

Account No. 3030

Funeral of

Date of Funeral

Hour

From

			CASH EXPENDITURES		
Removal From _____			Door Dressing _____		
Embalming _____			Palms _____		
Professional Services _____	138	94	Flowers _____		
Use of Chapel _____					
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____			Pall Bearers _____		
Candles _____ Prayer Rail _____			Funeral Notices _____		
Crucifix _____ Bier _____					
Casket No. <u>012200</u> Mfr. <u>Mrs. C. Phil</u>	305	00	<u>Motorcycle Escort</u>	6	50
Style _____			<u>Lady Attendant</u>	3	00
Finish _____			Clergyman <u>Rev. P. D. Jacobs</u>	5	00
Interior No. _____ Color _____			Sexton _____		
Outside Case _____			Organist _____ Soloist _____		
Mountings _____			Church Charges _____		
Vault Style _____			New Grave <u>Floral Park</u> Opening _____	95	00
Delivery To _____			Grass & Device _____ Tent _____		
Burial Garment _____			<u>Head Marker Foundation</u>	8	00
Slippers _____ Hosiery _____			Vault Charges _____		
Slumber Blanket _____			Crematory Charges _____		
Gloves _____			Gratuities _____		
Cremation Urn _____			<u>Classified Notice</u>	6	19
Acknowledgement Cards _____			2 Telephone <u>Calls to Phil.</u> Telegrams _____	3	87
<u>Hearses to Cemetery</u>	25	00	Transportation _____		
<u>Two Family Cars</u>	20	00	Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death _____		
Total of Services & Merchandise	488	94	Total Cash Expenditures	127	56
			Total Services & Merchandise	488	94
			Total Amount of Invoice	616	50

Deceased Mr. Oscar Charleston
Date of Death October 5, 1954
Place of Death Philadelphia General Hospital
Last Place of Residence 2925 Sedgley Ave.
Philadelphia, Pa.
Birth Place Indianapolis Ind.
Date of Birth October 14, 1896
Age 57 Years 11 Months 20 Days _____ Hours
Sex Male Color or Race Negro
Single _____ Married _____
Widowed _____ Divorced _____
Length of Residence U. S. Life
State _____ City 38 yrs - Phil - 20 yrs
Usual Occupation Baseball Player
Industry or Business R.R. Co.
Husband's Name _____ Age _____
Wife's Maiden Name _____ Age _____
Father's Name Tom Charleston
Birth Place _____
Mother's Maiden Name Mary Thomas
Birth Place _____
Social Security No. 279-12-1886
If Veteran, what War World War I
Cause of Death Multiple Myeloma
Physician _____ Address _____
Informant Mrs. Katherine Jackson
Address 412 West 25th St.
Date of Interment _____
Cemetery Floral Park
Location Sec 18. Row 6 Lot 4
Letter Grave No. 4

Ordered By _____
Address _____
Charged To Mrs. Katherine Jackson
Address 412 West 25th Street
Invoice Date Nov 3-8038
Estate Atty. _____
Address _____

CUSTOMER'S PAYMENT RECORD

DATE	AMOUNT PAID	BALANCE DUE
10-14-54	98 00	510 36
11-22-54	360 56	150 00
12-20-54	150 00	

PAYED

11-20-54

Recd of Mrs Jackson
360.56 Bal due on bill
and 8.00 for frame
marker foundation
on Oscar Charleston
Returned to Mrs Jackson
in cash 173.10 - net check.