

Account No. 5221

Funeral of

Mr. Robert D. Garver

Date of Funeral

June 11, 1955

Hour

1 P.M.

From

West Side Chapel

Removal From			CASH EXPENDITURES		
Embalming			Door Dressing		
Professional Services	337	50	Palms		
Use of Chapel			Flowers		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____			Pall Bearers		
Candles _____ Prayer Rail _____			Funeral Notices		
Crucifix _____ Bier _____					
Casket No. <u>012280</u> Mfr. <u>Mid-West</u>	307	00	Motorcycle Escort	6	50
Style _____			Lady Attendant	3	00
Finish _____					
Interior No. _____ Color _____			Clergyman <u>Rev. John C. Bickner</u>	5	00
			Sexton		
Outside Case			Organist <u>3.00</u> Soloist <u>3.00</u>	6	00
Mountings			Church Charges		
Vault Style			New Grave <u>New Crown</u> Opening	9	00
Delivery To			Grass & Device _____ Tent _____		
			<u>3 Certified Copies of Death</u>	3	00
Burial Garment			Vault Charges		
Slippers _____ Hosiery _____			Crematory Charges		
Slumber Blanket _____			Gratuities		
Gloves _____			<u>2 Baskets Cont. "Dad & Father"</u>	20	00
Cremation Urn			Telephone _____ Telegrams _____		
			Transportation		
Acknowledgement Cards			Casket Coach		
			_____ Limousines _____ Flower Cars _____		
			Transcript of Death		
			<u>Cement foundation for Grave Marker</u>	8	00
			Total Cash Expenditures	147	50
			Total Services & Merchandise	644	50
Total of Services & Merchandise	644	50	Total Amount of Invoice	792	00

Deceased Mr. Robert D. Garvin
Date of Death June 6, 1955 - 3:15 P.M. CST.
Place of Death Veterans Hospital - W. 10th St.
Last Place of Residence 245 W. Capital Ave.

Birth Place Indianapolis, Ind.
Date of Birth June 14, 1894
Age 60 Years 11 Months 22 Days _____ Hours

Sex Male Color or Race Negro
Single _____ Married Married

Widowed _____ Divorced _____

Length of Residence U. S. Life

State _____ City 33 years

Usual Occupation Custodian - 3 yrs

Industry or Business Post Office - S. Ill. Station

Husband's Name _____ Age _____

Wife's Maiden Name Lena Garvin Age _____

Father's Name John Garvin

Birth Place _____

Mother's Maiden Name Mary Crenshaw

Birth Place _____

Social Security No. _____

If Veteran, what War World War I

Cause of Death Carcinoma of head of pancreas

Physician David Robenbaum Address 1481 W. 10th St. Vet Hosp.

Informant Mrs. Laura Gayle

Address 1127 W. Capital Avenue

Date of Interment June 11, 1955

Cemetery New Crown

Location Sec. 19 Row 10

Lot or Grave No. 21.637

Ordered By _____

Address _____

Charged To Mrs. Lena Brown Garvin

Address 2611 Prairie Ave., Chicago 16, Ill.

Invoice Date Apr. 504

Estate Atty. _____

Address _____

To be paid by V.A. - 150 - By State 108.

CUSTOMER'S PAYMENT RECORD

792.00

DATE			AMOUNT PAID		BALANCE DUE	
6-25-55	55	Natl. Ins. Co.	358	50	433	50
6-29-55	55	Chicago Mutual Ins. Co. 199.65	175	50	258	00
7-8-55	55	Insurance Co. of N.Y. & N.J. 175.00	175	00	83	00
7-14-55	55	Insurance Co. of N.Y. & N.J. 83.00	83	00		
PAID 7-14-55						
6-29-55	55	Our check for \$2,671.50				
		mailed to Mrs. Garvin				
		refund out of net funeral expenses				
		check of 199.65				
7-14-55	55	Refund to Mrs. Garvin				
		out of end check 50.00				