

**Funeral of** Miss Leola Mae Bridgewater

Date of Funeral October 5, 1948 Hour 1 Pm From Westside Chapel

Removal From _____		5 00	CASH EXPENDITURES		
Embalming _____		35 00	Door Dressing _____		
Professional Services _____ <i>Horse</i>		15 00	Palms _____		
Use of Chapel <i>2-7 passenger cars</i>		17 00	Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____					
Candles _____ Prayer Rail _____			Pall Bearers _____		
Crucifix _____ Bier _____			Funeral Notices _____		
Casket No. <i>Full Coach Mfr.</i>		4 38 00			
Style _____					
Finish _____					
Interior No. _____ Color _____			Clergyman <i>Rev. J. A. Alexander</i>		
			Sexton _____		
Outside Case _____			Organist _____ Soloist _____		
Mountings _____			Church Charges _____		
Vault Style _____			New Grave <i>Crown Hill</i> Opening <i>Lot</i>		60 00
Delivery To _____			Grass & Device _____ Tent _____		
Burial Garment <i>Dress</i>		19 00	Vault Charges _____		
Slippers _____ Hosiery _____		4 00	Crematory Charges _____		
Slumber Blanket _____			Gratuities _____		
Gloves _____					
Cremation Urn _____			Telephone _____ Telegrams _____		
Acknowledgement Cards _____			Transportation _____		
			Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death _____		
Total of Services & Merchandise		53 3 00	Total Cash Expenditures		60 00
			Total Services & Merchandise		53 3 00
			Total Amount of Invoice		59 3 00

Deceased Miss Leola Mae Bridgewater  
Date of Death October 1, 1948  
Place of Death Residence  
Last Place of Residence 1135 Fayette St.

Birth Place Indianapolis, Indiana  
Date of Birth June 8, 1892  
Age 56 Years 3 Months 23 Days \_\_\_\_\_ Hours \_\_\_\_\_  
Sex Female Color or Race negro  
Single ☒ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Length of Residence U. S. Life  
State \_\_\_\_\_ City Life

Usual Occupation maid  
Industry or Business Robert Long Hospital  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Name Tom Bridgewater

Birth Place Tennessee

Mother's Maiden Name Della Davis

Birth Place Tennessee

Social Security No. ?

If Veteran, what War no

Cause of Death \_\_\_\_\_

Physician Hemp. Address Bd of Health

Informant Mrs. Mammie Cage

Address 1135 Fayette St.

Date of Interment October 5, 1948

Cemetery Crown Hill

Location Sec

Lot or Grave No. \_\_\_\_\_

Itemized & death items to Mrs. Bridgewater

Charged to Mr. Kenneth Bridgewater  
Ordered By 317 W. 21st St.  
Address 1135 Fayette St. ~~Re 3979~~

Charged To Mrs. Mammie Cage

Address \_\_\_\_\_

Invoice Date \_\_\_\_\_

Estate Atty. \_\_\_\_\_

Address \_\_\_\_\_

Empire & Metro Ins.

#### CUSTOMER'S PAYMENT RECORD

593.00

DATE			AMOUNT PAID		BALANCE DUE	
10-7-	48	Empire Ins check	110	00	483	00
10-7-	48	" " "	115	50	367	50
10-28-	48	By Cash Kenneth	367	50	—	

**PAID**