

Section No. T

Block No. ...

Owner ...

Mis ...

Complete Funeral (except outlays)	$ 1784 00
Casket	1530 00
Burial Vault or Box	—
Embalming Body (State Kind)	250 —
(Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from ...	
Taking Remains to ...	
Trip to Coroner's Inquest ...	
Delivering Box to ...	
Deliver Flowers to ...	
Removal Charges ...	
Procuring Burial Permit ...	
10 Certif. Copies of Death (State Number and District) Certificates No. (State Physician's or Coroner's)	20 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 ... E	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges ... E	
Clergymen, $ ... Singers, $ ... Organist, $	N.C.
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges ...	
Cash Advanced ...	
Out of town Funeral Director's Charges ...	
Personal Service ...	
5 line Death Notices in 3 Papers (Names of Newspapers)	45 75
Sales Tax ...	
Total Footing of Bill ...	$ 2095 75
Less ...	$ 2095 25
Balance	$

McAVOY FUNERAL HOME

Entered into Ledger, Page ... or below.

Misc. BEP J.H.VOLK 47340 RTV

PD 5/10/78

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ...

Address ...

RECORD OF FUNERAL

243

Total No. 243 Yearly No. 10 Date of Entry APRIL 4 1978

Name of Deceased THOMAS J TAVANO

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race) Age of Husband or Wife (if living) ..... Years

Residence 1711 FORBES AVE

Charge to SYLVIA TAVANO

Address Abroad

Order given by (or Informant) 471-8513

How secured

If Veteran, Name of War NO

Occupation P Race Worker 166-07-1697 (Social Security Number)

Employer and Address P.G.I. PGH.

Date of Death April 4 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 3/10/041 (Mo.) (Day) (Yr.) Age 74 (Yrs.) (Mos.) (Days)

Name of Father LOUIS TAVANO

His Birthplace

Maiden Name of Mother Unk

Her Birthplace

Date of Funeral April 8 1978 (Date) (Day of Week) (Hour) M.

Services at Erasure

Clergyman Conca (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death At Home

Cause of Death Cardiac Pulmonary Arrest

Contributory Causes Pneumonia

Chronic Obstructive Lung Disease

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 476 HL 189A Grayseal (State Color and Number)

Manufactured by PBR Factories

Cemetery / Crematory } J J Cobaugh's

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	2042 — T
Casket 7 Progressed Bronze		1780 —
Burial Vault or Box (State Kind)		250 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)		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, $		25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in ..... Papers		EREG
(Names of Newspapers) McAVOY FUNERAL HOME		
Sales Tax 4/12/78	$	2078 00
Total Footing of Bill	$	36 00
Less	$	2042 00
Balance		

Entered into Ledger page Clerk below.

Misc. IN Voice 47340 4/10/78 PBR

PD 5/11/78

Date		Amount Paid	Balance
4/25/78	To Above Balance	1542 00	$ 500 —
4/26/78	By Payment	$ 500 —	$ Have
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 244 Yearly No. 11 Date of Entry April 24 1978

Name of Deceased ~~[illegible]~~ GIUSEPPE BATTAGLIA

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1845 LOCUST ST Pgh. 15219

Charge to MARIA BATTAGLIA

Address above

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War NO

Occupation Steel Worker 202-28-0573 (Social Security Number)

Employer and Address Duquesne SLAG INC

Date of Death APRIL 24-1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 8 1915 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father DOMENICO BATTAGLIA

His Birthplace ITALY

Maiden Name of Mother MADDALENA SALCA

Her Birthplace ITALY

Date of Funeral April 26 1978 10 A M. (Date) (Day of Week) (Hour)

Services at ST PHILOMENA

Clergyman Bishop McDevitt (Address)

Religion of the Deceased .....

Birthplace .....

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death .....

Contributory Causes .....

Certifying Physician ..... (or Coroner)

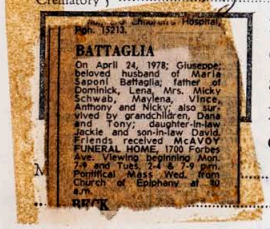
His Address .....

Motor / Ship } Remains to .....

Size of Casket 242HL GOLDTONE Sealer (State Color and Number)

Manufactured by E & L Co. E.A. Lilic

Cemetery / Crematory } Calvary



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 2505 00
Casket 9 Professional Bronze	1995 —
Burial Vault or Box FLAT TOP (State Kind)	385 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete (State Kind and Color)	75 —
Slippers, $ ..... Hose, $	15 —
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	55 —
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (State Number and District)	
$ ..... Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	16 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot F	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb F	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	30 —
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
76 line Death Notices in 2 Papers	32 44
McAVOY FUNERAL HOME (Names of Newspapers)	
Paid	
Sales Tax	
Total Posting of Bill	$ 2543 44
Less	$ 38 44
Balance	$ 2505 00

PP Transferred into ledger, page ..... or below.

Misc. INVOICE 4841 3 Date 4/27/78

PO 5/10/78

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

RECORD OF FUNERAL

Total No. 245 Yearly No. 12 Date of Entry April 25 1978

Name of Deceased LOUIS TALLERICO (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 47 VAN BRAAM ST / 11219

Charge to NELVA TALLERICO

Address ABOVE

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War NO

Occupation STEEL WORKER (Social Security Number)

Employer and Address LENINSAN STEEL (Poland)

Date of Death APRIL 25 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 14 1900 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father SAMUEL TALLERICO

His Birthplace ITALY

Maiden Name of Mother MARY LOGANTE

Her Birthplace ITALY

Date of Funeral APRIL 29-1978 Sat 10 a.m. M. (Date) (Day of Week) (Hour)

Services at EPIPHANY CHURCH (Address)

Clergyman .....

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP BKN

Cause of Death MYOCARDIAL INFARCTION

Contributory Causes —

—

Certifying Physician DR. K. BARRON (or Coroner)

His Address MERCY HOSP

Motor / Ship } Remains to .....

Size of Casket 342 HL LUMINOUS SILVER

Manufactured by 1409LT BLUE BLANK CREPE (EUK) (State Color and Number)

Cemetery / Crematory } CALVARY

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

TALLERICO

Suddenly on Tues., April 25, Louis Tallerico Sr., beloved husband of Nelva; father of Mrs. Margie Urgitus, Mrs. Sarah Rich, Mrs. Mary Belkin, Sam A., Louis A. Jr., Mrs. Joan Dreba and Peter Tallerico; also survived by 15 grandchildren and four great-grandchildren; brother of Joseph, Peter, Frank, Mrs. Helen Jaskolski, Mrs. Mary Lucken and the late Mrs. Theresa Cerminaro. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave. beginning Wed. 7-9 p.m. and Thurs. and Fri. 2-4 & 7-9 p.m. Funeral Mass on Sat. from Church of Epiphany at 10 a.m.

Complete Funeral (except outlays)	1582 00
Casket PROFESSIONAL SERVICE	1649 00
Burial Vault (State Kind)	265
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress SHIRT - UNDERWEAR - TIE (State Kind and Color)	15 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	14 —
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot F	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb F	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	30 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
2 line Death Notices in 3 Papers Wed Thurs Fri (Name of Newspapers)	6.8 6.7
McAVOY FUNERAL HOME	
Sales Tax 3 1/2 %	
Total Footing of Bill	$ 2027 67
Less D.I.S.C.	$ 40 67
Balance	$ 1987 00
Entered into Ledger, page ..... below	
Misc. LRB = 2	Insurance 418745
	PD 6/23/78

Date			Amount Paid	Balance
5/12	78	To Above Balance	1500 —	$
5/23	78	By Payment	$ 487 —	$ HOME
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 246 Yearly No. 13 Date of Entry June 16 19 78

Name of Deceased MARIE GUARASCIO (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 69 VAN BRAAM Sq. H.

Charge to John GUARASCIO

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 June 16 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 14 1918 Age 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father FELICIA ANTONIO

His Birthplace Italy

Maiden Name of Mother ROSA DISIMONE

Her Birthplace Italy

Date of Funeral June 19 1978 11 A.M. (Date) (Day of Week) (Hour)

Services at E. P. Pkwy

Clergyman F R Lenci (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 59 (or U.S. or City or County) (Years) (Months)

Place of Death Peace Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician .....

His Address Mercy (or Coroner) Hospital

Motor / Ship Remains to Calvary

Size of Casket 978 HL-EE (State Color and Number)

Manufactured by Aurora

Cemetery / Crematory Calvary



Lot No. .....

Grave No. .....

Section No. .....

Block No. Crypt

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	1757 00
Casket Professional Engineered		1685 —
Burial Vault or Box Crypt (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress S4 72 T 6 00 (State Kind and Color)		57 48
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)		
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 CRYPT		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		30 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 2 Papers (Names of Newspapers) Sun Pitt 178 18 109 143 Trib Rev		33 41
Sales Tax		
Total Footing of Bill	$	1877 89
Less McAVOY FUNERAL HOME	$	65 89
Balance		1757 00

Entered into Ledger, page ..... or Folio .....

Misc. INV 023 6/26/78

PER

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 247 Yearly No. 14 Date of Entry June 17 1928

Name of Deceased CATHERINE DUNN

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence 209 VAN BRAAM ST Long Beach

Age of Husband or Wife (if living) ..... Years

Charge to RICHARD MORTUARY

Address 3927 Brunswick P.O. Phone 27

Order given by Richard Mortuary

(or informant)

How secured 10:24 - 11:06 Leave Seattle

If Veteran, Name of War Spanish American

Occupation Housewife (Social Security Number) 183-32-1814

Employer and Address Widow

Date of Death June 12-1928 4:30 PM

(Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 26-1853 Age 75

(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MICHAEL DUNN

His Birthplace

Maiden Name of Mother Unk

Her Birthplace Ireland

Date of Funeral June 20-1928 10 A. M.

(Date) (Day of Week) (Hour)

Services at I.O.O.F. Bldg

Clergyman

(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 Farm Road Seattle Wash

Cause of Death METASTASIS Carcinoma of Larynx

Contributory Causes Arteriosclerosis Old

Carcinoma of Larynx Contributory Arteriosclerosis

Certifying Physician Vail Baker MD

(or Coroner)

His Address 1515 Alaska Phone 15219

Motor / Ship } Remains to Calvary

Size of Casket #1 Panel Silver Hat R.P.B.

(State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. 597

Grave No. 11 & 12

Section No. 20

Block No.

Owner

Misc. ES all in INS IN

Complete Funeral (except outlays)	$	
Casket Full Length Bronze	1110	—
Burial Vault or Box (State Kind)	2 95	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	35	—
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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.	6	00
Pall Bearer Service, $ ..... (State Physician's or Coroner's) Use of ~~Chapel~~, $	30	00
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	12	00
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in ..... Papers	18	00
(Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill	$	1531
Less	$	
Balance	$	

8/8/28 PAID

Entered into Ledger, Page ..... or below.

PER

Misc. Ins. 02500

Date			Amount Paid	Balance
6/30	28	To Above Balance	15 00 —	$ 31 —
8/8	28	By Payment Richard M	$ 31 —	$ NONE
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 248 Yearly No. 15 Date of Entry January 26 1978

Name of Deceased ANTHONY J TREMEL JR Native of PA (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow of ... Age of Husband or Wife (if living) ... Years

Residence 1515 WASH. PLAZA APTS

Charge to SISTER MARY GILES

Address 4787 W. LONG VIEW DR Pgh 27

Order given by above (or Informant)

How secured

If Veteran, Name of War II

Occupation DRAFTSMAN 210-05-7337 (Social Security Number)

Employer and Address KOPPERS CO

Date of Death January 26 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 8 1910 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ANTHONY J TREMEL

His Birthplace

Maiden Name of Mother MARY ANTOINETTE

Her Birthplace

Date of Funeral Jan 29 1978 Sun 10A M. (Date) (Day of Week) (Hour)

Services at HOLY NAME

Clergyman Father Wagner (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State 16 (or U.S. or City or County) (Years) (Months)

Place of Death at Residence

Cause of Death Coronary

Contributory Causes

Certifying Physician Capt. Nick Cramer (or Coroner)

His Address 313 CITY COUNTY BLDG

Motor / Ship Remains to

Size of Casket INV 63186 (State Color and Number)

Manufactured by

Cemetery / Crematory

Lot No. 21

Grave No. 5

Section No. E

Block No.

Owner Mr. Tremel

TREMEL

On Mon., June 26, 1978 Anthony J. Jr., beloved son of the late Anthony and late Mary; dear brother of Sr. Giles C.S.J. and Clarence Tremel; also survived by nephews, Charles and James Lomb. Friends received Tues. 7-9 p.m. and Wed. 2-4 & 7-9 p.m. at the JOSEPH M. McAVOY FUNERAL HOME, 5900 Forbes Ave. Funeral Mass from Church of the Epiphany on Thurs. at 10 a.m. Interment North Side Catholic Cemetery.

Complete Funeral (except outlays)	$
Casket Protective Covered Bronze	1623 00
Burial Vault or Box Acadian (State Kind)	350 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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)	24 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Family	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	35 —
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 3 Papers (Names of Newspapers) Pgh Press	50 85
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 2127 85
Less 7/1/21	$
Balance	$
Entered in Ledger Page ... or below.	
Misc. BER	

PAID

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. 249 Yearly No. 16 Date of Entry July 8 1978

Name of Deceased DIANA KOPLOS

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1242 KELTON AVE. Phone 1526

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Helen Fries - 552 4661 Falcon

Address ABOVE Mezzanine

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War No

Occupation Seamstress - 182-12-5321 (Social Security Number)

Employer and Address Self

Date of Death July 8 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13 - 24 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ----- DIMOSTHENES

His Birthplace GREECE

Maiden Name of Mother HELEN PATEROS

Her Birthplace GREECE

Date of Funeral July 11 1978 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Orthodox

Birthplace GREECE

Resided in the State 24 (or U.S. or City or County) (Years) (Months)

Place of Death St. Mary's

Cause of Death Cancer

Contributory Causes .....

Certifying Physician Capt. Wm. H. Mc Mc

His Address 542 4th Ave. Pgh. 15

Motor / Ship Remains to .....

Size of Casket 1170 Ht. Color

(State Color and Number)

Manufactured by .....

Cemetery / Crematory Penn Lincoln Memorial Park

KOPLOS

On Sat. July 8, 1978, Diana, beloved mother of Madeline Karms, Helen Fries, Joyce Koplos, and Patricia Butler, also survived by 16 grandchildren, and three great-grandchildren. Friends received beginning Sun. 2 p.m. at the JOSEPH M. McAVOY FUNERAL HOME 1700 Forbes Ave. Funeral Tues. morn. with blessing service at 10 a.m.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. Blessing Mr. & Mrs. Emmanuel Cousins Joseph

Complete Funeral (except outlays)	$
Casket 7 Professional Funeral	1185 —
Burial Vault or Box N.G.N.E. (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $ 6	1 49 —
Suit or Dress 35	
Slippers, $ 5 Hose, $ 3 (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)	
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Family	-
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
11 line Death Notices in 2 Papers	33 24
Sun 2 Mon - 9 10th (Names of Newspapers)	
McAVOY FUNERAL HOME	
Sales Tax	$
Total Footing of Bill 1284 28	$ 1284 28
Less	$
Balance	
Entered into Ledger, page ..... or below.	
PER Starling	
Misc.	

Date		Amount Paid	Balance
7/10 78	To Above Balance	331 —	$ 965 24
7/19 78	By Payment Cash Mailed	$ 615 50	$ 349 74
7/26 78	" " Funeral	$ 349 74	$ —
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California

250

RECORD OF FUNERAL

Total No. 250 Yearly No. 17 Date of Entry AUG 18 19 78

Name of Deceased MICHAEL J JORDAN AKA JORDON (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 823 TRIPOLI ST.

Charge to ROBERT JORDAN

Address 1538 LUCILLE DR.

~~Order given by~~ PHPA 15234 (or informant)

How secured

If Veteran, Name of War N.A.

Occupation MAINTENANCE 168018438 (Social Security Number)

Employer and Address DIVINE PROVIDENCE HOSP.

Date of Death AUG 18 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 26 1913 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father AUSTIN JORDAN

His Birthplace

Maiden Name of Mother NELLIE [illegible]

Her Birthplace

Date of Funeral AUG 21 1978 (Date) (Day of Week) (Hour) M.

Services at ST PHILIPS (Address)

Clergyman FR CANICE

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death DIVINE PROV. HOSPITAL

Cause of Death BRAIN CA

Contributory Causes BRONCHIAL

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 72 HL (State Color and Number) RVA

Manufactured by

Cemetery / Crematory } Calvary

Lot No. 220

Grave No.

Section No. K

Block No.

Owner

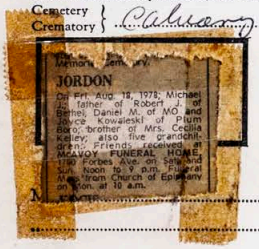
Entered into Ledger page ..... or below.

PER

Misc.

Complete Funeral (except outlays)	$	1761 09
Casket Bronze Permanent Armored		1395 —
Burial Vault or Box (State Kind)		295 —
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Jean (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		50 —
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		10 —
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Family		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		30 —
Railroad or Motor { Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers		51 09
(Names of Newspapers) E.D.J. Sun S.U.N. Post		
MCAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill Aug 21 78	$	1764 09
Less	$	
Balance	$	

PAID



Date			Amount Paid	Balance	Date			Amount Paid	Balance
9	7	78	To Above Balance 1761 09	None			To Balance Forward		
			By Payment				By Payment		
			" Life				" "		
			" "				" "		
			" "				" "		
			" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

SHIPPING

RECORD OF FUNERAL

SHIPPING 251

Total No. 251 Yearly No. 18 Date of Entry August 25 1978

Name of Deceased HAROLD BENNETT (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 36 SOUTH ST WASHINGTON CO

Charge to H. PATRICK McCUEY & BUSH F.H.

Address 122 TOMPKINS ST

Order given by CORTLAND N.Y. 13045 (or informant)

How secured 607-753-7516

If Veteran, Name of War N.A.

Occupation LABORER (Social Security Number)

Employer and Address Unk

Date of Death AUG 25 - 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth FEB 1 1921 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father OLIVER BENNETT

His Birthplace

Maiden Name of Mother CLEDA HINKLE

Her Birthplace

Date of Funeral AUG 30 - 1978 (Date) (Day of Week) M. (Hour)

Services at Mission Park F.H.

Clergyman (Address)

Religion of the Deceased R.C.C.

Birthplace N.Y.

Resided in the State 20 (or U.S. or City or County) (Years) (Months)

Place of Death McClay Hospital

Cause of Death Coronary Occlusion & Infarction

Contributory Causes

Certifying Physician Cyril Wain - Coroner (or Coroner)

His Address 5 Ash Ave Cort. N.Y.

Motor / Ship } Remains to CORTLAND N.Y.

Size of Casket LITTER (BY SELLER/OUR) (State Color and Number)

Manufactured by

Cemetery / Crematory } CORTLAND RURAL CEM.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	100 —
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from Hospital	39 —
Taking Remains to Morgue	37 —
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	
Railroad / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	10 —
Personal Service	
line Death Notices in Papers	
(Names of Newspapers)	
Sales Tax Collected	$ 177 —
Total Footing of Bill 1779	$
Less	$
Balance	
Entered into Ledger, page or below.	

Misc. BILLED 9/4/78

Date		Amount Paid	Balance
7/30 79	To Above Balance	177 —	$ HOME
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. 252 Yearly No. 19 Date of Entry SEPT 4 1978

Name of Deceased MARY ANDRICIK (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 2017 ½ TUSTIN ST

Charge to George Andricik

Address 1444 ALABAMA AVE Blairsville

Order given by Edward (or Informant)

How secured

If Veteran, Name of War N.A.

Occupation Cook 7 (Social Security Number)

Employer and Address Retired

Date of Death SEPT 4 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 22 1906 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk.

His Birthplace

Maiden Name of Mother Unk.

Her Birthplace

Date of Funeral Sept 8, 78 - FRI M. (Date) (Day of Week) (Hour)

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace Pa.

Resided in the State Pa. (or U.S. or City or County) (Years) (Months)

Place of Death Indiana Hosp.

Cause of Death

Contributory Causes

Certifying Physician Wenk

His Address 542 - 11th Ave (or Coroner)

Motor / Ship Remains to

Size of Casket EWL (575HL) White (State Color and Number)

Manufactured by Gold Seal

Cemetery / Crematory Homewood Crematory Pa


of Jerusalem Church.
ANDRICIK (Yurko)
On Mon. Sept. 4, 1978, Mary, wife of Michael, mother of Mrs. Mary Weir and George Andricik and the late Michael Andricik Jr., grandmother of Sandra Stewart and Mrs. Sandra Blakely, also one great-grandson, Shawn Mitchell. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave. Wed. & Thurs. noon til 9, where Funeral and Blessing services will be held on Fri. at 10 a.m.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)		$
Casket Standard Bronze	1	2035 —
Burial Vault or Box FTL (State Kind)	1	325 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $	1	50 —
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	10 —
Pall Bearer Service, $ ..... Use of 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, $ N/C Singers, $ ..... Organist, $	1	25 —
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 2 Daily Papers Pgs 1		46 40
2 Pgs 1 Col (Names of Newspapers)		
McAVOY FUNERAL HOME		
Sales Tax		
Total Footing of Bill		$ 2491 40
Less		$
Balance		$

Entered into Ledger, page ..... or below.

PER

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

RECORD OF FUNERAL

D.P.A
253

Total No. 253 Yearly No. 20 Date of Entry Oct. 12 19 78

Name of Deceased INFANT DAWSON

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } (What Race)
of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1811 BLVD OF ALLIES

Charge to PATRICIA DAWSON (DPA)

Address Mars

Order given by M.S. CARTER SOCIAL (or Informant)

How secured West Mercy Hospital

If Veteran, Name of War .....

Occupation INFANT (Social Security Number)

Employer and Address .....

Date of Death Oct 12 1978 Still Born (Mo.) (Day) (Yr.) (Hour)

Date of Birth Still Born Age (Mo.) (Day) (Yrs.) (Mos.) (Days)

Name of Father Ronald D. Dawson

His Birthplace .....

Maiden Name of Mother Patricia McCloughlin

Her Birthplace PA

Date of Funeral ..... M. (Date) (Day of Week) (Hour)

Services at Calvary

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace .....

Resided in the State ..... (or U.S. or City or Country) (Years) (Months)

Place of Death Mercy Hosp.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Keyd Kyn MD (or Coroner)

His Address Mercy Hospital

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 Compassion	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 ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (State Number and District)	
.....Certif. Copies 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 Dom Chapel	35 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aero-plane Service $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service 11-31-78 J.M.C. PER	
.....line Death Notices in ..... Papers	
(Names of Newspapers) JOSEPH M. McAVOY FUNERAL HOME 1700 FORBES AVENUE PITTSBURGH, PA. 15219 PHONE: 391-0667	
Sales Tax	
Total Footing of Bill	$ 85 —
Less ..... Balance	$
Entered into Ledger, page ..... or below.	$

Misc. (Coll. 1978)

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12/79	To Above Balance	85 —	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and 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 .....

254

RECORD OF FUNERAL

Total No. 254 Yearly No. 31 Date of Entry Oct 20 1978

Name of Deceased PATRICK J EGAN JR

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of { Age of Husband or Wife (if living) Years

Residence 1626 Locust St Lgh 19

Charge to MARY Sheehan

Address Abouve

Order given by Abouve (or informant)

How secured Phone 7-6-1-5-9-3-0

If Veteran, Name of War N/A

Occupation Construction 209 01 6723 (Social Security Number)

Employer and Address Retired

Date of Death Oct 20 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 21 1914 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Patrick J Egan

His Birthplace Ireland

Maiden Name of Mother Mary Reedy

Her Birthplace Ireland

Date of Funeral Oct 23 1978 10 A.M. (Date) (Day of Week) (Hour)

Services at Fr Boyle

Clergyman Matthew Hansen (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Intestinal CA Mets

Contributory Causes

Acute Malnutrition

Certifying Physician Dr R Baron (or Coroner)

His Address Mercy Hospital

Motor } Remains to
Ship }

Size of Casket 1077 Ht (F R R) (State Color and Number)

Manufactured by Aboue

Cemetery } Calvary
Crematory }



Lot No. 492

Grave No. 4

Section No. K

Block No.

Owner

M

SS & Bound in an Urn

All in Bronze Marker Ordered

Complete Funeral (except outlays)	$
Casket	1495 —
Burial Vault or Box F.T.I. (State Kind)	365 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Complete Outfit (State Kind and Color)	65 —
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Family	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Family	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	25 00
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 2 Papers	33 24
Jul Dun 9 12 17 22 (Names of Newspapers)	
Paid (11/3)	
Sales Tax 12/24	
Total Footing of Bill	$ 1989 24
Less	$
Balance	$

Entered into Ledger, page M or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10 12 6 78	To Above Balance Prudential	754 46	$		To Balance Forward		$
11 2 7 78	By Payment Cash	$ 480 —	$ 755 24		By Payment	$	$
12/23 78	All via Aln	$ —	$		" "	$	$
12/26 78	" SS bn	$ 755 24	$ PAID		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

255

Total No. 255 Yearly No. 22 Date of Entry Oct 23 1978

Name of Deceased SOPHIE SCHUSTAR

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 1934 FORBES AVE Pgh 19

Charge to THOMAS SCHUSTAR

Address above - 281-6520

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War HO

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death Oct 23 1978 550 pm (Mo.) (Day) (Yr.) (Hour)

Date of Birth 5-23-98 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH BRUDZENSKI

His Birthplace POLAND

Maiden Name of Mother UNK

Her Birthplace POLAND

Date of Funeral OCT 26 - 1978 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman FR MATTHEW (Address)

Religion of the Deceased CATHOLIC

Birthplace POLAND

Resided in the State PA (or U.S. or City or Country) (Years) (Months)

Place of Death NEALEY HOUSE INC

Cause of Death METASTATIC CA OF COLON

Contributory Causes .....

Certifying Physician F.H. KUSA M.D. (or Coroner)

His Address 4815 LIBERTY AVE Pgh 15224

Motor / Ship } Remains to .....

Size of Casket 1323 HA COLONIAL (RAE) (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Jefferson Memorial

Lot No. 208A

Grave No. 374

Section No. .....

Block No. .....

Owner .....

SCHUSTAR

On Oct. 23, 1978, Sophie Brudzenski; beloved wife of Thomas; mother of Marie Nestor of Ohio and Edward Zadaikas; sister of Blanche Milcvic, Genevieve Zimna, Josephine Miller and Helen Motil, Adolph of Cal., Anthony of N.Y., Stanley, Frank, and John; also five grandchildren and three great-grandchildren. Friends received 7-9 Tues. and 2-4 & 7-9 Wed. at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Mass in Church of Epiphany on Thurs. at 10 a.m.

Complete Funeral (except outlays)	2000	00
Casket 4 Professional Bronze	1550	00
Burial Vault or Box Bronze F.T.H. (State Kind)	280	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ✓	50	—
Slippers, $ ..... (State Kind and Color) Hose, $ ✓		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $	50	00
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
10 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	20	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ✓ Singers, $ ..... Organist, $ ✓	25	—
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
17 line Death Notices in 2 Papers	34	53
Sun + Press (Names of Newspapers)		
Local		
Sales Tax	1995	53
Total Footing of Bill		
Less	2001	53
Balance		
Entered into Ledger, page ..... or below.	2000	—

McAVOY FUNERAL HOME

Misc. ..... Nov 78

PER .....

Date		Amount Paid	Balance
10/24/78	To Above Balance C.R. - Mr Schuster	10.00	00 $ 995 53
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

256

RECORD OF FUNERAL

Book 79

Total No. 256 Yearly No. 23 Date of Entry Nov 20 19 78

Name of Deceased HARRY L HANEY C.H. 641.107 (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 364 LAKE ST.

Charge to IDA MAE HANEY DTR

Address Alameda

Order given by J.J. 2063 Funeral Home (or Informant)

How secured

If Veteran, Name of War WW II

Occupation WAREHOUSEMAN (Social Security Number) 171-16-9878A

Employer and Address S.P. WAREHOUSE Oakland

Date of Death NOV 20 78 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 9-14-1912 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Charles B. Haney

His Birthplace

Maiden Name of Mother Minnie Hodges

Her Birthplace Ky.

Date of Funeral NOV 24 78 FRI 8:30 A.M. (Date) (Day of Week) (Hour)

Services at Hyland Mortuary Oakland

Clergyman Rev. Francis J. Lagoyda (Address)

Religion of the Deceased Ca

Birthplace Ca

Resided in the State Ca (or U.S. or City or County) (Years) (Months)

Place of Death Missing Hospital

Cause of Death Hypertensive CVA

Contributory Causes Cardio Vascular Disease

Certifying Physician T. GELET M.D. (or Coroner)

His Address 150 Lacust Pleasant

Motor / Ship } Remains to

Size of Casket 77 HH (RBN) (State Color and Number)

Manufactured by

Cemetery / Crematory }


HANEY
On Mon., Nov. 20, Harry L. beloved husband of the late Anna Mae Horton; father of Shirley Yann, Harry John Thomas, Michael, Barbara Bridget Butterworth, Sandra Welton, Kathy, Kenny and Anna Mae Haney; brother of Frank, Evelyn, Daniel, Sally Mae and Clyde Haney; also John, Stewart and George Haney all deceased; 13 grandchildren. Friends received at the JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Tues. 4-9 and Wed. 2 Thurs. noon till 9. Funeral Fri. with Mass in St. Francis Church, Oakland, 8:30 a.m.

Lot No.

Grave No.

Section No.

Block No.

Owner

M

Complete Funeral (except outlays)		1590 00
Casket	Professional Grade	1205 —
Burial Vault or Box	(State Kind)	345 —
Embalming Body	(Name of Embalmer)	
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress	(State Kind and Color)	Furn
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains 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)	Veh
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		Furn
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		Furn
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
26 line Death Notices in 2 Papers (Names of Newspapers)		46 40
Sales Tax 3 1/2%	$	1636 40
Total Footing of Bill	$	1682 40
Less	$	102 40
Balance	$	1580 —
Entered Bill to Ledger, page ..... or below.		1580 —
Misc. R R B N		C B A B N

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
11 3 78	" "	$ 800 —	$ 796 —
01 14 79	" "	$ 255 —	$ 541 —
01 10 79	" " V.A.	$ 450 —	$ 91
3 1 79	" "	$ 75	$ 75

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

RECORD OF FUNERAL

Total No. 258 Yearly No. 24 Date of Entry Dec 8 1978

Name of Deceased INFANT (CHARLES) GRATTON JR.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 37 MOUNT OLIVER ST P/O ☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to CHARLES GRATTON

Address Athens

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War .....

Occupation INFANT (Social Security Number)

Employer and Address .....

Date of Death Dec 8 - 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 2 - 1978 3 DAYS (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHARLES GRATTON

His Birthplace Pgh.

Maiden Name of Mother MARGARET MERY

Her Birthplace Pgh.

Date of Funeral Dec 9 - 7 8 M. (Date) (Day of Week) (Hour)

Services at .....

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace .....

Resided in the State ..... (or U.S. or City or County) (Years) (Months)

Place of Death West Penn HOSPITAL 2 1/2

Cause of Death Respiratory Distress

Contributory Causes Syndrome Disease 2 1/2

Prematurity 2 lbs 14 ozs gestation

Certifying Physician .....

His Address West Penn Hosp (or Coroner)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary Cem Pgh

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$	
Casket T. Samuel		60 —
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 Gen Charges		25 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		85
Total Footing of Bill	$	
Less	$	
Balance	$	

McAVOY FUNERAL HOME

PAID

PER

Entered into Ledger, page ..... or below.

Misc. .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum. Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

258

RECORD OF FUNERAL

OPA

Total No. 258 Yearly No. 25 Date of Entry Dec 8 1978

Name of Deceased INFANT RICE (STILLBORN)

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1217 MCNEILLY AVE

Charge to C.G.A.C. PA

Address OPA

Order given by CHARLES RICE father
(or Informant)

How secured

If Veteran, Name of War

Occupation INFANT
(Social Security Number)

Employer and Address

Date of Death (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman (Address)

Religion of the Deceased

Birthplace

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Mercy Hospital

Motor / Ship } Remains to Calera

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

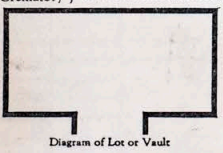


Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 10

~~Block~~ No. Row 12

Owner

Misc.

Complete Funeral (except outlays) ..... $	85 —
Casket 1 provided	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
..... Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor Tickets, $ ..... 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 ..... C.O.D.	
Total Footing of Bill ..... $	85 —
Less ..... 1977 $	
Balance ..... $	

Entered into Ledger, page ..... or below.

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6 16 79	To Above Balance	85 —	$ NOHX		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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 .....

VA CLAIM # 27 507 630

RECORD OF FUNERAL

259

Total No. 259 Yearly No. 26 Date of Entry Dec 8 1978

Name of Deceased ANGELO COSTA Burial # 4626155

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 3220 JOE HAMMER Sq. 19413 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to WILLIAM D. REST

Address 544 SPRINGFIELD AVE

Order given by Pgh 15220 (922 2431) (or Informant)

How secured

If Veteran, Name of War WW I one

Occupation TAILOR MAKER Social Security Number 159161458

Employer and Address Self

Date of Death Dec 8 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth JAN 15 1894 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace Italy

Maiden Name of Mother "

Her Birthplace Italy

Date of Funeral Dec 12 1978 (Date) (Day of Week) (Hour) M.

Services at St HYACINTH'S

Clergyman Fr Frank (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State Pa (or U.S. or City or Country) (Years) (Months)

Place of Death Montefiore Hospital

Cause of Death Cerebral Vascular accident

Contributory Causes

Certifying Physician Jeffrey Schneider MD (or Coroner)

His Address Montefiore Hosp.

Motor / Ship } Remains to

Size of Casket STAND Square Plush 250 Fe (State Color and Number)

Manufactured by ~~Metro~~ REUB

Cemetery / Crematory } Mt Good Shepherd Monroeville

Diagram of Lot or Vault

Vets section

Lot No. P

Grave No. 14

Section No. V

~~Block~~ Row No. 3

Owner

Misc. V A 7 35 To lee Paid by F H

Complete Funeral (except outlays)	$	1155 00
Casket 9 Professional Showcase		975 —
Burial Vault or Box (State Kind)		240 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		Furn
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 Tr 1155 - 75		
Delivering Box to Cont 380 - 78		
Deliver Flowers to ~~Tr 1~~		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Vet Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		/
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Forest Vet		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Forest Vet		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $ Fam		
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service SAVOY FUNERAL HOME		
12 line Death Notices in 1 Papers		13 99
(Names of Newspapers) 3 17 79		
Sales Tax		
Total Footing of Bill	$	1228 99
Less	$	115 00
Balance	$	1113 99

Entered into Ledger, page ..... or below.

Misc. SSA 8 SSA 2872 in addition Exempt allow 21-5 30 inf Form 11 ? Form VA ch form 11 1 VV Eng Feb 14

Date		Amount Paid	Balance
Dec 9	To Above Balance	379 99	$
Jan 12 79	By Payment 55	$255 —	$
Feb 2 79	" VA	$460 —	$
" "	" "	$88 4	$
March 13 79	allow County	$55 —	$
" "	" "	$159 00	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

260

RECORD OF FUNERAL

Total No. 260 Yearly No. 27 Date of Entry Dec 20 19 78

Name of Deceased Thomas MACALUSO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 308 Myrtan Ave Pgh 15213 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Dominic MACALUSO

Address 4670 OAKLAND AVE Pgh 15213

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War .....

Occupation Salesman 201-14-3987 (Social Security Number)

Employer and Address .....

Date of Death Dec 20 1978 (Mo.) (Day) (Yr.)

Date of Birth Feb 16 1904 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father VINCENT MACALUSO

His Birthplace ITALY

Maiden Name of Mother MARINA ZOLO

Her Birthplace ITALY

Date of Funeral Dec 23 - 1978 (Date) (Day of Week) (Hour) M.

Services at E.P. Davis

Clergyman F.R. Matthew (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 S.K. Univ. Nursing Home

Cause of Death -

Contributory Causes -

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship Remains to .....

Size of Casket 7 ft 11 (State Color and Number)

Manufactured by .....

Cemetery / Crematory Calvary

Lot No. .....

Grave No. .....

Section No. 16

Block No. .....

Owner .....

MACALUSO (Malco)

On Wed., Dec. 20, Thomas J., son of the late Vincent and Marina; brother of Mrs. Mary Brogan, Frank, Joseph, Mrs. Sally Dowds, Mrs. Lillian Toufant, Anthony, Mrs. Catherine Shapiro, Mrs. Angeline Frangipane, Dominic and the late Mrs. Therese Bosetti. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Wed. 7-9, Thurs. & Fri. 2-4 & 7-9. Funeral Mass Sat. from Church of Epiphany at 10 a.m.

from 55

Complete Funeral (except outlays)	$ 1755 —
Casket 8 Poly Bronze	1485 —
Burial Vault or Box Vault (State Kind)	260 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Hospital (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	4 —
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Cemetery	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	Services
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
15 line Death Notices in 4 Papers	62 70
Sun Post (Names of Newspapers)	
McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill 22	$ 1842 70
Less	$ 87 70
Balance	$ 1755 —
Entered into Ledger, page ..... or below.	
PER	
Misc. Dom Macaluso 681-4689	RECN

Date		Amount Paid	Balance
12 1- 79	To Above Balance	1500 00	$ 255 —
4 28 79	By Payment	$ 255 —	$ Hone
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

1700 Forbes Avenue

JOSEPH M. McAVOY FUNERAL HOME
AGREEMENT

Pittsburgh, Pa. 15219

Funeral of Thomas MacAluso Date of Death _____

THIS IS NOT A STATEMENT OR REQUEST FOR PAYMENT

This is an explanation of charges as well as a sales agreement presented in accordance with the regulations of the Pennsylvania State Board of Funeral Directors, Section 13.204.

The undersigned hereby grants permission to the Joseph M. McAvoy Funeral Home to supply the merchandise and professional services as selected and that he or she has the authority to arrange for the funeral of above named deceased and does guarantee payment as itemized below.

A. **CASKET AS SELECTED** .....
Including removal from home, hospital or nursing home, memorial register book, candles (100) acknowledgement cards, (200) prayer cards, crucifix and necessary religious items.

PROFESSIONAL SERVICES AND STAFF 24 HOURS .....
Including care and preparation of deceased, consultation with family and clergy; arranging for visitations and services; arranging and care of floral tributes; preparation and filing of necessary notices; authorizations and consents and attendance prior to, during and following the funeral.

USE OF FACILITIES AND NECESSARY EQUIPMENT .....
Preparation room, family rooms, gathering rooms for lodges and religious groups, funeral coach to cemetery, clergy car, flower transportation, fern decorations, kneeler and parking facilities.

A. TOTAL $ 1485

B. ADDITIONAL ITEMS OF SERVICE OR MERCHANDISE NOT INCLUDED IN FUNERAL:

Burial Vault	$ 240
Outside container	$
Clothing Family	$
Limousine McCullough	$ 70
Death Notices	$ 52
	$

B. TOTAL $ 292

C. CASH ADVANCES OR ACCOMODATIONS:
Incidential accomodation services requested. (Note: Joseph M. McAvoy Funeral Home will advance the costs for the foregoing as a convenience and to provide continuity of service; however, any error or omission made by any supplier of serv- shall be the sole responsibility of that supplier and the Joseph M. McAvoy Funeral Home is relieved of liability therefor.)

Clergy Honorarium	$ 25
Telephone Calls and Telegrams	$
Transportation Costs	$
Certified Copy Death Certificate	$ 2
Out of City and/or State Funeral Directors Charge	$

C. TOTAL $ 27

TOTAL OF OUR SERVICES, MERCHANDISE AND CASH ADVANCED FOR YOUR CONVENIENCE ..... **TOTAL CHARGES** ..... $ 1804

The only warranty on the casket and vault sold in connection with the funeral service contemplated herein is the express warranty if any granted by the casket or vault manufacturer, Joseph M. McAvoy Funeral Home makes no other warranty express or implied with respect to the casket or vault.

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 and shown on the final statement within 30 days of the above date or a service charge of 1/2% per month amounting to 6% a year.

X Dominic Macaluso
Accepted

Witness my/our hand and seal the 20 day of Aug 1928 (Seal)

JOSEPH M. McAVOY FUNERAL HOME

STATEMENT TO Dominic Macaluso

ADDRESS 407 Oakland Ave Pgh Pa 15213

RECORD OF FUNERAL

JA CLAIM # 2 4516848

261

Total No. 261 Yearly No. 28 Date of Entry Dec 22 19 78

Name of Deceased JAMES BARTELLO

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence 1709 LOCUST Apt 4F

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to MARY BARTELLO 391-6982

Address Same " 391-6960

Order given by Above (or Informant)

How secured

If Veteran, Name of War II Served 33716283

Occupation Painter Roofer SS-106183707 (Social Security Number)

Employer and Address Retired

Date of Death Dec 22 1978 8PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 17 1914 Age 64 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Salvatore Bartello

His Birthplace Italy

Maiden Name of Mother Rose FLORA

Her Birthplace ITALY

Date of Funeral Dec 27 1978 M. (Date) (Day of Week) (Hour)

Services at ERIE PA

Clergyman (Address)

Religion of the Deceased CATHOLIC

Birthplace DuBois PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death DOE Central Medical

Cause of Death Acute Myocardial Infarction

Contributory Causes

Certifying Physician Eugene Wenk-Coroner (or Coroner)

His Address 542 4th Ave Pgh 15219

Motor / Ship } Remains to

Size of Casket 5-4-44 AL 18 Ga PC1 (State Color and Number)

Manufactured by 1468 Hwy PA DTC Bedford Cemetery

Cemetery / Crematory } Calvary Cem.

Lot No. 58

Grave No. 27 & 28

Section No. MA

Block No. 27 X D

Owner Mrs B Bartello



Complete Funeral (except outlays)	$	
Casket Prepurchased Bronze		2185 —
Burial Vault or Box Grave Vault (State Kind)		385 —
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress Family (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
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)		VA
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Family		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Family PD		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		25 00
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 3 Papers (Names of Newspapers)		65 00
Sales Tax		
Total Footing of Bill		2675 00
Less per		78 —
Balance	$	2525 00
Entered into Ledger page or below.		200
		2325 00

Misc. R/ZC (21536) (all 55 cu.)

from 11 to 9

Date		Amount Paid	Balance
	To Above Balance (55)	7	$ 2325 00
	By Payment	$ 2325 00	$ 200 —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Revised by W. W. Feineman, Long Beach, California

262 280

RECORD OF FUNERAL

Total No. 262 Yearly No. 29 Date of Entry Dec 28 19 78

Name of Deceased MARY RIZZO

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 1617 EDNA ST Pgh 15219 ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to MADELINE RICARDI (STR)

Address Advance

Order given by Advance (or Informant)

How secured —

If Veteran, Name of War —

Occupation HOUSE WIFE (Social Security Number)

Employer and Address —

Date of Death 12-28-78

Date of Birth 3-27-1899 (Mo.) (Day) (Yr.) Age 79 (Hour) (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace ITALY

Maiden Name of Mother Unk

Her Birthplace ITALY

Date of Funeral JAN 2 1979 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR. MATTHEW (Address)

Religion of the Deceased CATHOLIC

Birthplace ITALY

Resided in the State ? (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP. Pgh

Cause of Death PR. MYOCARDIAL INF.

Contributory Causes PR. ARRYTHMIA

POSS. PULMONARY EMBOLISM

Certifying Physician D. THOMPSON MD (or Coroner)

His Address MERCY HOSP.

Motor / Ship Remains to CEMETARY

Size of Casket 9739AL (F.B.) (State Color and Number)

Manufactured by

Cemetery / Crematory

RIZZO

Of Thurs., Dec. 28, 1978, Mary, beloved mother of Anna Riccardi and Frank Rizzo and the late Louis Rizzo; also survived by six grandchildren and 11 great grandchildren. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Sat. 7-9 p.m. and Sun. and Mon. 2-4 and 7-9 p.m. Funeral Tues. 9:30 a.m. with Funeral Mass at Church of Epiphany at 10 a.m. Interment Calvary Cemetery.

Lot No.

Grave No.

Section No.

Block No.

Owner

2-5 (260)

Complete Funeral (except outlays)	$
Casket 9 PROTECTIVE SEAL	1795 —
Burial Vault or Box PROTECTIVE (State Kind)	385
Embalming Body (Name of Embalmer)	—
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress BLACK (State Kind and Color)	1 59 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
7 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	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, $	25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
15 line Death Notices in 3 Papers	V 55 50
SAT. SUN. PRESS (Names of Newspapers)	
MON POST	
Sales Tax	
Total Footing of Bill	$ 2323 50
Less D.I.S.P.	$ 38 50
Balance	$ 2285 00

Entered into Ledger, page ..... or below.

McAVOY FUNERAL HOME

Misc. Jan 19-79

INVOICE #17531

P.D.T. 2/19

PER

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

SHIP IN FROM. CALIF.

865.
150
715

263

RECORD OF FUNERAL

Total No. 263 Yearly No. 1 Date of Entry Jan 24 19 79

Name of Deceased ANNA B BACHA (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence CALIFORNIA

Charge to MICHAEL POLENAVITCH

Address 701 PROVIDENCE DRIVE

Order given by Pgh. PA 15239 (or informant)

How secured [illegal]-7687

If Veteran, Name of War —

Occupation Shipfitter Asst. 183262517 (Social Security Number)

Employer and Address Navy Pgh. PA

Date of Death Jan 24 - 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 02 1910 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) 69 (Days)

Name of Father [illegible] BACHA

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Date of Funeral Jan 27 79 (Date) (Day of Week) (Hour) M.

Services at ST JOHNS

Clergyman FR MATHEW (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 California Med

Cause of Death (gen Ca.)

Contributory Causes .....

Certifying Physician GEN INTO (or Coroner)

His Address .....

Motor } Remains to [illegible]
Ship }

Size of Casket [illegible] (State Color and Number)

Manufactured by [illegible]

Cemetery } Calvary Cem.
Crematory }

Lot No. 81

Grave No. 4

Section No. MA

Block No. A-D

Owner .....

Mis 6.10 150 3

Complete Funeral (except outlays)	$	
[illegible] services & Rental of F. H.	350	00
Burial Vault or Box (State Kind)	385	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
[illegible] Ambulance, $ Hearse	50	00 ✓
Limousines to Cemetery @ $	47	00 ✓
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Memphis	37	00 ✓
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to [illegible]	[illegible]	
Removal Charges [illegible]		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Fun		
Cremation		
Flowers, $ ..... 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		
17 line Death Notices in 4 Papers. (Names of Newspapers) Sun-T Fri Pgh Post	71	06
McAVOY FUNERAL HOME		
Sales Tax	$	[illegible] 00
Total Footing of Bill	$	565
Less ..... Balance	$	

Entered into Ledger, page ..... or below.

PER [illegible]

Misc. Mail Cards

at 9:30 a.m.

BACHA Anna

Suddenly on Wed., Jan. 24, 1979, in West Covina, Cal., Anna B., daughter of the late Thomas and Helen Bacha; beloved sister of: Mrs. Mary Stumpf, Mrs. Kay Yuschak, Mrs. Marge Noga and Steve and Tom Bacha, the late Mrs. Betty Polenavitch, the late Mrs. Helen Rump and the late John Bacha; also several nieces and nephews. Friends received at the day Fri. at the McAVOY FUNERAL HOME, 7000 Forbes Ave. Funeral Sat. 10 o'clock at Church of the Epiphany.

Date		Amount Paid	Balance
3/1 79	To Above Balance	255 00	$ 610 —
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 264 Yearly No. 11 Date of Entry JAN 24 1979

Name of Deceased [illegible] COTTRILL (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1716 E CARSON ST

Charge to MRS STUPAK

Address 1702 LARKINS WAY 381-6032

Order given by LITTLE PROVIDENT (or Informant)

How secured

If Veteran, Name of War WO

Occupation MACHINE OPERATOR

Employer and Address [illegible] Detroit MI

Social Security Number 206-05-1810

Date of Death JAN 24 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth APR 16 08 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Samuel Sherman

His Birthplace SYRIA

Maiden Name of Mother ALICE SHEDAN

Her Birthplace SYRIA

Date of Funeral Jan 27 79 (Date) (Day of Week) 9A (Hour) M.

Services at CHAPEL

Clergyman FR Hoppel (Address)

Religion of the Deceased Catholic

Birthplace Pgh PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death 1716 E Carson

Cause of Death CARCINOMA

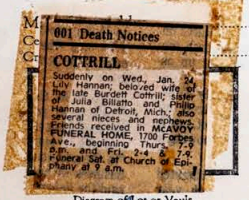
Contributory Causes

Certifying Physician Conner Cyril Wecht (or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to

Size of Casket 7714L Montana (State Color and Number)


001 Death Notices

COTTRILL

Suddenly on Wed., Jan. 24, Lily Hannan; beloved wife of the late Burdett Cottrill; sister of Julia Billetto and Phillip Hannan of Detroit, Mich.; also several nieces and nephews. Friends received in McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Thurs. 2-9 p.m. and Fri. 2-4 & 7-9. Funeral Sat. at Church of Epiphany at 9 a.m.

Diagram of Lot or Vault

Lot No. 674

Grave No. 24

Section No. 20

Block No. X D

Owner Both

Misc. Graves filled 300 Page # 153

Complete Funeral (except outlays)	$ 1767 —
Casket 4 Professional Bronze	1396 00
Burial Vault or Box (State Kind)	265 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Charcoal Gray (State Kind and Color)	50 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	50 00
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 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 Cleaning & Opening	235 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	15 00
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 2 Papers (Names of Newspapers) Pgh Press	27 84
Sales Tax	
Total Footing of Bill	$ 2850 84
Less	$ 283 —
Balance	$ 1767 —

Entered into Ledger, page ..... or below

Misc. 19735 INV #

Jan 30 79 INV Autl

Paid for 79/79

Date		Amount Paid	Balance
02 8 79	To Above Balance	1512 87	$
3/1 79	By Payment	$ 255 —	$ NONE
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 265 Yearly No. 3 Date of Entry Jan 28 1979

Name of Deceased PETER C BONACCI

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence 3 Pinus Place 16 Edward St Rpkt 12

Charge to Thos J Bonacci 466-7011

Address 1943 Homestead Augusta Road

Order given by M Muffler 15122 (or informant)

How secured

If Veteran, Name of War WWII

Occupation Chef Ret (Social Security Number)

Employer and Address Comfort House

Date of Death Jan 29 - 79 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 1 1912 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace Boston Mass

Maiden Name of Mother Mary Clark

Her Birthplace

Date of Funeral Feb 2 79 M. (Date) (Day of Week) (Hour)

Services at St Pauls Meeting

Clergyman V R Eugene Bonacci (Address)

Religion of the Deceased Cath Italian

Birthplace Pgh Pa

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Memorial Gen Hosp

Cause of Death Coronary

Contributory Causes

Certifying Physician Marston C Kinsler MD (or Coroner)

His Address Medical Examiners 620 N 18th St Beaumont

Motor / Ship Remains to

Size of Casket 72 HV (State Color and Number)

Manufactured by

Cemetery / Crematory St Mary's Kansas City Mo

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$
Casket Bronze Liners	1380 00
Burial Vault or Box (State Kind)	240 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	formal
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	Del Compostown
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	Forn
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	Forn
Lining Grave, $ ..... Lowering Device, $	Del Del Compostown
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	- -
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	6 50
Cash Advanced	
Out of town Funeral Director's Charges	391 80
Personal Service	
17 line Death Notices in 3 Papers	
(Names of Newspapers) Enterprise Journal	55 25
Sales Tax	Paid 2 tax
Total Footing of Bill	$ 2023 55
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc. 1 Burial 1000 Asst

450 Dup 75C - 255 55

All applied for

EBI

Misc. INVOICE (20570W) Dated Feb 9 79

NOT PD Paid Bl 15.19

Paid 391.80 for Ship Thru Insurance

Date		Amount Paid	Balance
2/15 79	To Above Balance	295 —	$
3/2 79	By Payment Asst	1000 —	$
3-26 79	" "	255 00	255 — $ 776 18
4-2 79	" VA	450 00	450 — $
4-17 79	" Cash	75 —	$
	" "		$

Date		Amount Paid	Balance
	McAVOY FUNERAL HOME		
	To Balance Forward		$
	By Payment		$
	" Apr 17 79	PAID	$
	"		$
	PER "		$
	"		$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

266

RECORD OF FUNERAL

Total No. 266 Yearly No. 4 Date of Entry Feb 1 1979

Name of Deceased FRANK J TAVANO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow or Single of ..... Age of Husband or Wife (if living) ..... Years

Residence 1711 FORBES AVE

Charge to SYLVIA TAVANO

Address Calumet

Order given by Calumet (or Informant)

How secured

If Veteran, Name of War WW II 333995505

Occupation CLERK - 171-18-2887A (Social Security Number)

Employer and Address

Date of Death FEB 1 - 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 25 1898 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father LOUIS TAVANO

His Birthplace -

Maiden Name of Mother UNK

Her Birthplace

Date of Funeral FEB 5 - 1979 MONDAY 10 A.M. (Date) (Day of Week) (Hour)

Services at ST P. CHURCH

Clergyman FR MATTSON (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP

Cause of Death Sepsis

Contributory Causes CA LUNG, RHEUM HEART, Lobar Abscess

Certifying Physician R MULBERG (or Coroner)

His Address MERCY HOSP

Motor / Ship Remains to

Size of Casket 1032 HL - Boy-HL (State Color and Number)

Manufactured by Reliance Coffin Co.

Cemetery / Crematory ST. CALVARY 18

Lot No. Row 2

Grave No.

Section No. 16

Block No. Grave 82

Owner

Mark


Feb. 5 at 11 a.m.
TAVANO
On Thur., Feb. 1, 1979, Frank J., beloved brother of the late William, Lawrence and Thomas (Reddie) brother-in-law of Sylvia Tavano; also survived by one niece and one nephew. Friends received at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., Fri. 7-9 and Sat. & Sun. 2-4 & 7-9. Funeral Mass Mon. in the Church of the Epiphany at 10 a.m.

Complete Funeral (except outlays)	$ 2060 —
Casket Professional Award	1660 00
Burial Vault or Box (State Kind)	285 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Complete (State Kind and Color)	70 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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 Cemetery	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Cemetery	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $ V	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 3 Papers	54 81
Pitt Sat Sun (Pitts) (Names of Newspapers)	
Cremation at JOSEPH M. McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill	$ 2169 81
Less 2%	$ 43 81
Balance	$ 2066 00

Entered into Ledger, page 5 or below.

PER

Misc. INVOICE # 20570 W (EOU)

INVOICE date Feb 9 '79

Paid 3/15/79 NOT P.D

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feigeman, Long Beach, California

SHIP IN FROM W. VA

RECORD OF FUNERAL

267

Total No. 267 Yearly No. 5 Date of Entry Feb 6 19 79

Name of Deceased VICTOR MICHAEL
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } ..... Age of Husband or Wife (if living) ..... Years
or ..... of }

Residence SISTERSVILLE W. VA

Charge to Ruth McCRACKEN

Address Same

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War WW2

Occupation Retired Coal Miner (Social Security Number) 2-55-41-6092

Employer and Address .....

Date of Death Feb 6 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 13 1918 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father James Michael

His Birthplace W VA

Maiden Name of Mother Emma Calvert

Her Birthplace W VA

Date of Funeral Feb 10 79 (Date) (Day of Week) (Hour) M.

Services at Evans FH Sistersville W VA

Clergyman .....

Religion of the Deceased Protestant Lutheran (Address)

Birthplace W VA

Resided in the State W VA (or U.S. or City or County) (Years) (Months)

Place of Death St. Joseph Hosp Parkersburg

Cause of Death Cerebral

Contributory Causes .....

.....

Certifying Physician H R Culpepper (or Coroner)

His Address St Joseph Hosp Parkersburg

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Sisters Cem Lot

MICHAEL

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays) ..... $		
~~Casket~~ F Casket Funeral Rental	1100	00
Burial Vault or Box ..... (State Kind)	265	00
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $ Hearse	50	00
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
.....Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service	75	—
.....		
.....line Death Notices in 2 Papers		
Parkersburg News Sistersville Herald (Names of Newspapers)	20	00
.....		
.....		
Sales Tax		
Total Footing of Bill ..... $	510	00
Less ..... $		
Balance ..... $		

Entered into Ledger, page ..... or below.

Misc. Receipt # 203 70 (OBJ)
H.H. Wise Date Feb 21 79 Not PD

Date			Amount Paid	Balance
Feb 8	79	Nichols # 3954 CK To Above Balance	520 —	$ 00 00
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from
maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

268 73

RECORD OF FUNERAL

Total No. 268 Yearly No. 6 Date of Entry Feb 26 1979

Name of Deceased Rachel Pisano

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 33 Mattabesset St

☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mortin M. Pisano

Address 2712 Robinson St

Order given by Pgh. Pa 15226 (for Informant)

How secured

If Veteran, Name of War

Occupation Executive Assistant (Social Security Number)

Employer and Address [illegible]

Date of Death Feb 19-79 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 3-1909 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Date of Funeral Feb 22-79 M. (Date) (Day of Week) (Hour)

Services at St. Margaret Mary's Church

Clergyman [illegible] (Address)

Religion of the Deceased Catholic

Birthplace Pgh. Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp. Pgh. Pa

Cause of Death Cardio Respiratory Arrest

Contributory Causes Met. Carcinoma Cancer

Gastro Intestinal Bleed

Certifying Physician [illegible] (or Coroner)

His Address Mercy Hosp.

Motor / Ship Remains to

Size of Casket FEP (State Color and Number)

Manufactured by Aurora [illegible]

Cemetery [illegible] Crematory FEP

Lot No. 2

Grave No. 7

Section No. MM

Block No.

Owner

Care of Montefiore Hospital.

PISANO

On Mon. Feb. 19, 1979; Rachel Orlando; wife of the late Martin T. Pisano; mother of Mrs. Philomena Garcia, Mrs. Barbara Stein, Mrs. Linda Joseph Martin M., Roger and the late Robert Pisano; sister of the late Sylvia Gringere; also survived by 11 grandchildren and one great-grandchild. Friends received at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave. at Tees and Wed. 2-4 & 7-9 p.m. Funeral Mass Thurs. 10 a.m. at St. Margaret Church, Greentree.

Complete Funeral (except outlays)	$
Casket Prefinished Bronze	1599 —
Burial Vault or Box (State Kind)	286
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Company PR (State Kind and Color) ..... Hose, $	60 00
Slippers, $ ..... Slippers	11 00
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to McAVOY FUNERAL HOME	
Deliver Flowers to	
Removal Charges 2/19/79	
Procuring Burial Permit (State Number and Name)	
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	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Guarantee	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	10 —
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad / Motor Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 3 Papers	55 25
Pgh Post Press - Wkly Press (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 2055 25
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc. Ck Cleared 2/20/79 (1745 Hi Blendtone)
(1739 N. P. Corp. N + Blue B Crepe)
(22191 W INVOICE - Paid 3/15/79)

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	2055 —	$ —	4-2	79 To Balance Forward McAVOY FUNERAL HOME		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	4/2/79	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" " PER	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Ferguson, Long Beach, California

RECORD OF FUNERAL

Total No. 269 Yearly No. 7 Date of Entry March 11 19 79

Name of Deceased STEPHEN J BACHA

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 726 WILSON AV Ps 15219

Charge to THOMAS G BACHA

Address Address

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War N G

Occupation MAINTENANCE 163-14-1176 (Social Security Number)

Employer and Address Presbyterian Hospital

Date of Death March 11 1979 1:30 PM Sunday (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 8 1908 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS G BACHA

His Birthplace .....

Maiden Name of Mother HELEN KOSTOPULOS

Her Birthplace .....

Date of Funeral 3/14/79 - WED. 10 A M. (Date) (Day of Week) (Hour)

Services at E P P Church (Address)

Clergyman .....

Religion of the Deceased Greek Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Coronary Insufficiency Coners

Contributory Causes Arteriosclerotic Heart Disease Cor Pulmonale

Certifying Physician [illegible] (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory .....

BACHA
ESTHOSTRA G.
GRACE
On Sun., Mar. 11, 1979 Stephen, son of the late Thomas G. and Helen Bacha; beloved brother of Mary Stumpf of Whitney, Pa., Catherine Yuhasz of L.A., Cal., Thomas R. of Pgh. and Marge Noga of Cleveland, the late Ann Bacha, late Helen Rump, late Betty Polenavitch, late John Bacha; also several nieces and nephews. Friends received at McAVOY FUNERAL HOME, 1700 Forbes Ave. (Oakland). Mon. 2-4 and 7-9 p.m. Funeral Mass in St. Church of Epiphany at 10 o'clock, interment Calvary Cemetery.

Lot No. [illegible] 19

Grave No. [illegible]

Section No. K (3rd row 1st)

Block No. Row 492

Owner O.R.D. Depth

Complete Funeral (except outlays)	$
Casket 0 Pmp Bronze Sealer Guarantee	1985 —
Burial Vault or ~~Box~~ (State Kind)	385 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or ~~Dress~~ Complete Outfit (State Kind and Color)	75 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Family	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Family	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 2 Papers	39 71
Pg 1 Press & Trib (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 2515 71
Less	$
Balance	$

Entered into Ledger, page FUNERAL HOME Folio below

Misc. PAID 3/14/79

PER J McAvoy

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

270

RECORD OF FUNERAL

Total No. 270 Yearly No. 8 Date of Entry August 8 19 79

Name of Deceased JAMES APOSTAL (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of } Age of Husband or Wife (if living) Years

Residence 110 CALIFORNIA AVE. APT 2

Charge to GARY EVANS

Address ABOVE

Order given by (or Informant)

How secured

If Veteran, Name of War NO

Occupation BARTENDER 168283155 (Social Security Number)

Employer and Address SUPER BOWL

Date of Death August 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 8 33 Age 45 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father NICK APOSTAL

His Birthplace

Maiden Name of Mother KATE MARSHALL

Her Birthplace

Date of Funeral August 11 - 1979 M. (Date) (Day of Week) (Hour)

Services at FUNERAL HOME

Clergyman REV. JOHNSTONE (Address)

Religion of the Deceased

Birthplace GA

Resided in the State USA (or U.S. or City or County) (Years) (Months)

Place of Death MONTEBELLO

Cause of Death CARDIAC ARREST

Contributory Causes MALIGNANT

MELANOMA

Certifying Physician DAVID ZIMMERMAN (or Coroner)

His Address MONTEBELLO

Motor / Ship Remains to

Size of Casket L. J. CANTON P.R.N. (State Color and Number)

Manufactured by

Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc. GUS APOSTAL 821 LONDON PKWY APT. 2 VA 23234 561-8086

Complete Funeral (except outlays) 1085	$	1085 —
Casket		960 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, $ HEARSE		50 00
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to PD. BY HIM		
Deliver Flowers to		42 50
Removal Charges		
Procuring Burial Permit (State Number and District)		10 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		70 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
8 line Death Notices in 2 Papers (Names of Newspapers)		32 00
Sales Tax		1755 00
Total Footing of Bill	$	1755 00
Less	$	23
Balance	$	1732
Entered into Ledger, page or below		1011 1085

Misc. Put SSA - Lath in

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	700 —	$		To Balance Forward		$
	By Payment	$240 —	$		By Payment	$	$
	" "	$396 —	$		" "	$	$
	" "	$330	$ 328 —		" "	$	$
6/6 79	"	$255	$ 73 —		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 271 Yearly No. 9 Date of Entry May 8 1979 19

Name of Deceased MARY A SPITZER
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 5112 CHESTER ST Pgh 15207

☐Husband ☐Wife ☐Widow } (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to MARY LOU RIDDLE

Address 636 S Braddock Ave Pgh 15221

Order given by Chance (or Informant)

How secured

If Veteran, Name of War U.S.

Occupation Retired Cook (Social Security Number)

Employer and Address 240-14-4205

Date of Death MAY 8 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 1/14/92 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS SPITZER

His Birthplace PA

Maiden Name of Mother — BOYD

Her Birthplace

Date of Funeral Sat May 12 1979 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman F R Matthews (Address)

Religion of the Deceased Presbyterian

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death IVY ACRES NURSING HOME

Cause of Death Cerebral hemorrhage

Contributory Causes Coronary Art. disease

Arteriosclerosis

Certifying Physician Dr. N.J. BALDWIN (or Coroner)

His Address 4815 LIBERTY Ave Pgh 24

Motor / Ship } Remains to

Size of Casket

Manufactured by 1323 FLINT (State Color and Number) RIN

Cemetery / Crematory


SPITZER
On Tue., May 8, 1979, Mary A., mother of Mary Lou Riddle and grandmother of John and William Egan; also survived by four great-grandchildren. Friends received at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., Thur. & Fri. noon until 9 p.m. Blessing Service on Sat. at 10 o'clock. Interment Calvary Cemetery.

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket J. Flag Bronze	T 1595 —
Burial Vault or Box (State Kind)	285 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	T 70 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains 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)	6 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	T 84 80
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Funds	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	25 —
Railroad or Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 2 Papers	T 22 34
Mrs. Pgh. Sun (Names of Newspapers)	
Sales Tax MAY 15 79	
Total Footing of Bill	$ 2093 64
Less PER Balance	$
Entered into Ledger, page or below.	$

Misc. INVOICE # 29144 5/15/79

PD 6/15/79

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

481-5319 Ronald F. Mancini 400 GRACE ST Pgh 11

272

RECORD OF FUNERAL

Total No. 272 Yearly No. 10 Date of Entry May 9 1978

Name of Deceased FREDA MANCINI (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divided ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1715 EDNA ST Pgh 15216

Charge to EVELYN PELUSO 362-2659

Address 351 SHEFFIELD Pgh 15206

Order given by EVELYN PELUSO (or Informant)

How secured Ronald F. Mancini 400 Grace St Pgh 11

If Veteran, Name of War N.A.

Occupation HOUSE DUTIES (Social Security Number)

Employer and Address GO ahead

Date of Death May 9 1978 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 21 26 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHESTER EASTRIDGE

His Birthplace .....

Maiden Name of Mother LOUISA CLARK

Her Birthplace .....

Date of Funeral May 11 1978 M. (Date) (Day of Week) (Hour)

Services at ST PAUL'S (Address)

Clergyman FR MATTHEW

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or Country) (Years) (Months)

Place of Death SPANGLER SIDE HOSP.

Cause of Death Acute Pulmonary Edema

Contributory Causes Arteriosclerotic Heart Dis DIST A.S.E. - rapid

Certifying Physician Paul Simon (or Coroner)

His Address Mt Lebanon

Motor / Ship } Remains to Union Dep. Parkland

Size of Casket Instructor LUNG Bisque (State Color and Number)

Manufactured by 771 - PLN

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. 362-2659 E PELUSO

391-0668 Mancini 1715

EDNA

Complete Funeral (except outlays)	2118 —
Casket Tax Included Discount	1495 —
Burial Vault or Box (State Kind)	225 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	52 —
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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)	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	315 —
Lining Grave, $ ..... Lowering Device, $	5
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	35 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
..... line Death Notices in ..... Papers,	1 Name
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 2118 —
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Misc. IN Name # 291 4th Paid 5/15/78 Plan 6/15 1/79

INS Sent NAT LIFE 5/24/78

SSA 8-2872 Sent May 24 EUB Appr.

Date			Amount Paid	Balance
		To Above Balance	$	$
5/23	78	By Payment	$ 1197 39	$ 931 —
		" [illegible]	$ 534 61	$ 342 —
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward	$	$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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

273

Total No. 273 Yearly No. 11 Date of Entry MAY 17 1979

Name of Deceased IGNAZIO JAMES BIONDO

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1834 LOCUST ST Pgh. 19

Charge to ROSE BIONDO

Address 60 Gibsonia

Order given by ..... (or Informant)

How secured .....

If Veteran, Name of War WWII

Occupation STEWARD Y Club 181-26-3378 (Social Security Number)

Employer and Address Retired

Date of Death MAY 17 79 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 7/10/902 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PETER BIONDO

His Birthplace Sicilia

Maiden Name of Mother ROSE [redacted]

Her Birthplace ITALY

Date of Funeral MAY 21 1979 M. (Date) (Day of Week) (Hour)

Services at E. E. A. Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp

Cause of Death Cardiac Arrest

Contributory Causes Heart Disease

Certifying Physician ..... (or Coroner)

His Address .....

Motor / Ship } Remains to ..... PAID

Size of Casket ..... (Color and Number)

Manufactured by J. [illegible] Metal

Cemetery / Crematory } Catholic Cem

BIONDO
On Thur., May 17, 1979, Ignazio James; beloved husband of Ann Mocco; father of Peter P., also two grandchildren, Julianne and Lisa Kristine. Friends received at JOSEPH McAVOY FUNERAL HOME, 1700 Forbes Ave., San. Sun., 2 p.m. until 9 p.m. Mass of Christian Burial on Mon., morning at Church of Epiphany, at 10 o'clock.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Misc. .....

Pay by 6/25/79

Complete Funeral (except outlays)	$
Casket 8 Mfg Monroe	2595 —
Burial Vault or Box (State Kind)	385 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress family (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	10.00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cemetery	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Cemetery	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers	44 40
~~Pgh Press~~ Pgh Post (Names of Newspapers) McAVOY FUNERAL HOME	
Sales Tax	
Total Footing of Bill May 25 79	$ 3069 40
Less	$ 69 40
Balance	$ 3000 —
Entered into Ledger, page ..... or below. PER	
Misc. C 0136015 Cemetery [illegible]	
Insurance	
INV 30147 W	

PAID

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 274 Yearly No. 12 Date of Entry MAY 18 1979

Name of Deceased JOSEPH F. CUMMINS SR (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of ..... Age of Husband or Wife (if living) ..... Years

Residence .....

Charge to Joseph Cummins Jr.

Address 415 Devonshire Ave Havertown Pa.

Order given by Edward (or Informant)

How secured 8/14/20

If Veteran, Name of War WWI 8/15/19 9/11/23 - 12/21/26

Occupation Salesman 192-10-7482 (Social Security Number)

Employer and Address Johnson Drug Co. Phila.

Date of Death MAY 18 - 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 2 - 7 - 1901 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOHN CUMMINGS

His Birthplace IRELAND

Maiden Name of Mother SARAH McVAY

Her Birthplace IRELAND

Date of Funeral MAY 21 - 1979 11a M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman .....

Religion of the Deceased CATHOLIC (Address)

Birthplace MARYLAND

Resided in the State PA (or U.S. or City or County)

Place of Death JEANETTE MEMORIAL (Years) (Months)

Cause of Death per cor

Contributory Causes .....

Certifying Physician per cor (or Coroner)

His Address .....

Motor / Ship } Remains to .....

Size of Casket 1942 Blue Stone PAID

Manufactured by Wm. J. Cleaver (State Color and Number)

Cemetery / Crematory .....

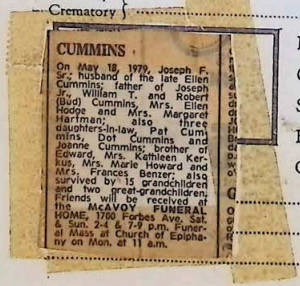
Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner INV 301477W



CUMMINS

On May 18, 1979, Joseph F. Sr., husband of the late Ellen Cummins; father of Joseph Jr., William T. and Robert (Bud) Cummins, Mrs. Ellen Hodge and Mrs. Margaret Hartman; also three daughters-in-law, Pat Cummins, Dot Cummins and Joanne Cummins; brother of Edward, Mrs. Kathleen Kerrigus, Mrs. Marie Howard and Mrs. Frances Bentzen; also survived by 15 grandchildren and two great-grandchildren. Friends will be received at the McAVOY FUNERAL HOME, 1700 Forbes Ave. Sat. & Sun. 2-4 & 7-9 p.m. Funeral Mass at Church of Epiphany on Mon. at 11 a.m.

Complete Funeral (except outlays)	$
Casket	1995 —
Burial Vault or Box (State Kind)	385 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains 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.	12 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor Tickets, $ ..... Aero / Plane Service	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	205 —
Personal Service	
22 line Death Notices in 2 Papers	
(Names of Newspapers) Sat Phila No Paper Sun & Inquirer	55 88
Sales Tax	
Total Footing of Bill	$ 2632 88
Less	$ 125 —
Balance	$ 2427 88

Entered into Ledger, page ..... or below.

MCAVOY FUNERAL HOME

Misc. Cash because no mate in Dist. Power Administrator 125 + 255 on F.D. Mgt & D.D. Cremation

Date		To Above Balance / By Payment	Amount Paid	Balance
		To Above Balance		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date		To Balance Forward / By Payment	Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance

Vol. 176 Page 267

RECORD OF FUNERAL

Estate

275

Total No. 275 Yearly No. 13 Date of Entry MAY 31 1979

Name of Deceased NICK KURCHEK (KATIE DONATELLI - 281 2576)

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1233 ARKANSAS AVE Pgh 16

Charge to Est of KURCHEK BUNTING

Address same SISTER

Order given by Jane (or informant)

How secured

If Veteran, Name of War 2nd WW 34603538

Occupation DISABLED 455 175 16 2209 (Social Security Number)

Employer and Address N.E.C.

Date of Death MAY 31 - 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 5 1921 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Joseph KURCHEK

His Birthplace Ukraine

Maiden Name of Mother Pauline Dangerfield

Her Birthplace PENNA

Date of Funeral 6 - 2 - 79 (Date) (Day of Week) (Hour) M.

Services at St John Baptist Byz Cath Church (Address)

Clergyman Rt Rev Chepurny

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death St Clair Memorial

Cause of Death

Contributory Causes

Certifying Physician DR [illegible] (or Coroner)

His Address [illegible]

Motor / Ship } Remains to [illegible]

Size of Casket 31223W Paid 6/2/79 (State Color and Number)

Manufactured by Bateman Bros

Cemetery / Crematory } St John Ukrainian Catholic Cem

Diagram of Lot or Vault

563
3817

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Bond 355-3916-5 VICTOR

H.C. Ins 2771 Flor Pgh

MAT Bldg 5 Wks Pgh PA 152 65

Complete Funeral (except outlays)		368 72
Casket	1 Prop funeral	2985 —
Burial Vault or Box	Liner (State Kind)	385 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $	✓	66 00
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from McAVOY FUNERAL HOME		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring ~~Burial Permit~~ DISEASE (State Number and District)		1 00
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	✓	6 00
		348 —
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	✓	150 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	✓	75 —
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
10 line Death Notices in 1 Papers	✓	19 72
Pgh Post FRIDAY Last entry (Names of Newspapers)		
Pgh Press FRIDAY Sun Last Publ		
Sales Tax		244 72
Total Footing of Bill	$	
Less	$	3687 72
Entered into		
Misc.		

KURCHEK

On Thur., May 31, 1979, Nick; brother of Mrs. Katherine Ross, John Suzensky, Joseph Kurchek, Mrs. Rose Bunting; also survived by several nieces and nephews. Friends received benino Thur. 7-9 p.m. and Fri. 2-4 & 7-9 p.m. at the McAVOY FUNERAL HOME, 1700 Forbes Ave. Funeral Sat. from St. John Baptist Byzantine Rite Catholic Church at 10 a.m. Parastas at 9:15. Interment St. John Ukrainian Catholic Cemetery, Baldwin Boro.

LASKO

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

276

RECORD OF FUNERAL

Total No. 276 Yearly No. 14 Date of Entry June 3 1979

Name of Deceased MARIE C PASQUARELLI

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence 4314 ROSEMARIA DR.

Charge to Addison Park Apts 15101

Address Edward J. Pasquarelli 223 [illegible]

Order given by - Phone 486- [illegible]

How secured FRANK P (or Informant) 242-4122

If Veteran, Name of War ✓

Occupation ..... 196-12-6382 (Social Security Number)

Employer and Address Carnation by Alleyboy

Date of Death June 3 79 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 14 04 Age 75 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father —

His Birthplace ITALY

Maiden Name of Mother —

Her Birthplace ITALY

Date of Funeral 6/6/79 10am M. (Date) (Day of Week) (Hour)

Services at ERI Pkwy

Clergyman Fr. Matthew (Address)

Religion of the Deceased Catholic

Birthplace Campo Basso ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hosp -

Cause of Death CA of LUNG

Contributory Causes .....

Certifying Physician R. WILBERG M.D.

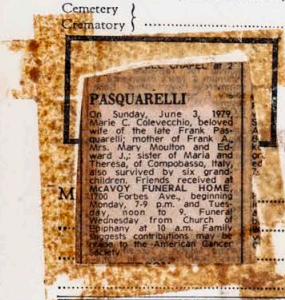
His Address 1400 LOCUST 5198152[illegible] (or Coroner)

Motor / Ship } Remains to .....

Size of Casket 57.5 14 E & R

Manufactured by Batesville WHITE gold (State Color and Number)

Cemetery / Crematory } .....



Lot No. .....

Grave No. .....

Section No. 60

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	1345 24
Casket	✓	275 —
Burial Vault or Box		
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ ..... (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $	✓	66 —
Extra Limousines ..... @ $		
Autos to R. 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)	✓	8 00
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot ..... family		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb ..... Com		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges	✓	
Clergymen, $ ..... Singers, $ ..... Organist, $		25 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Father Matthew		15 —
18 line Death Notices in 4 Papers		
(Names of Newspapers) MON TIMES, POST-GAZETTE, PRESS	✓	75 24
Sales Tax Issued 20-79		
Total Footing of Bill	$	2344 24
Less	$	2309 24
Balance Due	$	

Entered in Ledger/page ..... of below.

Misc. JEWELL 3180 W not Paid 6/12 Mcc

(Food Aug 25)

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 277 Yearly No. 15 Date of Entry June 15 1979

Name of Deceased JOSEPH KURCHEK JR (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 225 STRAITFORD AVE PHILA PA

Charge to John SUZENSKY

Address 3228 DAWSON ST 681-7448

Order given by Mrs (or informant)

How secured

If Veteran, Name of War NO

Occupation Retired (Social Security Number)

Employer and Address Dom

Date of Death June 15 1979 330 pm EST (Mo.) (Day) (Yr.) (Hour)

Date of Birth 12 14 1- 16 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father JOSEPH KURCHEK

His Birthplace

Maiden Name of Mother VALLINE SUZENSKY

Her Birthplace POLAND

Date of Funeral June 18 1979 M. (Date) (Day of Week) (Hour)

Services at ST JOHN CHRYSOSTOM CHURCH

Clergyman MSGR PAUL A WAY (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 ST FRANCIS

Cause of Death CEREBRAL HEMORRHAGE ARREST

Contributory Causes ELECTRONIC DISTURBANCE

Certifying Physician E. SANCHEZ REAU (or Coroner)

His Address ST FRANCIS HOSP

Motor / Ship } Remains to

Size of Casket 1323 HL (State Color and Number) CROSS TORRONE

Manufactured by BRIDESBURG PA

Cemetery / Crematory } ST JOHN THE BAPTIST CATHOLIC CEM Ridley Borough Pa

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)		2252 50
Casket	1575	66
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 ..... @ $	66	00
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to MAVOY FUNERAL HOME		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges June 15 79		
Procuring Burial Permit (State Number and Date Issued)		
3 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	4	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	150	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	75	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
1 1/4 line Death Notices in 2 Papers (Names of Newspapers) Bulletin Sat & Sunday 6/16/17	37	50
Sales Tax		
Total Footing of Bill	2252	50
Less		
Balance		
Entered into Ledger, page ..... or below.		

Misc. INVOICE 32557 (Paid May 25)

KURCHEK

On Fri., June 15, 1979, Joseph Jr., brother of John Suzensky, Rose Bunting, Mrs. Kathleen Ross; also survived by several nieces and nephews. Friends received at the McAVOY FUNERAL HOME, 1700 Forbes Ave., beginning Sat. 2 & 7 and Sun. 2-4 & 7-9. Funeral Mass in St. John Ukrainian Catholic Church, 7th & Carpenter Sts., Parkside, Sun. at 11 A.M. Int.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

278

RECORD OF FUNERAL

Total No. 278 Yearly No. 16 Date of Entry AUGUST 5 19 79

Name of Deceased DOMINIC RICCARDI

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1617 EDNA ST.

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to DOMINIC RICCARDI

Address 109 DeANGELO DR. Pgh. 15209

Order given by ✓ (or Informant)

How secured ✓

If Veteran, Name of War NO

Occupation TRAVELEFFER 1/2 Date of Birth 206 03 3613 (Social Security Number)

Employer and Address

Date of Death Aug 5 1979

Date of Birth 2 (Mo.) - 6 (Day) - 14 (Yr.) Age (Hour) 65

Name of Father (Mo.) (Day) (Yr.) RICHARD RICCARDI (Yrs.) (Mos.) (Days)

His Birthplace ..

Maiden Name of Mother UNKNOWN

Her Birthplace ..

Date of Funeral AUG 8 - 1979 (Date) (Day of Week) (Hour) M.

Services at EPIPHANY

Clergyman FR MATTHEW (Address)

Religion of the Deceased CATHOLIC

Birthplace Pgh ALLEG PA.

Resided in the State PA. (or U.S. or City or County)

Place of Death McKey HOSP Pgh PA. (Years) (Months)

Cause of Death CARDIAC ARREST

Contributory Causes ..

..

Certifying Physician DR. A. JOSEPH

His Address McKey HOSP (or Coroner)

Motor / Ship } Remains to

Size of Casket 577HL - IMT 1113

Manufactured by HB 269 42 (State Color and Number)

Cemetery / Crematory } CALVARY

Diagram of Lot or Vault

Lot No. 53

Grave No. 13914

Section No. 40

Block No. 1

Owner

Misc.

Complete Funeral (except outlays)	$ 2361 00
Casket # Progressive Bronze	1939 —
Burial Vault or Box (State Kind)	395 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress R	
Slippers, $ ..... Hose, $ (State Kind and Color) F	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from MOY FUNERAL HOME	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (Number and District)	
6 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 Fam PD	
Lining Grave, $ ..... Lowering Device, $ Fam	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 —
Railroad / Motor { Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
..... line Death Notices in ..... Papers (Names of Newspapers)	Free
Sales Tax Paid	
Total Footing of Bill	$ 2361 00
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 279 Yearly No. 17 Date of Entry Oct 5 1979

Name of Deceased CATHERINE STEWART (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Residence 1624 FORBES AVE

Charge to ALICE HOMES (ALICE)

Address 103 DUNBAR DRIVE Pgh 35

Order given by Attendant (or Informant)

How secured Phone 823-6003

If Veteran, Name of War NO

Occupation Human Services 167056442 (Social Security Number)

Employer and Address

Date of Death OCT 5 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAY 20 1908 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS DESMOND

His Birthplace PA

Maiden Name of Mother KATE MURRAY

Her Birthplace PA

Date of Funeral OCT 8 1979 10:00 M. (Date) (Day of Week) (Hour)

Services at ST. PHILOMENA

Clergyman FR Matthew (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 1624 FORBES AVE

Cause of Death Acute Myocardial Infarction

Contributory Causes

Certifying Physician DR Wiehl (or Coroner)

His Address 542 4th Ave Pgh PA

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. Room 2

Grave No. 83

Section No. 16

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
Casket A Compassionate Shares (State Kind)	2100	00 X
Burial Vault or Box	260	00 X
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Blue Navy Complete (State Kind and Color)	60	00 X
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from McAVOY FUNERAL HOME		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to 11/5/79		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. P.E.R. (State Physician's or Coroner's)	8	00 X
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	260	00 X
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00 X
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
13 line Death Notices in 2 Papers	36	00
Free from Archgrave (Names of Newspapers)		
Funeral to Mass		
Sales Tax 11%		
Total Footing of Bill	$	2713 00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Misc.

Date			Amount Paid	Balance
11/5	79	To Above Balance OH Com.	186 60	$ 2526 40
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

280 1980 **RECORD OF FUNERAL** Begin 1980

Total No. 280 Yearly No. 18 Date of Entry Nov 25 1979

Name of Deceased THOMAS H. DOWDS

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1510 FORBES AVE Pgh 19

Charge to SALLY DOWDS (WIFE)

Address Same

Order given by Same (or Informant)

How secured

If Veteran, Name of War WW II Serial # 13037445

Occupation Police MAN 173-12-7521 (Social Security Number)

Employer and Address City Pgh RETIRED

Date of Death NOV 25 - 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth DEC 10-1918 Age 60 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father THOMAS DOWDS

His Birthplace

Maiden Name of Mother BERTHA IVERSON

Her Birthplace

Date of Funeral Nov 28 MON 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY (Address)

Clergyman

Religion of the Deceased CATHOLIC

Birthplace Pgh PA.

Resided in the State PA. (or U.S. or City or County) (Years) (Months)

Place of Death McKEES HOSPITAL

Cause of Death A3E HD

Contributory Causes POST UP STATUS

FEMORAL By PASS GRAFTS

Certifying Physician Geo. W. Morgett MD (or Coroner)

His Address 1102 Locust Pgh 15219

Motor / Ship } Remains to 905 Linn Homestead

Size of Casket 11 70 Hx COPPER Mountain (State Color and Number)

~~Manufactured~~ by R & B

Cemetery / Crematory } Calvary

Row Lot No. 24

Grave No. 29

Section No. 61

Block No. Vets Sec.

Owner

DOWDS
On Sun., Nov. 25, 1979 Thomas H.; beloved husband of Sally Macaluso Dowds; dear father of Mrs. Jack Dowds (U.S. Army) and Mrs. Mary Jo DeBor; father-in-law of Charla Dowds and Paul DeBor; grandfather of Michael Sean, Jacqueline Ann and Jonathan Paul; beloved nephew of Mrs. Marie Dowds. Friends receive at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes Ave., Mon. 1-3 and Tue. noon to 8. Funeral Mass Wed. from Church of Epiphany at 10 a.m. Mr. Dowds was a retired Pgh. Policeman and member of the F.O.P.

Complete Funeral (except outlays)	$ 1876 —
Casket Professional Bronze	1585 00
Burial Vault or Box R.B. (State Kind)	280 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Family (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Vets — Due to Burial	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Family	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Paul	
19 line Death Notices in 2 Papers Pgh Press (Names of Newspapers)	44 08
P Rec. Mon. & Tue. Nov 26 & 27	
Sales Tax	
Total Footing of Bill R P & N	$ 1934 08
Less DISCOUNT 2 Pct 20 Cts	$ 58 08
Balance	$ 1876 00
Entered into Ledger, page ..... or below.	

Misc. V.A. - 21530 submitted for m.u.o.r.

VA - 9 cemetery for burial

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12/24/79	To Above Balance	1350.00	$ 525.00	Due from Vets	To Balance Forward		$
Jan 80	By Payment Allen Vets	$ 75.00	$ 450.00	3/11 80	By Payment	$ 450 —	$ NONE
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Vaffle 12527109

281

Total No. 281 Yearly No. 19 Date of Entry 12-1 19 79

Name of Deceased ALFRED N. OSBORNE JR.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of } Age of Husband or Wife (if living) Years

Residence 2028 PIONEER AVE Pg. 16

Charge to Mrs. Alfred Osborne

Address Above

Order given by Edward (or informant)

How secured

If Veteran, Name of War T 25282245 Serial #

Occupation Retired Fireman (200707186) (Social Security Number)

Employer and Address Cal Fire Dept

Date of Death Dec 1 1979 (Mo.) (Day) (Yr.) (Hour)

Date of Birth 10/15/27 Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ALFRED OSBORNE Sr.

His Birthplace

Maiden Name of Mother Barbara Zehrman

Her Birthplace

Date of Funeral Dec 4 1979 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Protestant

Birthplace Pa

Resided in the State 70 (or U.S. or City or County) (Years) (Months)

Place of Death Bethel Park Convalescent Home

Cause of Death Bethel Park 15102

~~Contributory Causes~~

Certifying Physician George H Rittenhouse (or Coroner)

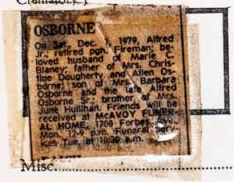
His Address 604 Washington Ave Bridgeville

Motor / Ship } Remains to Homestead Cemetery

Size of Casket 1170 Ht Copper (State Color and Number)

Manufactured by

Cemetery / Crematory }



Lot No. Cremation

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 7 Professional Premium	1370 00
Burial Vault or Box Cem No. UT (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 McAVOY FUNERAL HOME	
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)	20 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation from Pgh Pa	
Flowers, $ Palms, $ Matting, $	7 [illegible]
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 / Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service PD Paid	
13 line Death Notices in 2 Papers Post & Press Mon 12/3/79 (Names of Newspapers)	28 12
RCVD	
Sales Tax	
Total Footing of Bill	$ 1443 17
Less Medicaid	$ 18 17
Balance	$ 1425

Entered into Ledger, page or below.

Misc. 21-530 Medicaid Feb 11 80

48500W Indirect Paid 12/24/80

Date			Amount Paid	Balance
Dec 6	80	To Above Balance	14 25 00	$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Revised by W. W. Feineman, Long Beach, California

Burial of

Alfred N. Osborne Jr.

Date of Death

December 1, 1979

Date of Burial

Dec. 4, 1979

Place of Burial

Homewodd Cem. Pgh. Pa. 15217

Addressed to

Mrs. Marie C. Osborne
2028 Pio neer Ave.

Statement
of
Professional Service Rendered

CASH DISBURSEMENTS

Joseph M. McAvoy Funeral Home
1700 FORBES AVENUE
PITTSBURGH, PA. 15219
391-0667

282

PARTIAL PAY 79

RECORD OF FUNERAL

Total No. 282 Yearly No. 20 Date of Entry Dec 20 1979

Name of Deceased RAYMOND P KELLEY (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } or ..... of ..... Age of Husband or Wife (if living) ..... Years

Residence 305 West Elizabeth Pgh 15207

Charge to Cecilia Kelley

Address Edmond

Order given by Raymond M Kelley (or Informant)

How secured OFFICE

If Veteran, Name of War ..... (Give Rank & Serial No.)

Occupation Terminator 161-10-5616 (Social Security Number)

Employer and Address Edison Illum.

Date of Death Dec 20 1979 11:30 AM E.S.T. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 25 1901 Age 78 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father John Kelley

His Birthplace Ireland

Maiden Name of Mother Mary Dolan

Her Birthplace Ireland

Date of Funeral Dec 22-1979 10 A.M. (Date) (Day of Week) (Hour)

Services at St Philomena

Clergyman Rev Matthews T.O.R. (Address)

Religion of the Deceased Catholic

Birthplace Pgh Pa

Resided in the State Pa (or U.S. or City or Country) (Years) (Months)

Place of Death Mem. St. Hosp. Pgh 15240

Cause of Death Coronary Thrombosis

Contributory Causes Senile Mind

Certifying Physician Robert Hoffman M.D. (or Coroner)

His Address Forbes & Mc

Motor / Ship } Remains to 12/10/80

Size of Casket 77 HL (State Color and Number)

Manufactured by Wayne Oak

Cemetery / Crematory } Calvary Run

Lot No. 18

Grave No. 103

Section No. 16

Block No. 30

Owner ..... (Names of Newspapers)

Misc. .....

McAVOY FUNERAL HOME 3/31/80

Complete Funeral (except outlays)	$	1988 12
Casket Professional Funeral		1635 00
Burial Vault or Box (State Kind)		285 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and Date)		—
Net Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		—
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, $		390 00
Opening of Grave or Tomb X Vault		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		25 00
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Pall Bearers 10/31/79 Paid 11/13/79		43 12
1/1 line Death Notices in 3 Papers		
(Names of Newspapers) (20)		
Sales Tax		
Total Footing of Bill	$	
Less Cemetery Contribution	$	
Balance	$	2528 12

Entered into Ledger, page ..... or below.

Misc. Raymond Paid 1200 12/24/79

Welsh Pay Total Funeral 8

Cemetery Charges Memos Vets 8 55

Date		Amount Paid	Balance
12/24 79	To Above Balance	1200 —	$
12/29 79	By Payment	$ 430 —	$ 898 12
Jan 4 80	" "	$ [illegible]	$ 613 —
	" "	$	$
Jan 11 80	" " 33	$ 255 —	$
	" Ray	$ 30 —	$

Date		Amount Paid	Balance
3/20 80	To Balance Forward	75 00	$ 538 00
3/31 80	By Payment	$ 450 00	$ 88 —
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Edgerton, Long Beach, California

Veterans Administration

1000 LIBERTY AVE
PITTSBURGH PA 15222

MARCH 26,1980

IN REPLY REFER TO: 21/24

MCAVOY FUNERAL HOME
A/C R P KELLEY
1700 FORBES AVE
PITTSBURGH PA 15219

FILE NUMBER:
XC- 25 225 473
R P KELLE

WE HAVE AUTHORIZED PAYMENT TO YOU IN THE AMOUNT OF $450.00 AS AN ALLOWANCE FOR THE FUNERAL AND BURIAL EXPENSES OF THE DECEASED VETERAN.

THE EVIDENCE DOES NOT SHOW THAT THE VETERAN'S DEATH WAS DUE TO A SERVICE CONNECTED CONDITION.

$150.00 OF THE TOTAL PAYMENT AUTHORIZED REPRESENTS AN ALLOWANCE FOR PLOT OR INTERMENT EXPENSES.

THERE MAY BE AN ADDITIONAL AMOUNT PAYABLE FOR TRANSPORTATION. IF THERE WERE SPECIFIC CHARGES FOR TRANSPORTATION PLEASE FURNISH AN ITEMIZED STATEMENT OF SUCH CHARGES AND INDICATE WHETHER THEY WERE INCLUDED IN THE ORIGINAL CLAIM.

Indicate if par had to

450
88
538

VETERANS OF FOREIGN WARS OF THE U.S.

VETERANS ADMINISTRATION

VA FORM
OCT 1979 21-8332

Joseph M. McAvoy Funeral Home

1700 FORBES AVENUE

PITTSBURGH, PENNSYLVANIA 15219

391-0667

March 28, 1980

Veterans Administration
1000 Liberty Ave.
Pgh. Pa. 15222

R.E. Raymond P. Kelley Decd.
XC - 25 225 473
In reply to va letter March 26, 1980
Reference # 21/24

Gentlemen:

When I sent in the VA 21-530 Form and the funeral bill I did not itemize the transportation costs.
When deceased son Raymond Kelley Jr. paid his portion of the bill I remembered this and I collected an amount which left a balance due to me of $538.00 from the Va ($450 plus $88.00 for the transportation charges.
I also deducted the $75.00 which I was to teceive from Allegheny County Vets of Pa. I also deducted the $255.00 which I was to receive from Social Security as a lump sum death benefit.
However, I neglected or forgot to apply for the transportation expense because I was not certain wether I had itemized it separately or not. I have not received the $450.00 award but since according to your letter I have not itemixed the transportation expense, I will furnish an itemized statement of those charges.

Thank You:

Joseph M. McAvoy L.F.D.

RECORD OF FUNERAL

Total No. 283 Yearly No. I Date of Entry Jan 27 19 80

Name of Deceased INFANT FAZIO A JUSTIN (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence —

Charge to THOMAS FAZIO

Address 1138 FRANKLIN AVE Pgh 21

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War —

Occupation INFANT (Social Security Number)

Employer and Address .....

Date of Death STILL BORN (Mo.) (Day) (Yr.) (Hour)

Date of Birth (Mo.) (Day) (Yr.) Age (Yrs.) (Mos.) (Days)

Name of Father THOMAS FAZIO

His Birthplace Pgh

Maiden Name of Mother MARY E FRAZIER

Her Birthplace Pgh

Date of Funeral Jan 29 (Date) (Day of Week) (Hour) M.

Services at .....

Clergyman ..... (Address)

Religion of the Deceased CATHOLIC

Birthplace "

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death FAYPR PA

Cause of Death INTRA UTERINE

Contributory Causes fetal death

Certifying Physician M.J. MARAIS (or Coroner)

His Address 100 Brushton Square

Motor / Ship } Remains to Cemetery

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory }

Diagram of Lot or Vault

~~Lot No.~~ Row 3

Grave No. 78

Section No. 16

Block No. .....

Owner .....

Misc. .....

Complete Funeral (except outlays)	$
Casket 9 Inch	65 —
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 Office	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	25 —
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
..... line Death Notices in ..... Papers	
(Names of Newspapers)	
Sales Tax	90 —
Total Footing of Bill	$
Less	$
Balance	$

Entered into Ledger, page ..... or below.

AVOY FUNERAL HOME PAID Jan 29 80

Misc. .....

3.51 - 4.99

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

284

RECORD OF FUNERAL

Total No. 284 Yearly No. II Date of Entry Feb 22 1980

Name of Deceased LAFFAN Frazier B (Widowed) (White)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence — —

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Thomas Frazier

Address 1135 Franklin Ave Phila 19120

Order given by Aunt (or Informant)

How secured

If Veteran, Name of War No

Occupation Child

Employer and Address No (Social Security Number)

Date of Death Feb 22 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 29 1954 Age 25 0 0 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Thomas Frazier

His Birthplace PA

Maiden Name of Mother Mary E. FRAZIER

Her Birthplace PA

Date of Funeral Feb 25 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Mercy Hosp

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Ph Hospital

Cause of Death Severe Mental Confusion

Contributory Causes Severe CNS damage

due to (?)

Certifying Physician Jas J Greenberg MD (or Coroner)

His Address 1420 Locust Phila Pa 19102

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. Room 2

Grave No. 78

Section No. 16

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$
Casket 6 Bronze	65 —
Burial Vault or Box (State Kind)	20 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	25 —
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
line Death Notices in ..... Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 110 00
Less	$
Balance	$

Entered into Ledger, page ..... or below.

McCUSKER FUNERAL HOME

2 23 80

Misc.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

285

Total No. 2855 Yearly No. 3 Date of Entry Feb 23 1980

Name of Deceased NORMAN HOWARD

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of ..... (What Race)

Age of Husband or Wife (if living) ..... Years

Residence Retired Retired - Long Beach Calif.

Charge to MRS Mgt. 3T ROTT (31ST (R)

Address Above

Order given by Above (or informant)

How secured

If Veteran, Name of War NO

Occupation Locomotive Engineer - Ret

Employer and Address Ret - (Social Security Number) 570-32-5106

Date of Death Feb 23 - 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 15 1898 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Francis P. Howard

His Birthplace -

Maiden Name of Mother Nellie Sullivan

Her Birthplace

Date of Funeral Feb 27 - 1980 - Wed 10:45 A.M. (Date) (Day of Week) (Hour)

Services at Chapel - Broadway

Clergyman F. L. Braithwaite (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 Cam Pendleton

Cause of Death Septicemia - Urosepsis

Contributory Causes Bacteriuria - Ca Hd

A Conv. Furuncle

Certifying Physician Alphonsus J. Capossela (or Coroner)

His Address 591 Elm Pasing Fated

Motor / Ship Remains to

Size of Casket 3.13.11L - Brangton 41L252H (State Color and Number)

Manufactured by Ford

Cemetery / Crematory Ford Danville

Lot No.

Grave No.

Section No.

Block No.

Owner

M

a.m.

HOWARD

Suddenly Sat., Feb. 23, 1980, Norman P.; beloved brother of Mrs. Margaret Strott, Mrs. Doris Callahan & John Howard. Friends received J. M. McAVOY FUNERAL HOME, 1700 Forbes at VanBraam (2 blocks east of Bayley Hosp.) Mon. & Tue. 2-4 & 7-9, where Blessing Service will be held Wed. 10:45 a.m. He was retired business agent Hotel, Restaurant & Bartenders Local 57.

Complete Funeral (except outlays) $	
Casket Professional Discount	1895 —
Burial Vault or Box Continental (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Family (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to J. M. McAVOY FUNERAL HOME	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
$ ..... Certif. Copies of Death Certificates No.	16 00
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation INCLUDED	
Flowers, $ ..... 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 —
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 4 Papers	56 56
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	1974 56
Less $	
Balance $	
Entered into Ledger, page ..... or below.	

Misc. INVOICE # 06324

Paid March 26 1980

AR 14777

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

286 Balance Due

RECORD OF FUNERAL

Total No. 286 Yearly No. 4 Date of Entry MARCH 7 1980

Name of Deceased VICTORIA ORNATO (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Residence 1913 FIFTH AVE

Charge to VINCENT ORNATO

Address 1429 EAST CARSON

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War —

Occupation COUNTY CLERK 192-05-9907 (Social Security Number)

Employer and Address County Clerks Office

Date of Death March 7, 1980 2 am (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 12, 1913 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father VINCENT ZERBE ZAUCKA

His Birthplace —

Maiden Name of Mother STELLA FIRKO

Her Birthplace —

Date of Funeral March 10, 1980 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY CHURCH

Clergyman FR MATTHEW (Address)

Religion of the Deceased CATHOLIC

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death ASCAND

Contributory Causes "

Certifying Physician Norma PERPER MD (or Coroner)

His Address 542 - 4th Ave

Motor / Ship } Remains to .....

Size of Casket 1170 42 Grey Manchester P822 (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Calvary

ORNATO
Suddenly on Fri. Mar. 7, 1980, Victoria Berezniak; beloved wife of Alfred; mother of Vincent and Leonard; two grandchildren, Vincent Jr. and Dorothy. Friends received at J. M. McAVOY F.H. 1700 Forbes at Van Braam, 2 blocks east Mercy Hosp. Funeral Mon. from Church of the Epiphany at 10 a.m. Visitation 2-4 & 7-9 p.m. Sat. & Sun.

Lot No. .....
Grave No. .....
Section No. 16
Block No. X D
Owner .....

Phone 381-1935

Complete Funeral (except outlays)	$
Casket 3 Professional Bronze	1580 00
Burial Vault or Box (State Kind)	290 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	60 00
Suit or Dress	
Slippers, $ ..... Hose, $ ..... (State Kind and Color)	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (State Number and District)	
1 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	2 00
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	30 00
Railroad or Motor { Tickets, $ ..... Aeroplane } Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
1/3 line Death Notices in 2 Papers ..... (Names of Newspapers)	38 00
Sales Tax	
Total Footing of Bill	$ 2000 00
Less	$ 1500 00
Balance	$ 500
Entered into Ledger, page ..... or below.	

Misc. IN MEMORIAM AD 07484 WW Paid 4/23/80

Date		Amount Paid	Balance
3/12/80	To Above Balance Mellon	1064 07	$ 935 93
3/13/80	By Payment	$ 435 93	$ 500 00
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 287 Yearly No. 5 Date of Entry March 24 1980

Name of Deceased FRED J. SCHAEFER (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1206 TUSTIN ST.

Charge to MARGARET DAVIS

Address Same

Order given by 391-4099 Mrs Davis (or Informant)

How secured

If Veteran, Name of War No

Occupation Retired Bus. Opt. Operations (Social Security Number)

Employer and Address Local #7 [illegible]

Date of Death March 24, 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 31 1887 Age 93 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Fred J. Schaefer Sr.

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Date of Funeral Monday 31 8a M. (Date) (Day of Week) (Hour)

Services at St. Mortuary Church Chapel

Clergyman Father Mahoney (Address)

Religion of the Deceased Catholic

Birthplace Pa

Resided in the State Cal (or U.S. or City or County) (Years) (Months)

Place of Death St. Board

Cause of Death Chronic Obs. Lung Dis.

Contributory Causes Arteriosclerosis

Congestive Failure

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to [illegible]

Size of Casket 1277 HL (State Color and Number) PRR Baroque

Manufactured by Crescent

Cemetery / Crematory } Pacific Crest Cemetery

Lot No. 4844

Grave No. 5

Section No.

Block No.

Owner


...the Immaculate Heart of Mary Church at 10 a.m.

SCHAEFER

On Mon. Mar. 24, 1980, Fred, dear friend of Margaret T. Davis, step-father of William T. Davis; grandfather of Patricia Sparks and Susan Bell; brother of Sr. Frances Regis of Divine Providence in Boston, Mass.; also survived by two great-grandchildre four nieces. Friends, received at J. M. McAVOY FUNERAL HOME, 1700 Forbes at Van Buren (2 blocks east Mercy Hosp.) Tues. and Wed. 2-4 & 7-9 p.m. Funeral Mass Thurs. from St. Martin's Church at 10 a.m.

Complete Funeral (except outlays) $	
Casket 8 Professional Memorial	1095 —
Burial Vault or Box (State Kind)	250 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to CAVOY FUNERAL HOME	
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)	12 00
Pall Bearer Services $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Fam	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Fam	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	Fam
Railroad or Motor { Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
17 line Death Notices in 2 Papers (Names of Newspapers) Press Tel. & Star 25.00 ea.	47 84
Sales Tax	
Total Footing of Bill $	1348 84
Less $	
Balance $	
Entered into Ledger, page or below.	

Misc. Invoice # 09414 W. Mar. Paid

Paid May 28, 1980

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

Revised by W. W. Feineman, Long Beach, California

288

D P A

RECORD OF FUNERAL

Total No. 288 Yearly No. 6 Date of Entry April 21 1980

Name of Deceased ANNIE CARR

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 716 Mumford St. Rph. 15219 ☐ Husband ☐ Wife ☐ Widow } or ..... of } ..... (What Race)

Charge to Public Assistance Age of Husband or Wife (if living) ..... Years

Address

Order given by Court Reporting Corp. (or informant)

How secured "

If Veteran, Name of War "

Occupation Process Cutter 211-07-6672 (Social Security Number)

Employer and Address

Date of Death April 21 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 11 1897 (Mo.) (Day) (Yr.) Age 83 (Yrs.) (Mos.) (Days)

Name of Father Joseph [illegible]

His Birthplace

Maiden Name of Mother Rose Golden

Her Birthplace

Date of Funeral April 23 1980 (Date) (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman T. L. Matthews (Address)

Religion of the Deceased Christian

Birthplace Canada

Resided in the State Penna (or U.S. or City or County) (Years) (Months)

Place of Death Ashton

Cause of Death Myocardial Infarction

Contributory Causes

Certifying Physician Lawrence Rosen M.D. (or Coroner)

His Address 5142 4th Ave.

Motor / Ship } Remains to F. Donatelli

Size of Casket

Manufactured by (State Color and Number)

Cemetery / Crematory } F. Donatelli

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	
~~Casket~~ Standard Services		350 00
Burial ~~Vault or~~ Box (State Kind)		included
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ ✓		5
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $ ✓		5
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
..... Certif. Copies 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		90 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		10 00
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Line Death Notices in ..... Papers		10 —
(Names of Newspapers) McAVOY FUNERAL HO...		
Sales Tax		
Total Footing of Bill	$	400 00
Less	$	
Balance	$	

PAID

Entered into Ledger, page PEH or below.

Misc. D.P.A. applied for Comm.

Date		Amount Paid	Balance
April 21 80	To Above Balance	50 00	$ 350 00
June 17 80	By Payment PA	$ 350 —	$ Paid
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Edgerton, Jean Bank, Pittsburgh

RECORD OF FUNERAL 884670 289

Total No. 288 Yearly No. 7 Date of Entry April 23 1980

Name of Deceased RONALD W ROSS

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1602 NAPOLEON ST. Phila

☐ Husband ☐ Wife ☐ Widow or ..... of } (What Race)

Age of Husband or Wife (if living) ..... Years

Charge to ELIZABETH ROSS

Address Above

Order given by Above

How secured (or Informant) PHONE

If Veteran, Name of War — 165-26-0921

Occupation HAVSC K.C.A. RMG DEPT (Social Security Number)

Employer and Address Kaufmanns Pgh.

Date of Death April 23 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 18-1936 Age 43 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CARL ROSS

His Birthplace Pgh

Maiden Name of Mother KATHERINE KURCHEK

Her Birthplace Pgh

Date of Funeral April 28 - Monday - 10 a M. (Date) (Day of Week) (Hour)

Services at St. Andy Chapel

Clergyman MSGR. POLLOWAY (Address)

Religion of the Deceased UKRANIAN CATHOLIC

Birthplace Pgh

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death FORT MYER COMMUNITY HOSP LEE COUNTY - FORT MYERS - FLA

Cause of Death Cerebral Hemorrhage

Contributory Causes .....

Certifying Physician ED. E. STEINMETZ M.D. (or Coroner)

His Address 3661 Central Ave FORT MYERS FLA 33901

Motor / Ship } Remains to LEE CO FLA

Size of Casket U L A (State Color and Number)

Manufactured by .....

Cemetery / Crematory } St. John Baptist Ukranian Cathlic Cem. Baltimore Boro.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

ROSS

Suddenly April 23, 1980, in Fort Myers, Fla., Ronald J.; husband of Elizabeth Settle; father of Deborah, Ronald Jr., Jeffery, Melinda, Mrs. Elizabeth Lipera and Mrs. Patricia Widman; son of Mrs. Katherine Ross; brother of Harry Ross; nephew of Rose and Hubert Bunting; also three grandchildren. Friends received at A. M. McAVOY FUNERAL HOME, 1700 Forbes at VanBraam (two blocks east of Mercy Hosp.) Fri., Sat. & Sun. 2-4 & 7-9 p.m. where Blessing Service will be held Mon. at 10 a.m. with interment St. John Ukrainian Catholic Cemetery, Parastas Sun. evening 7 p.m.

RIGGIERI

Complete Funeral (except outlays)	$
Casket F.C. Landmark Bronze	3275 —
Burial Vault or Box	385 00
Embalming Body (State Kind)	
Barber, $ ..... Hair Dressing, $ ..... (Name of Embalmer)	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest AVOY FUNERAL HOME	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit ..... (Street Number and District)	
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$ 3660 00
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	200 00
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	191 93
Outlay for Shipping Charges	50 00
Clergymen, $ ..... Singers, $ ..... Organist, $	
Railroad / or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
24 line Death Notices in 3 Papers (Names of Newspapers) Fla Star News	97 02
Sales Tax	$ 4198 95
Total Footing of Bill	$
Less	$
Balance	

Entered into Ledger, page ..... or below.

Misc. All Credited for

INVOICE # 13629 - 4/30/80

Paid May 28-1980

Date		Amount Paid	Balance
	To Above Balance	3943 95	$ 255 —
5/1/81 80	By Payment 500 Bal	2255 —	$ NONE
6/24/80	" "		$
	" "		$
	" "		$
	" "		$
	" "		$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I, 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 same within .....

290

RECORD OF FUNERAL

Total No. 290 Yearly No. 8 Date of Entry MAY 4 1980

Name of Deceased HARRY LEVINE
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 214 SENECA ST

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Elizabeth M. Jenard

Address Oakmont

Order given by ..... (or informant)

How secured .....

If Veteran, Name of War No

Occupation Deputy Coroner (Social Security Number)

Employer and Address Allegheny County

Date of Death MAY 4 1980 12 20 AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth MAR 23 1915 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father MORRIS LEVINE

His Birthplace —

Maiden Name of Mother I.D.A. —

Her Birthplace —

Date of Funeral MAY 7 1980 M. (Date) (Day of Week) (Hour)

Services at McAuley Church (Address)

Clergyman Fr. MATTHEW

Religion of the Deceased —

Birthplace PENNA

Resided in the State PENNA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSP

Cause of Death Accid

Contributory Causes .....

Certifying Physician JOSHUA PERPER (or Coroner)

His Address 542 - 4th Ave

Motor / Ship } Remains to —

Size of Casket 18GA Grecian Silver 18GA Accord - 1N (State Color and Number) VELVET

Manufactured by INDEPENDENCE ABBEY CO.

Cemetery / Crematory } VAL-CET-ANN

Lot No. 47
Grave No. 6
Section No. 40
Block No. .....
Owner .....

ST MORDANT

LEVINE

Suddenly on Sun., May 4, 1980, Harry (Herky); beloved husband of Elizabeth Jordon; father of Mrs. Betty Anthony and Lawrence Levine, and the late Mrs. Lorraine Arnold; brother of Mrs. Anna Cannon, Mrs. Shirley Ghezzi of Miami, Fla. and Saul Laven of Philadelphia and the late Jessie Levine and Mrs. Rose Cooper; grandfather of Robert Arnold and Sue, Mark and Michael Anthony. Friends received at the JOSEPH McAVOY FUNERAL HOME, For. 5th Ave. at VanBraam (2 blocks East of Mercy Hospital) Mon. and Tues. from 2-9 p.m. Services Wed. at 11 a.m. Mr. Levine was Deputy Coroner of Allegheny County.

Complete Funeral (except outlays) $	
Casket 2 Progressional Bronze	3795 00
Burial Vault or Box (State Kind)	210
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from SAVOY FUNERAL HOME	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to July 2 80	
Removal Charges	
Procuring Burial Permit — (State Number and District)	
5 Certif. Copies of Death Certificates No. PER (Coroner's or Coroner's)	15 00
Pall Bearer Service, $ ..... Use of Chapel, $	300 00
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
2 2 line Death Notices in 4 Papers (Names of Newspapers) Labor 2 Pgh. Messenger	108 68
Sales Tax	13
Total Footing of Bill $	4259 68
Less $	255 68
Balance $	3998 00

Entered into Ledger, page ..... or below.

Misc (INVOICE # 13778 5/09/80) Paid 6/21/80

Date			Amount Paid	Balance	Date			Amount Paid	Balance
5/19	80	To Above Balance	2223 60	$1775 00			To Balance Forward		$
7/2	80	By Payment	$1775 00	$ -0-			By Payment	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

VA CLAIM # 03588564

RECORD OF FUNERAL

Total No. 291 Yearly No. 9 Date of Entry May 13 1980

Name of Deceased HARRY MARATTA Enlisted PFC 22 207 484 (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 2016 FORBES AVE

Charge to MARY KINSERS

Address Above

Order given by Above (or informant)

How secured Enlisted AF

If Veteran, Name of War WW II - 33307484

Occupation Retired SS 162-14-5679A (Social Security Number)

Employer and Address -

Date of Death May 13 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 11 1909 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Unk

His Birthplace -

Maiden Name of Mother Unk

Her Birthplace -

Date of Funeral May 16 1980 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Dr. Munyon (Address)

Religion of the Deceased PROTESTANT

Birthplace PA

Resided in the State PA (or U.S. or City or Country) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Duodenal Ulcer C.V. Bleeding

Contributory Causes HYPOKALEMIC ENCEPHALOPATHY

Succumbing to Complete Pulmonary Arrest

Certifying Physician Louis Peter Gallo (or Coroner)

His Address 500 Locust Trust Bldg 15226

Motor / Ship } Remains to Greenwood Cem.

Size of Casket Estate Special (State Color and Number)

Manufactured by Spartan PBC

Cemetery / Crematory } Z T - Belle H



Diagram of Lot or Vault

Lot No. Row 46

Grave No. 24

Section No. 12

Block No. Range 2

Owner

Misc.

Complete Funeral (except outlays)	$
Casket Wood Shrouded	680 00
Burial Vault or Box (State Kind)	60 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Complete (State Kind and Color)	60 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	60 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)	15 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Cemetery Charges	260 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
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	
	10 00
5 line Death Notices in 1 Papers, (Names of Newspapers)	
21.17.80	
Sales Tax	
Total Footing of Bill	$ 1170 00
Less PER Balance	$
Entered into Ledger, page ..... or below.	$

Misc. J. Spartan PBC - Paid 5/23/80

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
5/14	80	To Above Balance	230	—	$				To Balance Forward			$	
5/15	80	By Payment	$ 160	—	$ 780	00			By Payment	$		$	
6/17	80	Boucalis	$ 255		$ 525	00			" "	$		$	
7/17	80	" VA	$ 450	00	$				" "	$		$	
7/17	80	" Vets affairs	$ 75	—	$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

292 391-0693

RECORD OF FUNERAL

555A8

Total No. 292 Yearly No. 80 Date of Entry June 4 ✓ 19 80

Name of Deceased FRANK J RIZZO (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 1617 EDNA ST Phila. 19 ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to ST. MARY'S CEMETERY

Address Aldenwood

Order given by Aldenwood (or Informant)

How secured

If Veteran, Name of War W.W.II 1312 8763

Occupation Clerk 200-01-7469 (Social Security Number)

Employer and Address Navy

Date of Death June 4 - 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 15 1912 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Rocco Rizzo

His Birthplace ITALY

Maiden Name of Mother MARIA CASCELLI

Her Birthplace ITALY

Date of Funeral June 6 1980 (Date) (Day of Week) (Hour) M.

Services at CHAPEL

Clergyman F.R. Matthews (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 Aldenwood Villa

Cause of Death Ca of Lung 2 Metastases to liver

Contributory Causes

Certifying Physician Herman Sandler (or Coroner)

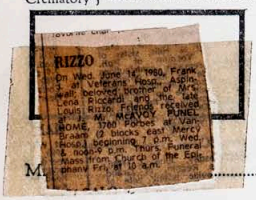
His Address

Motor / Ship Remains to

Size of Casket 7 7 1/4 L (State Color and Number)

Manufactured by

Cemetery / Crematory



Lot No.

Grave No.

Section No.

Block No.

Owner

M.

Complete Funeral (except outlays)	1495 00
Casket Stainless Steel Lowe	1295 —
Burial Vault or Box (State Kind)	200 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
10 Certif. Copies of Death Certificates No. (State Number and District)	— —
Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Stone only	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 3 Papers	46 08
Phila Inq Bulletin (Names of Newspapers)	
Sales Tax 6% 80	
Total Footing of Bill $	1551 08
Less $	
Balance $	

Entered into Ledger, Page ..... or below.

Misc. 1658 W Inv - Pd 7/15

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
4	30	80	To Above Balance	700	00	$ 851	—			To Balance Forward		$	
Aug	6	80	By Payment allen church	$ 75	—	$ 776	—			By Payment	$	$	
Sept	24	80	" " Peter T Mahoney	$ 540	00	$ 236	—			" "	$	$	
Oct		80	" " 35	$ 236	00	$ 19	00	cr 6	mm	" "	$	$	
			" "	$		$		Rec'd 01		" "	$	$	
			" "	$		$				" "	$	$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and 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. 293 Yearly No. 11 Date of Entry June 22 1980

Name of Deceased EUGENE M HANEY

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow (What Race)

Residence 1123 Gladys Ave Long Beach or ..... of Age of Husband or Wife (if living) ..... Years

Charge to L.I.W.D.A. Planning Bill 16

Address Colonial Chapel 3-423-6028

Order given by " (or informant)

How secured .....

If Veteran, Name of War Korea

Occupation Piano Tuner

Employer and Address Musicraft Mfg. (Social Security Number) Hosp

Date of Death June 20, 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 3, 1914 Age 3 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Edward Haney

His Birthplace Ill.

Maiden Name of Mother Helen Kennedy

Her Birthplace Pa.

Date of Funeral June 26 (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Fr Matthews (Address)

Religion of the Deceased Catholic

Birthplace Pa.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Memorial Hospital

Cause of Death Coronary Occlusion

Contributory Causes Acute Pulmonary Edema

Certifying Physician Michael Erlich M.D. (or Coroner)

His Address .....

Motor / Ship Remains to .....

Size of Casket 577 HL (P&V) Adjustable (State Color and Number)

Manufactured by I.H.C.T. Burton Belair Corp.

Cemetery / Crematory .....



Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)		1440 28
Casket	3 Professional Service	2085 00
Burial Vault or Box (State Kind)		280 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to McAVOY FUNERAL HOME		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to ..... July 27-80		
Removal Charges		
Procuring Burial Permit		
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		30 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... Crematory		
Cremation		
Flowers, $ ..... 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 / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
16 Line Death Notices in 3 Papers		65 28
(Names of Newspapers) Press Telegram & Press (3 insertions)		
Sales Tax		
Total Footing of Bill	$	2485 28
Less D.I.S.C.	$	45 00
Balance	$	2440 28

Entered into Ledger, page ..... or below.

Misc. NO V.A. INV 18320-W P.O. 6/26/80

Billed 7/15/80

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

294 6/4/ 3311 VA claim (ask for June Harper)

RECORD OF FUNERAL

Claim # C-2879083

Total No. 2 94 Yearly No. 12 Date of Entry June 30 19 80

Name of Deceased JOHN HENRY FRIES 766-03-46 (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2637 BRIGHTON RD Apt 12

☐ Husband ☐ Wife ☐ Widow } or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to CONSTANCE FRIES

Address Above

Order given by ..... (or informant)

How secured ..... Funeral

If Veteran, Name of War WW II 33-167-184

Occupation RETIRED

Employer and Address Allen Henry Fries (Social Security Number)

Date of Death June 30 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 15 1905 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ALBERT FRIES

His Birthplace —

Maiden Name of Mother ELLEN NORMAN

Her Birthplace .....

Date of Funeral July 3 1980 10:00 A.M. (Date) (Day of Week) (Hour)

Services at TRINITY

Clergyman Fr. Matthew (Address)

Religion of the Deceased Episcopal

Birthplace PA

Resided in the State 74 (or U.S. or City or Country) (Years) (Months)

Place of Death VA Medical Center Durham NC

Cause of Death CA Bladder

Contributory Causes CA Metastases

.....

Certifying Physician A.D.J. MARTHA (or Coroner)

His Address Buxton NC Med. Cen.

Motor / Ship } Remains to from Buxton to Rgh.

Size of Casket 5-7 Hh Bluestone (PEU-R.)

Manufactured by 1424 24 Blue Bilan Corp. (State Color and Number)

Cemetery / Crematory } Cedarcrest

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Misc. .....

J.D.K. H 64, 135, 662

Complete Funeral (except outlays)	$	
Casket Professional Services	2135	00
Burial Vault or Box (State Kind)	295	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Complete (State Kind and Color)	65	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
10 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	Free	
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	Family 25	00
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
17 line Death Notices in 3 Papers (Names of Newspapers)	68	46
Sales Tax		
Total Footing of Bill ..... $	2563	46
Less ..... $	50	46
Balance ..... $	2513	00

Entered into Ledger, page ..... or below.

Misc. Funeral for Mr. Matthew for Bal Due

INVOICE 19240W Amount Paid 8/6/80

(Visty Inc)

Date		Amount Paid	Balance
July 3 80	To Above Balance	1948 46	$ 615 —
August 7 80	By Payment (Allegro Trust)	$ 75 —	$ 540
Sept 22 80	" VA	$ 560 00	$ 20 —
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

295

Total No. 295 Yearly No. 13 Date of Entry July 21 19 80

Name of Deceased Mary A Bolton

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Age of Husband or Wife (If living) ..... Years

Residence 2211 Milford Dr

Charge to Bethel Park Pa.

Address

Order given by John Bolton (Son) 205 Coltart (or Informant)

How secured Phone 221-3 (681-2806)

If Veteran, Name of War No

Occupation Retired Postal Super (Social Security Number)

Employer and Address U.S. Post Office

Date of Death July 21 1980 1:12 pm (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 19 1891 Age 88 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father Patrick Muldoon

His Birthplace

Maiden Name of Mother Nora Doyle

Her Birthplace

Date of Funeral July 23 1980 M. (Date) (Day of Week) (Hour)

Services at Funeral Home (Address)

Clergyman Fr Cecil - Holy Family

Religion of the Deceased Catholic

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death Accident

Contributory Causes

Certifying Physician Joshua A Cooper MD (or Coroner)

His Address 542 - 4th Ave Pgh 15219

Motor / Ship } Remains to

Size of Casket 72 in 42 (R I B) (State Color and Number)

Manufactured by IN Vault 20860 PAID

Cemetery / Crematory } Calvary

Muldoon Lot

Diagram of Lot or Vault

Lot No.

Grave No. 1

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)		
Casket 4 Professional Service	1340	00
Burial Vault or Box (State Kind)	270	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or ~~Dress~~ Complete Cleaning (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 CAVOY FUNERAL HOME		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Oct 1 80		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificate No. (Signature of Doctor or Coroner)	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 From Vault		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
14 line Death Notices in 2 Papers	39	58
(Names of Newspapers) Pgh Press & Pgh Press		
Sales Tax		
Total Footing of Bill	$ 1740	58
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Misc. B.I.C.O. 2 trans 9/15/80 PD 02

INV 20860 W PD 9/23/80 Mgr 9/30/80

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

296 VA 281-4233

RECORD OF FUNERAL

563 3 817

Total No. 296 Yearly No. 14 Date of Entry July 31 1980

Name of Deceased HUBERT BUNTING

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1233 ARKANSAS AVE 13416 ☐Husband ☐Wife ☐Widow or ..... of } (What Race) Vets Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Bunting 78

Address Above

Order given by Above (or informant)

How secured 23-28-33 3x 14 Mth

If Veteran, Name of War WO

Occupation Truck Driver (Social Security Number)

Employer and Address

Date of Death July 31 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 30 23 Age 56 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father O. O. Bunting

His Birthplace

Maiden Name of Mother —

Her Birthplace

Date of Funeral Aug 3 - 80 (Date) (Day of Week) (Hour) M.

Services at St. John Mortuary

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace N. Carolina

Resided in the State Ca (or U.S. or City or County) (Years) (Months)

Place of Death Mercy Hospital

Cause of Death Coronary Thrombosis

Contributory Causes Fall Down Stairs

Certifying Physician Joshua A. Piper (or Coroner)

His Address 5402 4th Ave

Motor / Ship } Remains to

Size of Casket INV. 166 22142W ~~Ex Fast~~

Manufactured by HL-UBV (1806-80) (State Color and Number)

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Misc.

Complete Funeral (except outlays)	$	3475 00
Casket		3475 00
Burial Vault or Box		975 —
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ ..... (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
Slippers, $ ..... Hose, $ ..... (State Kind and Color)		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. ..... (State Number and District)		Vets
Pall Bearer Service, $ ..... Use of Chapel, $ ..... (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor { Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
20 line Death Notices in 2 Papers		95 00
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less		
Balance	$	3980 00
Entered into Ledger, page ..... or below.		100 00
		3930 00
		OK RCPT

Misc. Bill out 9/15/80

INVOICE 22142W PD 9/25

Date			Amount Paid	Balance
9/25	80	To Above Balance	2138 34	$1860 26
10/25	80	By Payment	1800 00	$ 3834 —
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Date			Amount Paid	Balance
		To Balance Forward	$	$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 297 Yearly No. 15 Date of Entry Sept 9 1980

Name of Deceased BRONISLAW PEGDAN (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living) ..... Years

Residence 4928 Dearborn St

Charge to Mary Haney

Address 10 Welsh Quay Phila 19

Order given by Above (or Informant) 431-7846

How secured

If Veteran, Name of War No

Occupation Warehouseman 167037339 (Social Security Number)

Employer and Address

Date of Death Sept 7 80 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 6 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father

His Birthplace Pa

Maiden Name of Mother Apalonia Malaszyn

Her Birthplace Poland

Date of Funeral Sept 12 1980 M. (Date) (Day of Week) (Hour)

Services at St Thomas Church

Clergyman Catholic (Address)

Religion of the Deceased

Birthplace Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Misc Losses Hosp

Cause of Death Myocardial Infarction

Contributory Causes

Certifying Physician Donald Wilfong (or Coroner)

His Address West Penn Hosp

Motor / Ship } Remains to Calvary

Size of Casket 1032 HL Indian Cadillac (State Color and Number)

Manufactured by Interior Velvet Co Inc Phila Pa

Cemetery / Crematory } Calvary EP4 320 30

Lot No. L 304

Grave No. Gr 5

Section No.

Block No.

Owner

Diagram of Lot or Vault

Misc. Mary Haney Phone 431-7846

Complete Funeral (except outlays)	$	
Casket # Professional Bronze	1770	00
Burial Vault or Box (State Kind)	310	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	6	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb Bullard Lay Crew		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	-	-
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
20 line Death Notices in PHILA. INQUIRER Papers	43	84
(Names of Newspapers) DAILY NEWS Oct 3 80		
Sales Tax		
Total Footing of Bill	$ 2129	84
Less PER Balance	$ 29	84
Entered into Ledger page ..... or below.	$ 2100	00

Misc. ASSUG Plan Paid 10/27/80

259234 W 9/30/80

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

298 DISC Below

RECORD OF FUNERAL

Total No. 298 Yearly No. 16 Date of Entry Sept 13 1980

Name of Deceased VINCENT ORNATO
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2429 EAST CARSON
☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to DOROTHY ORNATO - OTR

Address 2429 (5806 HOWE ST.

Order given by Pgh Pa 15232
(or informant)

How secured

If Veteran, Name of War NO

Occupation IRON WORKER 162-28-9291
(Social Security Number)

Employer and Address LOCAL 6

Date of Death Sept 13, 1980
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 10-1938 Age
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father ALFRED ORNATO

His Birthplace Pa

Maiden Name of Mother Wassoria Berezniak

Her Birthplace POLAND

Date of Funeral Sept 16-1980 10 A.M.
(Date) (Day of Week) (Hour)

Services at ZELIENOPLE

Clergyman E A Matthew
(Address)

Religion of the Deceased Catholic

Birthplace Zelienople Pa

Resided in the State Pa
(or U.S. or City or County) (Years) (Months)

Place of Death E.R. McKeesport HOSPITAL

Cause of Death FATTY LIVER

Contributory Causes

Certifying Physician James A. Cooper MD
(or Coroner)

His Address 542 4th Ave

Motor / Ship } Remains to

Size of Casket 11-70 HL (R.I.P.)
(State Color and Number)

Manufactured by Aurora

Cemetery / Crematory }

Lot No. 257

Grave No. 61 or 62

Section No. 16

Block No.

Owner Mrs Pelich

Mi...

...

...

$1491 Paid
1048m80

RECORD OF FUNERAL

0060 2284 299
VA claim #

Total No. 2998 Yearly No. 17 Date of Entry Sept 26 1980

Name of Deceased Joseph ORNATO

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 232 Lamington Ave Ph 28 (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Eugene Ornato

Address Absecon (241-6828) Ph.

Order given by "

(or Informant)

How secured "

If Veteran, Name of War WWII

Occupation Retired Plumber Helper

(Social Security Number)

Employer and Address 175-12-3794

Date of Death Sept 26 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Age 84 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father EDWARDO ORNATO

His Birthplace ITALY

Maiden Name of Mother Theresa VALENZA

Her Birthplace ITALY

Date of Funeral Sept 29 mon 9 30 M. (Date) (Day of Week) (Hour)

Services at McAvoy Chapel (Address)

Clergyman F.R. Matthews

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death V.A.M.C. Aspinwall Pa.

Cause of Death Cardio Respiratory Arrest

Contributory Causes Coronary Arteriosclerosis

CA of Bladder

Certifying Physician MILTON DEEGAN (or Coroner)

His Address V.A.M.C. Aspinwall

Motor / Ship } Remains to

Size of Casket 1323 Ht. (Rose) (State Color and Number)

Manufactured by Aronson + Peterman

Cemetery / Crematory }

ORNATO
On Sept. 26, 1980, Veterans Hosp., Aspinwall, Joseph, a veteran of World War I, brother of Eugene, Patrick, Albert, Clarence and Sarah. Visitation at J.M. McAVOY F.H., Forbes at Van Braam (2 blocks east Mercy Hosp.) Sat. 7-9 and Sun. 12-9. Blessing Services Mon. at 9:30 a.m. Interment Calvary Cemetery.

Lot No. 257

Grave No. 1 Kennedy Top path

Section No. T 1950

Block No.

Owner

#1584 Unearthly Cotokin
VAC 64,135, 665

Complete Funeral (except outlays)	$
Casket	1995 00
Burial Vault or Box (State Kind)	320 00
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress clothing (State Kind and Color)	100 00 / 70 00
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery No. @ $ Expensed	90 00
Extra Limousines @ $ None	
Autos to R. R. Station @ $ None	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to 10.8.80	
Deliver Flowers to 10.11.1980	
Removal Charges	
Procuring Burial Permit (State Number and District)	
10 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	Ltr
Pall Bearer Service, $ ..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Exempt	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb Exempt Cemetery	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ ..... Singers, $ ..... Organist, $	25 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
12 line Death Notices in 2 Papers	39 80
Sat 1 Dec (9.23) Press (Names of Newspapers)	
Sales Tax (6% S.T.)	
Total Footing of Bill	$ 2539 80
Less	$
Balance	$

Entered into Ledger, page ..... or below.

LAVOY FUNERAL HOME

Misc (55A8) (21-530) (Form 11 Cem)
Call Sent 10/1/80
27185 W INV Bill 9/30/80

Date		Amount Paid	Balance
10/1/80	To Above Balance	255 00	$
10/22/80	By Payment	$ 540 00	$ 1744 80
11/18/80	" " Coinsurance	$ 178 15	$ 1566 65
11/24/80	County VETS	$ 75 00	$ 1491 65
	" "	$	$
	" "	$	$

Paid 12/15/81

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges Call Mrs Dodurtee Insurance Companies 644 6640 for info

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director) from Coinsurance

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from Money

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

300 2011 1995 46

RECORD OF FUNERAL

Total No. 300 Yearly No. 18 Date of Entry OCT 1 1980

Name of Deceased CATHERINE J McAVOY

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 1700 FORBES AVE

Charge to ALICE M COCCHIOLA

Address 730 IRWIN DRIVE Pgh 15236

Order given by "

How secured " (or informant)

If Veteran, Name of War NO

Occupation OWNER FUNERAL HOME (Social Security Number)

Employer and Address Self

Date of Death OCT 1 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth AUG 9 1894 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father CHARLES STEELE

His Birthplace PENNSYLVANIA

Maiden Name of Mother JULIA FEENEY

Her Birthplace PENNSYLVANIA

Date of Funeral OCT 4 1980 (Date) (Day of Week) 3:00 10a (Hour) M.

Services at EPIPHANY CHURCH

Clergyman FR MATTHEW (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 16 GRANDE PGH PA

Cause of Death CARDIAC ARREST

Contributory Causes RADICAL HYSTERECTOMY HEART DIS-EASE PULMONARY EDEMA

Certifying Physician PATRICK LOUMIS (or Coroner)

His Address 1501 LOCUST ST

Motor / Ship } Remains to 1777 (1077 sealed)

Size of Casket CLASS A BRONZE (State Color and Number)

Manufactured by INTERIOR 1443 BOYD SILVER TUFT

Cemetery / Crematory } Calvary Cemetery Pgh

Lot No. 547

Grave No.

Section No. Y

Block No.

Owner

McAVOY
Wed., Oct. 1, 1980, Catherine M. Steele, beloved wife of the late Edward J. mother of Joseph M., Alice M. Cocchiola, Mercedes A. Especto and the late John P. McAvoy; also 12 grandchildren, and nine great-grandchildren. Friends received at JOSEPH M. McAVOY FUNERAL HOME, 1700 Forbes at Van Braam (two blocks east of Mercy Hospital) Thurs. 4-9 and Fri. noon til 9. Funeral in Church of Epiphany, Sat. at 10 a.m.

Complete Funeral (except outlays)		1995 46
Casket Companion Bronze	X	2580 00
Burial Vault or Box (State Kind)	X	115 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)	X	75 -
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $	X	65 -
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to	X	25 -
Removal Charges		
Procuring Burial Permit (State Number and District)		
5 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	X	15 00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $	X	355 10
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	X	320 00
Lining Grave, $ ..... Lowering Device, $	C.S.	50 00
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	X	60 00
Railroad or Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Gratuities	X	55 00
17 line Death Notices in 3 Papers	X	65 28
2 Press 1 Post (Names of Newspapers)		
Sales Tax		40 80 38
Total Footing of Bill	$	1995 46
Less	$	
Balance	$	2084 92
Entered into Ledger, page ..... or below.		

Misc. FLOWERS: 159 00 Paid
143 10 = 72 x 2.65 = 196 10 Paid
Hogs

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/2	To Above Balance	1000 00	$		To Balance Forward		$
10/10	By Payment	$ 995 46	$ 2084 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)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

See below

RECORD OF FUNERAL

301

Total No. 301 Yearly No. 19 Date of Entry Nov 25 1980

Name of Deceased WASIL LYZYCKA

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Residence 2043 De Gaulle Av.

Charge to Johnson N. Laurette

Address 1400 Locust St

Order given by Abuse (or Informant)

How secured "

If Veteran, Name of War No 168-28-9393

Occupation House maintenance (Social Security Number)

Employer and Address Mercy Hospital

Date of Death Nov 25 1980 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 20 98 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father Wasil Lyzycka

His Birthplace Austria

Maiden Name of Mother Lenkowski

Her Birthplace Czechoslovakia

Date of Funeral Nov 28 1980 M. (Date) (Day of Week) (Hour)

Services at Chapel Mercy

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Austria

Resided in the State 50 (or U.S. or City or County) (Years) (Months)

Place of Death At home

Cause of Death Arrest

Contributory Causes "

Certifying Physician Norman Rapet MD (or Coroner) (Acting Coroner)

His Address 5472 4th Ave Tujunga

Motor / Ship } Remains to .....

Size of Casket .....

Manufactured by ESTATE (State Color and Number)

Cemetery / Crematory } Calvary

Diagram of Lot or Vault

Lot No. Row 17

Grave No. 70

Section No. 16

Block No. L.P.

Owner Sec Page 232

Misc. .....

Complete Funeral (except outlays)	1291	68
Casket	1295	00
Burial Vault or Box (State Kind)	295	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)		
2 Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	6	00
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	Chapel	
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergymen, $ ..... Singers, $ ..... Organist, $	25	00
Railroad / Motor { Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Maine Death Notices in 1 Papers ..... (Names of Newspapers) Journal-Gazette	20	68
Sales Tax	16	91
Total Footing of Bill $	68	00
Less Advance Dep. $	400	00
Balance $	1291	68

Entered into Ledger, page ..... or below.

Misc Ref #4456 Exp. No. 3.0

INS w/ M.A. No 58m 5.5.M.

Date		Amount Paid	Balance
12/1/80	To Above Balance	1000	291 68
	By Payment		
	" "		
	" "		
	" "		
	" "		

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
	" "		
	" "		
	" "		
	" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

302 / 81 / 2011 — See Ledger Book — collected 81

RECORD OF FUNERAL

Total No. 302 Yearly No. 70 Date of Entry Nov. 28 19 80

Name of Deceased PASQUA PACINI — WHITE (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 45 VAN BRAAM ST

☐ Husband ☐ Wife ☐ Widow } of Louis (dec'd) 1886 Age of Husband or Wife (if living) Years

Charge to MARY ANN PACINI

Address Above

Order given by " (or Informant)

How secured

If Veteran, Name of War No

Occupation Home Duties 170-38-6101 (Social Security Number)

Employer and Address

Date of Death Nov 28 - 1980 Thursday 3 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 9 1909 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Name of Father PIETRO PACINI

His Birthplace ITALY

Maiden Name of Mother MARY PACINI (Scavo)

Her Birthplace ITALY

Date of Funeral DEC 2 - 1980 10 A.M. (Date) (Day of Week) (Hour)

Services at FIRST BAPT.

Clergyman Fr. Chester Plaskas (Address)

Religion of the Deceased Catholic

Birthplace ITALY

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death MERCY HOSPITAL

Cause of Death ATHEROSCLEROTIC CARDIAC DISEASE

Contributory Causes RESPIRATION OF MYOCARDIAL

UPPER ABDOMINAL AORTIC ANEURYSM

Certifying Physician R.F. KLEINSCHMIDT (or Coroner)

His Address 1501 Lotsa St

Motor / Ship } Remains to

Size of Casket 31 k HL GOLDTONE (Style, Color and Number)

Manufactured by H095 EASTSIDE Batesville EAA

Cemetery / Crematory } INVOICE 33408

Lot No. 4

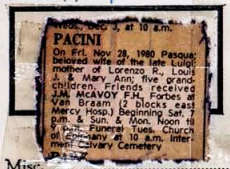
Grave No. 10

Section No. MA

Block No.

Owner

Misc. 3 240 2.10 Paid CK



Complete Funeral (except outlays) $	
Casket 7 Professional Bronze	218 00
Burial Vault or Box 5 Cedar (Cap'd) (State Kind)	230 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $ U.S.	
Suit or Dress U.S. (State Kind and Color)	60 00
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	15 00
Candelabrum, $ Candles, $	
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
6 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	18 00
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot Forest Lawn Memorial	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb Forest Lawn	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	40 00
Railroad or Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 4 Papers (Names of Newspapers)	8 00 08
Sales Tax	2 73 08
Total Footing of Bill $	273 08
Less $	273 08
Balance $	260 00

Entered into Ledger, page 111 or below.

Misc. 35 in 5 5th 2872 - 12/9/80

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	255 00	$ 255 00		To Balance Forward		$
Jan 13-81	By Payment	$ 255 00	$ None		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Erieman, Long Beach, California

RECORD OF FUNERAL

Total No. 304 Yearly No. 1 Date of Entry Jan 5 1981

Name of Deceased JULIA A. JOHN ELENN

☐ Married ☐ Single ☐ Widowed ☐ Divorced

☐ Husband ☐ Wife ☐ Widow of ANNA MAE (What Race) ELENN

Residence 42 EAST 3T Age of Husband or Wife (if living) Years

Charge to ANNA MAE ELENN

Address Above

Order given by Above

How secured Phone (or informant)

If Veteran, Name of War NO 392-6507

Occupation TRAINMAN DOB 12-6-20 4323 (Social Security Number)

Employer and Address MEM. CO. Retired

Date of Death Jan 5 1981 (Mo.) (Day) (Yr.) (Hour)

Date of Birth OCT 26 1920 Age 60 (Mo.) (Day) (Yr.) (Mos.) (Days)

Name of Father PATRICK ELYNN

His Birthplace —

Maiden Name of Mother JULIA HOLLORAN

Her Birthplace —

Date of Funeral Jan 9 FRI 10 A.M. (Date) (Day of Week) (Hour)

Services at EPIPHANY

Clergyman —

Religion of the Deceased CATHOLIC (Address)

Birthplace PA

Resided in the State PA (or U.S. or City or County) (Years) (Months)

Place of Death 42 E. 31ST ST

Cause of Death LUNG

Contributory Causes CARCINOMA

METASTESES

Certifying Physician D.R. Allen D. Hamm (or Coroner)

His Address 1501 Locust St

Motor / Ship Remains to

Size of Casket 1323 H 188 H (State Color and Number)

Manufactured by Consolidated

Cemetery / Crematory Calvary Cem. JN Volk

Lot No. 438-37221W

Grave No. 66- Rear

Section No. R- Lot 26

Block No.

Owner

Misc.

ELENN
Born, Jan. 5, Nicholas J. (Spud), husband of Anna Mae Kindelly father of Mrs. Betty Ann Patterson, Leonard Fitzpatrick, Ginny Greenier and Frank Fitzpatrick and Sgt. Gerald Tibetts of Atlantic City-N.J.; brother of Julia Jackson and Nora O'Donnell; also 19 grandchildren and five great-grandchildren. Friends received at the J.M. McAVOY F.H. Forbes at Van Braam, 4 blocks east Mercy. Hosp. beginning Tues. 7-9 and Wed. & Thurs. 2-4 & 7-9. Funeral Mass Fri. in the Church of the Epiphany at 10 o'clock. Contributions may be made to Downtown Campus Ministry, 239-4th Ave. Investment Bldg., Pgh., Pa. 15222.

Complete Funeral (except outlays)	$	
Casket Composition Redwood Veneer	1760	00
Burial Vault or Box Vault (State Kind)	280	00
Embalming Body		
(Name of Embalmer) Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	18	00
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb Extra	—	—
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 2 Papers (Names of Newspapers) Press Wed. Times	21	21
Sales Tax Paid		
Total Footing of Bill	$ 2153	21
Less 290	$ 35	21
Balance	$ 2118	00

Entered into Ledger, page or below.

Misc. ENUE-LRL = RUEU (P)

Date			Amount Paid	Balance	Date			Amount Paid	Balance
2/5	81	To Above Balance	1858 00	$			To Balance Forward	$	$
2/5	81	By Payment CRM	$ 20 00	$			By Payment	$	$
		" " Ins	$1578 00	$540 00			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$
		" "	$	$			" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

Collected 81

Jewish Boat

RECORD OF FUNERAL

303

Total No. 3023 Yearly No. 21 Date of Entry Dec 7 1980

Name of Deceased MICHAEL P PASSARO

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1705 FORBES AVE

☐ Husband ☐ Wife ☐ Widow } or ( ) Age of Husband or Wife (if living) Years

Charge to ANNA PASSARO (STP)

Address Above

Order given by "

(or informant)

How secured

If Veteran, Name of War WWII - 33103381 Army #

Occupation

168038452

(Social Security Number)

Employer and Address City of Pgh Parks

Date of Death Dec

Date of Birth (Mo.) JAN (Day) 23 (Yr.) 1915 Age (Yr.) 65 (Mos.) (Days)

Name of Father PHILLIP PASSARO

His Birthplace "

Maiden Name of Mother AMELIA MARINO

Her Birthplace

Date of Funeral (Date) Dec 11 (Day of Week) 1980 (Hour) M.

Services at ST PAULS

Clergyman FR Costa (Address)

Religion of the Deceased Catholic

Birthplace Pgh Pa

Resided in the State Pa (or U.S. or City or County) (Years) (Months)

Place of Death Central Medical Emerg

Cause of Death CVA hem s/p ICH

Contributory Causes Fractured Rib

Bilateral

Certifying Physician (or Coroner)

His Address

Motor / Ship } Remains to

Size of Casket 342 HL Rose Edge COPPER (State Color and Number)

Manufactured by Hills Burial Casket Co EAA

Cemetery / Crematory } Calvary Cem

Diagram: Paul 1960 | Mary | Michael 1980 | Mother | 1955

Lot No. 234

Grave No. 1

Section No. U

Block No.

Owner

Misc.

PASSARO
Suddenly on Sun., Dec. 7 1980, Michael P., brother of Joseph, Mrs. Mary O'Brien, Ann Passaro, Mrs. Helen Brown and Antoinette Passaro. Friends received JOSEPH M. McAVOY FUNERAL HOME, Forbes at Van Braam (2 blocks east of Mercy Hosp.) Tues. & Wed. 2-4 & 7-9. Funeral Thurs. in Church of the Epiphany at 10 a.m.
PATTERSON

Complete Funeral (except outlays) $	2692.54
Casket	2250.00
Burial Vault or Box (State Kind)	290.00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	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 (State Number and District)	
10 Certif. Copies of Death Certificates No. 10 (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergymen, $ Singers, $ Organist, $	30.00
Railroad / or Motor Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
14 line Death Notices in 3 Papers (Names of Newspapers) McAVOY FUNERAL HOME	37.54
Sales Tax	76.00 5.46
Total Footing of Bill Jan 11 81 $	2692.54
Less $	1/2 54 Disc
Balance $	2650.00
Entered into Ledger, page or below.	

Misc. Paid C.O. DC 55 m Jan 314.14 Lic

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

START
Page (227)

78-43552
77. 35,242.14
76-34,621.66
25-61,260.35
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