

Account No. 913Funeral of Mr. Bruce Frank J.Date of Funeral April, 24, '40Hour 2 P M.

			CASH EXPENDITURES		
Removing Remains			Door Dressing		
Embalming			Palms		
Shaving, Dressing and Washing			Flowers	17	00
Casket No. _____ Size _____					
Metal-Inner Casket <u>and Service</u>	314	00			
Copper _____ Zinc _____			Pall Bearers and Gloves		
Handles No. _____			Funeral Notices		
Name Plate No. _____					
Lining and Pillow Set No. _____			Cash Loan Mrs. Carrie Watten	25	00
Outside Case, Pine, Chestnut, Oak, Mahogany, Cypress	10	00	" " " Jessie Bruce	15	00
Metal Lined Box			Clergyman	3	00
Mountings _____ Handles _____ Plate _____			Sexton		
Metal Vault, Style _____			Quartette, Soloist		
Box Mattress			Organist		
Burial Garment			Delivering Box to		
Slippers			Opening Grave <u>Lining Floral Park</u>	25	00
Gloves			Vault Charges <u>Etha for grave</u>	8	00
<u>Hearse</u> Doz. Chairs	12	00	Auto Hearse		
Personal Attendance and Assistants			Funeral Cars		
<u>2 Cars</u>	16	00	Conveyance for Flowers		
Drapery <u>- Small Car</u>	4	00			
Candelabra _____ Candles _____					
Pedestals			Telegrams _____ Telephone _____		
Rug			Transportation Expenses		
			TOTAL OF CASH EXPENDITURES	93	00
TOTAL OF MDSE. & SERVICES	354	00	TOTAL OF MDSE. & SERVICES	354	00
			TOTAL AMOUNT OF INVOICE	447	00

May-1940 Pdy Mrs Bruce matthe 49⁰⁰

Date of Death April, 20, 1940
Place of Death Trues, Ill. (Chicago, Ill.)
Place of Funeral West Side Chapel
Clergyman _____
Date of Burial April, 24, '40
Where Interred Floral Park
Grave or Lot No. 8 Section K7
Location of Grave Row 4

Ordered by Mrs. Jessie Bruce & Mrs. Martha Bruce
Charge to 359 W. 25th St. — 655 South Ave.
When rendered moved left no address.

Ev Soeden 75⁰⁰ applied per invoice
RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

1447 00

1940 May - Cash	49 ⁰⁰
June 11 Cr. Floral Park	75 ⁰⁰
8-10- Bay Cook	262 ⁵⁰
8-10- Cr. Writen off bill	45 ⁵⁰
	<u>1447.00</u>

Date of Birth _____
Age _____ Years _____ Months _____ Days _____
Color _____ Occupation _____
Single, Married, Widow, Widower Married
Birthplace _____
Last place of residence _____
How Long resident of this Country _____ State _____ City _____
Husband's Name Mrs. Jessie Bruce
Father's Name _____
Country of Birth _____
Mother's Name Mrs. Martha Bruce
Country of Birth _____
Physician _____
Cause of Death Carcinoma of Right Bronchial

Canceled
Paid.
PAID