

Account No. 1380

Funeral of Miss Cradler Gladys,

Date of Funeral 3-11-42

Hour 1 11

From W. Side Chapel

Removal From _____			CASH EXPENDITURES		
Embalming _____	3 00 15 00		Door Dressing _____		
Professional Services _____			Palms _____		
Use of Chapel _____			Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____			Insurance papers (2)	1 50	
Drapery _____ Candelabra _____			Pall Bearers _____		
Candles _____ Prayer Rail _____			Funeral Notices _____		
Crucifix _____ Bier _____					
Hearse 12 00					
Casket No. _____ Mfr. _____	103 00				
Style _____					
Finish _____					
Interior No. _____ Color _____			Clergyman Rev. Weatherford		
			Sexton _____		
Outside Case _____	12 50		Organist _____ Soloist _____		
Mountings _____			Church Charges Shipped to		
Vault Style _____			New Grave Louisville Ky 5:30 p.m.		
Delivery To _____			Grass & Device _____ Tent _____		
Burial Garment _____	16 50		Vault Charges _____		
Slippers _____ Hosiery _____			Crematory Charges _____		
Slumber Blanket _____			Gratuities _____		
Gloves _____					
Cremation Urn _____			Telephone _____ Telegrams _____		
Acknowledgement Cards _____	8 00		Transportation _____		
1 Car			Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death _____		
Total of Services & Merchandise	169 00		Total Cash Expenditures	1 50	
			Total Services & Merchandise	169 00	
			Total Amount of Invoice	170 50	

Deceased Miss Gladys Lindler  
Date of Death March 9, 1942  
Place of Death Flower Mission  
Last Place of Residence 618 Rear W. North St.

Birth Place Eric, Pa.  
Date of Birth July, 4, 1925  
Age 17 Years        Months        Days        Hours  
Sex Female Color or Race Negro  
Single ✓ Married       

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Length of Residence U. S. Life

State \_\_\_\_\_ City 15420

Usual Occupation Student ✓

*Industry or Business* \_\_\_\_\_

*Husband's Name* \_\_\_\_\_ *Age* \_\_\_\_\_

Wife's Maiden Name                      Age           

Father's Name Wm. C. Cradler

Birth Place Miss A. L.

Mother's Maiden Name *Dorothy Thompson*

Birth Place Musto

Social Security No. \_\_\_\_\_

If Veteran, what War? 1 1 1

Cause of Death *A.B. Lungo*

Physician Dr. Fiesch Address U. Hospital

Informant Mrs. Dorothy Tasey (mother)

Address 618 T. W. North St.

Date of Interment 3-11-42 Shipped to Kyr

Cemetery Louisville, Ky 00. 1

Location

\_\_\_\_\_

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

\_\_\_\_\_

Ordered By *Mrs. Dorothy Posey* *mother*  
Address *618 Rear W. North St.*  
Charged To *Mr. Wm. C. Cradler*  
Address *1646 Hale Ave (father)*  
Invoice Date *Louisville, Ky*  
Estate Atty. *not at the above address.*  
Address

### CUSTOMER'S PAYMENT RECORD

170.50

DATE		AMOUNT PAID	BALANCE DUE
1942 Cr.			
Mar. 11	Mrs. Wm Cradley 170. <sup>50</sup>		<u>0</u>
	Western Union Co.		
	PAYED		

PAID